

Coronavirus Disease 2019 (COVID-19) Testing and Retesting Guideline:

I. Guidelines for nasopharyngeal (NP) PCR testing and placement on precautions:

Patient Characteristics Guidance	Risk Factors and Other Criteria	Testing Recommendations
Symptoms of acute respiratory infection and requires admission		Yes
Symptoms of acute respiratory infection and does NOT require admission	Special populations: Age \geq 65, hemodialysis, homeless or congregant living, healthcare workers, or immunocompromised *	Clinical Judgment Note: Testing based on clinical judgement.
Asymptomatic admission for COVID-19	All inpatient admissions without a past positive history	Yes
Asymptomatic admission with history of COVID-19 within the past 90 days without subsequent COVID-19 negative test seen in the Emergency Department and admitted to an inpatient unit	Immunocompromised*	<ul style="list-style-type: none"> • >10 days and \leq 20 days since initial positive and afebrile for 24 hours: Two consecutive negative tests 0 ~4 hours apart. • > 20 days since initial positive: No repeat testing and no precautions. Note: An asymptomatic patient with a reported positive result beyond 20 days does not require precautions or contact tracing. Note: Severely immunocompromised patients may remain infectious for more than 20 days. If there are ongoing COVID-19 symptoms or patient is severely immunocompromised (e.g., received a stem cell transplant within 1 year or has acute leukemia on induction or consolidation chemotherapy), a test based strategy should be considered after consultation with infectious diseases.
	Not-immunocompromised*	<ul style="list-style-type: none"> • \leq 10 days of initial positive: Two consecutive negative tests 0 ~4 hours apart • > 10 days of initial positive: No repeat testing and no precautions Note: An asymptomatic patient with a reported positive result beyond 10 days does not require precautions or contact tracing.
	Positive COVID-19 PCR test result and Positive serology for COVID-19 antibody with no signs or symptoms of COVID-19, i.e., fever, cough, shortness of breath, etc.	<ul style="list-style-type: none"> • Case to be reviewed by Infection Prevention, and if indicated, Infectious Disease to determine the need for Airborne and Contact Precautions.

Patient Characteristics Guidance (<i>Continued</i>)	Risk Factors and Other Criteria	Testing Recommendations
Symptomatic admission with history of a positive COVID-19 test result	History of a positive COVID-19 and presenting with new fever >38.3 with signs and symptoms consistent with COVID-19	<ul style="list-style-type: none"> • Test patient if ≥ 90 days since onset of symptoms. • Testing is not recommended, if patient is tested < 90 days and is positive discussion with the Medical Team, Infectious Disease, and Infection Prevention before discontinuing precautions. <p>Note: Reinfection may occur prior to 90 days and should be reviewed on a case, by case basis.</p>
Intra-facility transfer	One test during the current admission and if positive follow management as outlined above	No repeat testing, exception hospital transfers to a psychiatric setting, refer to VII below. One test obtained within 48 hours prior to transfer. The patient will be sent to the appropriate facility based on results.

*The following are the most common immunocompromising that would require Airborne and Contact Precautions until day 22:

1. Recipient of a solid organ transplant (particularly less than 1 year ago or the patient was recently diagnosed with or treated for graft rejection), or high likelihood of transplant in next 60 days.
2. Recipient of a stem cell transplant (particularly if less than 1 year or the patient has active Graft-vs.-Host Disease. Recipients of allogeneic transplants are at greater risk than autologous transplants)
3. Patients with infection with HIV (particularly for those with unsuppressed HIV-viral load or with CD4 count under 200).
4. Patient with chronic medical condition for which immunosuppressing medications are *actively* being administered or will be administered imminently. These medications include corticosteroids (high dose steroids (i.e., ≥ 40 mg/day for at least two weeks), disease modifying agents (such as methotrexate and azathioprine) and immunosuppressing biologic agents. Refer to Attachment A “Immunosuppressive Biological Agents”.
5. Patients with underlying neoplastic disease not in remission. Additionally, patients with underlying neoplastic disease for which chemotherapy or radiation has *actively* been administered or with plans to imminently administer.

