

## **FAQ's Regarding Universal COVID-19 Testing for all Hospital Admissions**

### **Why is CH now implementing universal testing?**

- Rates are very high in community
- Asymptomatic infections are more likely to come into our hospitals the given high community rates
- We have an increase of testing platforms and supplies to allow for increased testing

### **Why did CH abandon universal testing in the summer?**

- Major supply issue halted the program
- With community spread was so low, and the very few cases detected, it did not prove beneficial

### **Why does the program discourage testing people who have tested positive in the past 90 days?**

- The sensitive genetic tests used for COVID-19 can pick up non-infectious genetic material as far out as 90 days from the original positive test
- Patients that have completed their isolation period (10 or 20 days based on illness severity) are no longer infectious even if the test is positive within the 90 day window

### **Why are asymptomatic patients handled differently than symptomatic patients with regard to PPE and bed management, prior to test results?**

- Asymptomatic screening has been used for high-risk procedures for several months. A large fraction of admits are already screened for this reason. Moving the testing to the time of admission for the remaining asymptomatic patients reduces the likelihood of a delayed diagnosis in patients undergoing a procedure that was not planned immediately on admission.
- Asymptomatic patients are by definition not considered Persons Under Investigation or PUIs.
- Requiring asymptomatic patients to wear a mask dramatically reduces transmission risk in the event a test comes back positive.
- Asymptomatic patients do not exhibit behaviors associated with higher transmission risk such as coughing, rapid breathing, sneezing etc.
- There is not an adequate supply of reliable rapid tests available to allow for a "test and hold" strategy in the Emergency Department for all asymptomatic patients.
- Screening tests take several hours longer than rapid tests. Our hospitals could not function if all patients were held in the ED waiting for the results of their screening test.

### **If an asymptomatic patient awaiting a screening test cannot wear a mask, what should be done?**

- In addition to mask use, caregivers are encouraged to wear eye protection in this scenario
- If possible, the patient should be held in a single room. This may not be possible in all cases based on bed availability. If the patient must be placed in a room with another patient, it is important to keep the curtains closed, restrict the patient's movements pending the test results, and instruct the roommate to keep a mask until the results of the test are known.

### **What might trigger an end to universal asymptomatic screening?**

- Lack of test supplies
- Lack of measured benefit (very low rates of positive screening tests)
- New scientific evidence suggesting no benefit
- Low rates of COVID-19 in the community
- Vaccine availability in the community