

YNHHS/YM Guidelines Regarding the Use of Screening and Testing for COVID-19

This policy is active as of May 12, 2020.

Background: SARS-CoV-2 is the virus responsible for COVID-19, and it is readily transmissible from person to person. It is believed that respiratory droplets play a significant role in transmission. This document considers the impact of robust testing to decrease the spread of the virus for patients, visitors and healthcare workers.

We recognize that our capabilities to accurately and effectively test patients is constantly improving, and the testing landscape will remain fluid. We anticipate that this guidance will continue to change. The utmost priority is the protection of our patients, visitors and healthcare workers.

Mask wearing (both patient and healthcare workers) in addition to routine testing may have a role in reducing the risk of transmission of SARS-CoV-2. CMS, AHA and state of Connecticut recommend that adequate testing is in place for Hospitals and Healthcare systems to begin expanding services.

Policy:Patients

1. All patients will be screened for COVID-19 symptoms, including fever checks, the day of visit and no more than two calendar days prior to visit whenever possible. Refer to screening questions: *Screening Questions YNHHS COVID-19*
2. All inpatient admissions will be tested for COVID-19
 - a. Planned inpatient admissions will be screened and tested no more than two calendar days prior to their admission and if presented negative test, will be screened again for symptoms upon arrival the day of admission
 - b. Emergent inpatient admissions will be screened and tested upon their arrival to the healthcare facility and prior to their arrival on an assigned unit
3. All outpatient Aerosol Generating Procedure (AGP) visits, as outlined below, will be screened via phone and tested no more than two calendar days prior to their planned procedure and if presented negative test, will be screened again for symptoms upon arrival the day of their procedure
 - a. Aerosol generating Interventions
 - b. Cases where general anesthesia is planned
 - c. Cases in Hybrid suites in OR
 - d. ASA 3 or 4 Cases
 - e. Cases requiring admission after interventions
4. Testing should be administered for asymptomatic individuals being admitted before immunosuppressive procedures, such as chemotherapy and stem cell transplants, regardless of a known exposure to COVID-19
 - a. This recommendation defines immunosuppressive procedures as cytotoxic chemotherapy, solid organ or stem cell transplantation, long acting biologic therapy, cellular immunotherapy, or high-dose corticosteroids
5. Test all patients coming from high-risk facilities, such as assisted living facilities, correctional facilities, etc.
6. All other planned outpatient visits (clinic visits and non-AGP visits) shall receive a screening call no more than two calendar days prior to their visit and will be screened again for new onset of symptoms upon arrival the day of their visit

- a. Those identified with new onset of symptoms during the phone screening will be directed to the practice Clinical Triage and shall follow symptom patient guidelines as outlined in “COVID-19 Ambulatory Pre-Visit Screening: Telephone”
- b. Those presenting with new onset of symptoms the day of visit by the onsite entrance screener will receive a test order and follow the process as outline in “COVID-19 Ambulatory Pre-Visit Screening: On-Site Arrival”

Healthcare Workers

1. All healthcare workers will self-monitor and screen themselves twice daily for COVID-19 symptoms and fever checks
2. All patient-facing healthcare workers shall be intermittently tested to identify those who may be asymptomatic carriers of the virus
 - a. Testing will be strongly encouraged for those who qualify; however, will not be mandatory for any employee
3. All patient facing and non-patient-facing healthcare workers who become symptomatic shall self-isolate and call the YNHHS COVID Call Center

Exclusions:

1. This policy does not apply to patients who have recovered from COVID-19, exceeding 14 days since temperature onset and 72 hours since fever resolution and symptom improvement

For the exclusions to this policy listed above, processes and guidelines should be determined based on clinical expertise for the select patient population.

This policy applies to both inpatient and outpatient care for adult and pediatric patients. This policy should be applied to required accompanied designated caregivers.