Patient Characteristics Guidance (Continued)	Risk Factors and Other Criteria	Testing Recommendations
Inpatient/Outpatient surgery or procedures (Refer to Excel document "COVID-19_Manufacturer Acceptable Test List on Public Health Emergency – COVID-19 on the intranet")	Surgery/Invasive Procedures (Including: ERCP, endoscopy, and bronchoscopy done in the operating room): <ul style="list-style-type: none"> Test all patients (vaccinated and unvaccinated) scheduled for surgery/invasive procedure, regardless of setting as follows: Perform a PCR test, preferably within 3 days, but not to exceed 5 days prior to the procedure, Exception if asymptomatic: <ul style="list-style-type: none"> Non-immunocompromised, with a history of COVID-19 within 90 days and >10 days since initial positive Immunocompromised with history of COVID-19 within 90 days and >20 days since initial positive Note: A patient with new symptoms following resolution of initial symptoms should be tested or schedule after 10 days.	Yes Note: Patients that are COVID-19 positive can have their case rescheduled beyond 10 days if afebrile with improving symptoms and when immunocompromised, beyond 21 days and afebrile with improving symptoms AND with clearance by the referring physician and/or surgeon. Note: A patient with a past positive test result should have the result validated with a hard copy of the result or another means of validating the result. When able to validate, do not test again and schedule as outlined based on precaution guidelines. If unable to confirm result, test the patient within the 3 days, but not to exceed 5 days and if negative proceed with surgery. If positive, wait the 10 or 20 days based on the patient's immune status and precaution guidelines.
Inpatient procedure or surgery Scheduled for an urgent/emergent procedure/surgery*	Urgent/Emergent procedure/surgery without COVID-19 test performed on admission without an available result.	Yes <ul style="list-style-type: none"> Test before surgery and manage based on results. If results are not available, place Airborne/until results are available.
Out-patient ambulatory procedures	Applicable procedures: <ul style="list-style-type: none"> Pulmonary Function Testing Sleep Center procedures Other procedures: e.g., endoscopy, bronchoscopy, oral surgical procedures, Select outpatient encounters: e.g., infusion, radiation therapy, dialysis, Mohs, cordocentesis, chemotherapy Electroconvulsive therapy 	<ul style="list-style-type: none"> Testing based on departmental guidelines or physician discretion. NOTE: If patients are recovered in a recovery room setting, PCR testing is recommended. <ul style="list-style-type: none"> Recommend COVID PCR testing on initial and then weekly.
In- and out-patient surgery/ procedures following an exposure		<ul style="list-style-type: none"> Refer to section IV. On page 6 "Patient management post- exposure or guidance"
In- and out-patient surgery/ procedures with domestic and international travel		<ul style="list-style-type: none"> Refer to section II. On page 3 "For any asymptomatic Domestic Travel and "For asymptomatic international traveler"
Obstetrical Service Line	Test obstetrical patient upon admission. Test the support person accompanying the obstetrical patient during delivery, if unvaccinated or no history of COVID- 19.	<ul style="list-style-type: none"> If patient is tested upon admission manage based on results. May stay during the labor and deliver with appropriate PPE. If negative can stay postpartum and If positive cannot stay post-partum.

** Reference: <https://www.governor.ny.gov/news/governor-cuomo-announces-new-guidelines-allowing-out-state-travelers-test-out-mandatory-14-day>

Note: Refer Attachment A "COVID-19_Manufacturer Acceptable Test List" for a list of acceptable tests.

I. The following is a guide for **discontinuation of precautions for confirmed cases**:

Situation	Clinical Considerations	Management Guidelines
Inpatient that develops COVID-19 symptoms	All inpatient admissions without a previous positive history	Test and place on precautions
Inpatient that screened positive and is asymptomatic	Asymptomatic when screening specimen was obtained: No prior history of COVID-19 and asymptomatic.	Regardless of immunosuppressive status, after 10 days remove from Airborne and Contact Precautions without repeat testing, unless required by the facility.
Inpatient stay (hospital or psychiatric unit), has a positive COVID-19 test and is on precautions	Symptomatic Test-based strategy (not immunocompromised*): <ul style="list-style-type: none"> □ At least 24 hours since resolution of fever without antipyretics and improvement in respiratory symptoms Non-test-based strategy: <ul style="list-style-type: none"> □ At least 24 hours since resolution of fever without antipyretics and improvement in respiratory symptoms and at least > 10 days since the onset of symptoms. 	Test-based strategy <ul style="list-style-type: none"> • ≤ 10 days of initial symptoms: Two consecutive negative tests 24 hours apart Non-test-based strategy <ul style="list-style-type: none"> • > 10 days of initial symptoms and outlined criteria met: No repeat testing and discontinue precautions • If not clinically improving and afebrile, remove on day 22 and do not test. Note: A symptomatic patient with a reported with a reported positive result > 10 days, no precautions or contact tracing.
	Symptomatic Test-based strategy (immunocompromised*): <ul style="list-style-type: none"> • At least 24 hours since resolution of fever without antipyretics and improvement in respiratory symptoms Non-test-based strategy: <ul style="list-style-type: none"> • At least 24 hours since resolution of fever without antipyretics and improvement in respiratory symptoms and at least > 21 from the onset of symptoms. 	Test-based strategy <ul style="list-style-type: none"> • ≤ 20 days of initial symptoms: Two consecutive negative tests 24 hours apart Non-test-based strategy <ul style="list-style-type: none"> • > 20 1days of initial symptoms: No repeat testing and no precautions • If not clinically improving and afebrile, remove on day 21 and do not test. Note: An asymptomatic patient with a reported positive result > 10 days, no precautions or contact tracing.
	Positive COVID-19 PCR test result and positive serology for COVID-19 antibody with no signs or symptoms of COVID-19, i.e., fever, cough, etc.	Case to be reviewed by Infection Prevention and if indicated, Infectious Disease to determine the need for Airborne and Contact Precautions.

