

## Hospitals and secondary-based care facilities guidance

### Testing within hospitals and secondary based care facilities

On entry to hospital and secondary care facilities all patients should be assessed for:

* COVID-19 symptoms and
* for an epidemiological link, through a household member, to someone who is positive for COVID-19.

Patients who meet the above criteria should then be tested for COVID-19 (see table below).

Appropriate testing and recommended isolation for those who have symptoms or recommended quarantine for those who are a household contact will promote appropriate treatment, room placement decisions and personal protective equipment decision making.

Since a range of pathogens may present with similar symptoms to COVID-19, local protocols will guide escalation to further respiratory pathogen testing.

Further testing for respiratory pathogens may be clinically indicated to support patient placement in recommended isolation and targeted antimicrobial management.

During winter and with the re-emergence of a range of pathogens that cause similar symptoms to COVID-19, consideration of alternative diagnoses is particularly important especially for Māori, Pacific people and those at higher risk of severe illness from COVID-19. For example, confirmation of a COVID-19 diagnosis may lead to different treatment for someone who otherwise would have been treated for influenza. Note that people can be co-infected with more than one pathogen.

### Priority people and those at higher risk of severe illness from COVID-19 (vulnerable people)

**Priority people**are defined as those who are inequitably impacted by COVID-19. People in this group are eligible for targeted assessments regarding additional clinical and social support. The COVID-19 pandemic has exacerbated existing inequities for specific groups, including:

* **Māori** who experience greater inequity and disadvantage due to COVID 19 resulting in poorer outcomes.
* **Pacific People** who have had the highest age-standardised hospitalisation rates for COVID-19, and experienced age-standardised mortality rates 2.4 times greater than European and other population groups.

Other priority groups within our population who may also experience inequity due to poorer health or social outcomes and/or barriers to accessing testing include:

* **Elderly (65 years and over)** experience inequity as this age group collectively has the highest rate of poor outcomes including total numbers hospitalised, average length of stay and/or death from COVID-19. Māori and Pacific people are overrepresented in case numbers for the 65 years and over age group as well as other age groups.
* **Disabled people** including tāngata whaikaha Māori and Pacific disabled people who experience inequities due to greater barriers to access, and for some increased susceptibility to COVID-19 infection and/or complications.
* **People with** **severe mental health and addiction**.
* **Other inequitably impacted populations** including refugee and asylum seekers, remote and rural[[1]](#footnote-1) people, rough sleepers and those in transitional housing, and those not enrolled with primary care.

The following group are those at higher risk of severe illness from COVID-19 **(vulnerable people):**

* **People with high-risk medical conditions (long-term health conditions and/or immunocompromised)** who are [inequitably impacted due to increased susceptibility to COVID-19 infection and/or complications](https://covid19.govt.nz/prepare-and-stay-safe/people-at-higher-risk-of-severe-illness-from-covid-19/)
* **Pregnant people**

Note this group includes Māori, Pacific people and the elderly over 65.

### Testing considerations

The following should be considered when undertaking testing of patients:

* Asymptomatic testing is generally not recommended.
* For hospital settings where clinically high-risk patients are cared for (such as Oncology, Haematology, Intensive Care, Renal), refer to local hospital protocols guidelines for testing criteria
* Infection prevention and control measures will be implemented as per local guidance (for example, streaming patients based on symptomology, known COVID-19 status and/or vulnerability) to reduce hospital-acquired infection transmission risk, and where not feasible, implement guidance for high transmission/surge: [IPC guidance](https://www.tewhatuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/covid-19-infection-prevention-and-control-recommendations-for-health-and-disability-care-workers/)

### Testing of healthcare staff

* Guidance on management of HCWs with respiratory symptoms and return to work for healthcare staff who are COVID-19 cases can be found here: [Health Care Workers guidance](https://www.tewhatuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/guidance-for-critical-health-services-during-an-omicron-outbreak/#guidance-for-return-to-work-for-healthcare-workers).
* Healthcare workers are recommended to wear the appropriate PPE including mask use and undertake other IPC measures as per the national [IPC guidance](https://www.tewhatuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/covid-19-infection-prevention-and-control-recommendations-for-health-and-disability-care-workers/).
* Asymptomatic testing of healthcare workers is not recommended if they are using risk assessment tools and applying systematic IPC measures which significantly reduce the risk of workplace exposure.
* If the healthcare workforce is significantly affected by COVID-19, service providers may undertake their own risk assessments to ensure safety of patients and the workforce which may include a testing protocol.

