

# Hospitals and secondary-based care facilities guidance

## Testing within hospitals and secondary based care facilities

The aim of Testing in hospital and secondary care facilities is for diagnosis, protection through early detection and reducing transmission within these facilities to vulnerable patients, and to ensure a sustainable healthcare workforce is maintained for all health services. Services in these settings include:

- hospitals
- day stay units; and
- units with extremely high-risk patients<sup>1</sup>.

The risk of severe outcomes should ideally be assessed continuously as part of the facility IPC control and audit. If it is not possible, a testing plan for outbreaks may be used to maintain and manage risks at an acceptable level.

**Asymptomatic screening testing** in hospital and secondary based care facilities is aimed at protecting vulnerable patients, reducing transmission and ensuring a sustainability of the healthcare workforce to maintain all health services.

Asymptomatic screening testing is only one component in supporting reduction in risk of transmission and exposure. It is assumed that local infection and prevention control measures are in place to reduce risks.

Settings that are defined as higher-risk are those where there is extreme high-risk for individuals if they are exposed to COVID-19 (for example, haematology/oncology, transplant patients) or staff due to the type of medical procedure undertaken (for example, increased risk to healthcare professionals due to exposure or post-procedure individual patient risk).

The following should be considered when undertaking testing of patients:

- when screening, clinicians should consider the required sensitivity and specificity of the test as determined by the individual's vulnerability, and balance the risk of the planned procedures against test availability and its TAT
- assume that IPC measures will be implemented as per local guidance (for example, streaming patients based on symptomology, known COVID-19 status, and/or vulnerability) to reduce the risk of hospital-acquired infection transmission - and where not feasible, implement guidance for high transmission/surge
- if a patient has had a known COVID-19 infection within the last 28 days of release from isolation and is symptom-free, repeat testing is not indicated; and

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<sup>1</sup> There are some extremely high-risk patients within some settings that require specific consideration (for example, haematology and oncology patients).

- if during the period of high transmission an inpatient's length of stay is more than 48 hours, consider repeat screening if indicated.

**Symptomatic** people should be encouraged not to attend healthcare facilities for non-urgent care while they are unwell.

## Symptomatic testing in hospital and secondary care settings

Setting	Low transmission (no surge) <sup>2</sup>	Medium transmission (escalating or de-escalating) <sup>3</sup>	High transmission (surge) <sup>4</sup>
Hospitals and secondary care patients	Rapid PCR or LAMP when available and meets TAT  OR  RAT	<ul style="list-style-type: none"> <li>• Rapid PCR or LAMP for those who present with respiratory illnesses or COVID-19-compatible symptoms</li> <li>• RAT to inform immediate clinical care</li> </ul>	<ul style="list-style-type: none"> <li>• RAT to inform immediate clinical and public health management decisions</li> </ul> <b>AND/OR</b> <ul style="list-style-type: none"> <li>• Rapid PCR or LAMP for priority and vulnerable population groups</li> </ul>
Hospitals and secondary care staff	As per <a href="#">Healthcare Worker guidance</a> or local protocols		
Hospitals and secondary care visitors	Should not visit healthcare facilities with priority and vulnerable people if they have respiratory or COVID-19-compatible symptoms.		

<sup>2</sup> Low transmission (no surge): low-grade community transmission where testing collection/distribution and laboratory testing capacity are meeting testing demand, with a low level of demand on the health system and other sectors.

<sup>3</sup> Medium transmission (escalating or de-escalating): medium transmission where case numbers (based on surveillance data, circulating variants, and/or modelling) are escalating and de-escalating between high and low transmission scenarios, with evident demand increase in testing services and availability of resources compared to the low-transmission scenario.

<sup>4</sup> High transmission (surge): widespread community transmission where testing demand ranges from placing a burden on, to exceeding, testing collection/distribution and laboratory testing capacity, with a high-level burden on the health system and other sectors.

## Asymptomatic screening testing in hospital and secondary care settings

<b>Setting</b>	<b>Low transmission (no surge)<sup>2</sup></b>	<b>Medium transmission (escalating and/or de-escalating)<sup>3</sup></b>	<b>High transmission (surge)<sup>4</sup></b>
<b>Acute presentations (for example, unplanned presentations including maternity, mental health, oral health, sexual health)</b>	No routine screening	Vulnerable and priority patients requiring admission  <b>RAT</b> to inform clinical and public health management decisions	Emergency admissions to hospital  <b>Urgent RAT</b> to inform clinical and public health management decisions
<b>Haematology/oncology, transplant patients</b>	No routine screening  Consider screening testing when unable to implement IPC measures for high-risk patients	<b>Urgent RAT</b> to inform clinical and public health management decisions	
<b>Residents returning to closed facilities (for example, ARC or correctional facility)</b>	No routine screening	Screening testing should be risk-based decision making that considers: <ul style="list-style-type: none"> <li>• close contact with confirmed cases; and</li> <li>• ability to isolate upon return. If unable to isolate, <b>RAT</b> (if tolerated) prior to discharge</li> </ul> <b>RAT</b> to inform clinical and public health management decisions	
<b>Visitors*</b>	No routine screening		

\*Assessments may be made at a local level for very high-risk patient environments.