II. Patient management post-exposure:

Situation	Clinical Considerations	Management Guidelines
In or Out-patient following exposure to someone with COVID-19.	<p>The following should also be considered with a known exposure within 14 days:</p> <ul style="list-style-type: none"> Not Vaccinated: The patient should self-quarantine for 10 days and observe signs and symptoms up to day 14 if hospitalized place on Droplet Precautions. Vaccinated or COVID-19 within the past 90 days: No quarantining necessary if out-patient. If an in-patient place on Droplet Precautions as outlined in the management guidelines. <p>Surgery/Procedures:</p> <ul style="list-style-type: none"> Not Vaccinated: Delay > day 10. Vaccinated only or COVID-19 within the past 90 days: If the patient is schedule for in-or out-area: Consult with the surgeon/ physician performing the procedure. 	<p>In-patient Management</p> <p>Test based strategy</p> <ul style="list-style-type: none"> Perform a COVID-19 test on or later than day 5. If negative remove from precautions day 8. If positive, manage as positive. <p>Non-test-based strategy</p> <ul style="list-style-type: none"> Droplet Precautions for 10 days. <p>Out-patient Management</p> <ul style="list-style-type: none"> If not vaccinated schedule visit after day 10 of exposure and remains asymptomatic. <p>Surgery/Procedures:</p> <ul style="list-style-type: none"> If vaccinated and asymptomatic schedule visit before the 10 days. When cleared by the surgeon/ physician performing the procedure test as per protocol (within 3/5 days of the scheduled surgery/procedure).

III. The following is a guide for **discharging a patient home on precautions:**

Situation	Clinical Considerations	Management Guidelines
Home discharge of COVID-19 symptomatic positive patients Note: Patient can be discharged prior to the 10 days.	<ul style="list-style-type: none"> At least 24 hours since resolution of fever without antipyretics and improvement in respiratory symptoms and ≥10 days of initial symptoms. 	<ul style="list-style-type: none"> Discharge patient and instruct to maintain self-isolation up to day 10 days following symptom onset, only if criteria for discounting self-isolation is met.

IV. The following is a guide for **discharge to a congregate setting (nursing home, adult care facilities, inpatient hospice care psychiatric setting, etc.):**

Situation	Clinical Considerations	Management Guidelines
Discharge to congregate setting (nursing home, adults care, inpatient hospice unit etc.)	<p>Test-based strategy when COVID-19 positive:</p> <ul style="list-style-type: none"> On day 7 and 24 hours since resolution of fever without antipyretics and improved respiratory symptoms retest. <p>Test-based strategy when COVID-19 negative</p> <ul style="list-style-type: none"> No reported positive COVID-19 result, has no signs and symptoms, and no exposure during admission. 	<p>Test based strategy only for patient being discharged to a congregate setting:</p> <ul style="list-style-type: none"> 1 negative test result with 3 days of discharge. <ul style="list-style-type: none"> 1 negative test result with 3 days of discharge.

- V. The following is recommended for cohorting patients (no past positive COVID-19 history at least 90 days from a previously reported positive) receiving continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BIPAP) regardless of setting, i.e., acute care, psychiatric, and acute rehabilitation when a private room is not available:
- Vaccinated patients requiring CPAP or BIPAP can be cohorted if fully vaccinated, asymptomatic with no history of exposure within the past 14 days and have a COVID-19 PCR specimen reported as negative and a second repeat reported negative on day 5 or greater.

VI. The following is a guide for **transfer to psychiatry**:

Situation	Clinical Considerations	Management Guidelines
<p>Transfer to a Northwell Health psychiatry unit</p> <p>Refer to Attachment C for guidance on bed placement</p> <p>Note: Discharge to an external psychiatric unit based on their protocol</p> <p>Note: Refer to section III: Discontinuation of precautions for confirmed cases.</p>	<ul style="list-style-type: none"> Patient hospitalized on a medical/surgical unit and meets criteria for transfer to a behavioral health unit. A patient transferred from a behavioral health unit to a hospital unit and then meets criteria to be transferred back to the behavioral health unit. Patient in the Emergency Department with a disposition to be transferred to a behavioral health unit. 	<ul style="list-style-type: none"> A patient requires a COVID-19 resulted test within 2 days prior to transfer. Based on results transfer to the appropriate unit. Note: A negative COVID-19 test is not required before transfer to behavior health. If \leq than 2 days – do not test and if $>$ 2 days – test. 1 COVID-19 resulted test required, transfer the appropriate behavioral health unit based on results and known COVID-19 history. Note: A patient held in the Emergency Department \geq 48 hours do not require a repeat test. Note: A patient seen in an out-patient setting that needs to be admitted to an in-patient psychiatric setting to received treatment can be tested with a facility based rapid test (Abbott ID NOW rapid test, result in 15 minute). The test can be used only on a patient with no signs and symptoms, history of exposure in 14 days, or international travel.