### Asymptomatic testing of patients

Asymptomatic screening testing of patients within hospital and secondary care settings is generally not recommended, unless the patient is a household contact of a known COVID-19 case.

### Symptomatic testing in hospital and secondary care settings

It is important to note thatpeople with **COVID-19 symptoms** should be encouraged **not** to attend healthcare facilities for non-urgent care while they are unwell.

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| Symptomology | Recommended Testing |
| Symptomatic patients | **RAT to inform clinical and public health management** If **RAT** is negative, and COVID-19 symptoms persist, consider Infection prevention and control implications for placement as per local guidance. Repeat **RAT** in 24 and 48 hours **PCR** **where a result can influence treatment options** **for priority people1 and those at risk of severe illness from COVID-19(vulnerable)2** **Patient with history of exposure to a close contact or known case within the previous 5 days: PCR****(Consideration should be given of the clinical risk to other patients, including adherence to local IPC measures).** (for all hospitalised positive **PCR** cases, refer samples for WGS) |
| Asymptomatic patients with known household exposure to COVID-19 | All household contacts of known COVID-19 cases are recommended to test daily for five days from the day when the first case in the household tested positive or developed symptoms (whichever is earliest). However, asymptomatic patients should not be discouraged from attending appointments or admission into hospital. Under these circumstances, measures including adherence to Public Health, IPC practices and vaccination and hybrid immunity are considered as proportional responses. |
| Symptomatic staff | As per [Healthcare Worker guidance](https://www.tewhatuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/guidance-for-critical-health-services-during-an-omicron-outbreak/#guidance-for-return-to-work-for-healthcare-workers) or local protocols |
| Asymptomatic staff with known household exposure to COVID-19 | All household contacts of known COVID-19 cases are recommended to test daily for five days from the day when the first case in the household tested positive or developed symptoms (whichever is earliest). |
| Asymptomatic testing ofStaff to work | Generally, asymptomatic testing of healthcare workers is not recommended if they are using risk assessment tools and applying systematic IPC measures which significantly reduce the risk of workplace exposure.If the healthcare workforce is significantly affected by COVID-19, service providers may undertake their own risk assessments to ensure safety of patients and the workforce. |
| Symptomatic visitors | Recommended not to visit healthcare facilities if they have respiratory or COVID-19-compatible symptoms. |
| Asymptomatic testing of visitors | Asymptomatic testing is generally not recommended |

**Priority people1**are defined as those who are inequitably impacted by COVID-19. People in this group include: Māori, Pacific People, Elderly (65 years and over), Disabled people (including tāngata whaikaha Māori and Pacific disabled people), People with severe mental health and addiction, other inequitably impacted populations including refugee and asylum seekers, remote and rural people, rough sleepers and those in transitional housing, and those not enrolled in primary practices.

The following group are those at higher risk of severe illness from COVID-19 **(vulnerable people)2:** people with high-risk medical conditions (long-term health conditions and/or immunocompromised) are [inequitably impacted due to increased susceptibility to COVID-19 infection and/or complications](https://covid19.govt.nz/prepare-and-stay-safe/people-at-higher-risk-of-severe-illness-from-covid-19/), Pregnant people **(**Note this group includes Māori, Pacific people and the elderly over 65).

1. ’Rural’ is defined according to the [Geographic Classification of Healthcare](https://storymaps.arcgis.com/stories/da035e374dbb4ea0ae3b31b6777924ad), based on the location of the patients home address, in defined regions R2 and R3.  [↑](#footnote-ref-1)