VII. **Patient Surveillance Testing:**

- Surveillance testing is performed on all admissions and following admission only when clinically indicated such as in congregate settings (behavioral health or long term care) with exposure on the unit

VIII. **Recommendation for Staff Surveillance Swabbing During a Cluster/Outbreak:**

- Identified staff will have a COVID-19 PCR obtained except for the following:
 - Staff who have been fully vaccinated, $>$ 2 weeks from 2nd dose of COVID-19 vaccine with a booster, when applicable and are asymptomatic.
 - Staff with a COVID-19 positive history within 90 days and are asymptomatic.

IX. **Electronic Ordering of COVID-19 Tests:**

- The test, COVID-19 PCR, should be ordered by the ordering clinician at the point of care.
- Facilities without Sunrise ordering capability will order in the site's electronic medical record.
- Ambulatory ordering shall be in Allscripts TouchWorks EMR.
- Results will cross over into electronic system.

X. COVID-19 PCR Specimen Collection and Results:

- a. Collect one nasopharyngeal swab and place in the Viral Transport Medium (UTM-RT) vial.
- b. Submit to laboratory at room temperature or refrigerated temperature up to 48 hours after collection when it cannot be delivered to the laboratory immediately.
- b. Collect the COVID-19 sample as per Attachment B. NOTE: If a respiratory viral panel (RVP) and/or Flu A/B/RSV tests are also requested, only one specimen in the same UTM-RT is required.

Immunosuppressive Biologic Agents

This list contains biologic agents that can lead to marked impairment of immune function. While patients may not be taking these medications daily, they can still be immunosuppressed and may be at risk for infection. Bolded agents are seen more commonly in practice. Please note, this list is not comprehensive and provider discretion is recommended.

Generic	Brand
Abatacept	Orencia®
Adalimumab	Humira®
Alemtuzumab	Lemtrada®
Anakinra	Kineret®
Atezolizumab	Tecentriq®
Avelumab	Bavencio®
Basiliximab	Simulect®
Belatacept	Nulojix®
Belimumab	Benlysta®
Benralizumab	Fasenra®
Brodalumab	Siliq®
Canakinumab	Ilaris®
Cemiplimab	Libtayo®
Certolizumab pegol	Cimzia®
Daclizumab	Zinbryta®
Dupilumab	Dupixent®
Durvalumab	Imfinzi®
Eculizumab	Soliris®
Etanercept	Enbrel®
Fingolimod	Gilenya®
Golimumab	Simponi®
Ibrutinib	Imbruvica®
Idelalisib	Zydelig®
Infliximab	Remicade®
Ipilimumab	Yervoy®
Ixekizumab	Taltz®
Mepolizumab	Nucala®
Natalizumab	Tysabri®
Nivolumab	Opdivo®
Obinutuzumab	Gazyva®
Ocrelizumab	Ocrevus®
Ofatumumab	Arzerra®
Pembrolizumab	Keytruda®
Reslizumab	Cinqair®
Rilonacept	Arcalyst®
Rituximab	Rituxan®
Ruxolitinib	Jakafi®
Secukinumab	Cosentyx®
Silutuximab	Sylvant®
5.5T001ccvlgizumab	Actemra®
5.501cvgl 54..21T83.o.22f00a22c11itinib	Xeljanz®
Ustekinumab	Stelara®

Brand	Generic
Actemra®	Tocilizumab
Arcalyst®	Rilonacept
Arzerra®	Ofatumumab
Bavencio®	Avelumab
Benlysta®	Belimumab
Cimzia®	Certolizumab pegol
Cinqair®	Reslizumab
Cosentyx®	Secukinumab
Dupixent®	Dupilumab
Enbrel®	Etanercept
Fasenra®	Benralizumab
Gazyva®	Obinutuzumab
Gilenya®	Fingolimod
Humira®	Adalimumab
Ilaris®	Canakinumab
Imbruvica®	Ibrutinib
Imfinzi®	Durvalumab
Jakafi®	Ruxolitinib
Keytruda®	Pembrolizumab
Kineret®	Anakinra
Lemtrada®	Alemtuzumab
Libtayo®	Cemiplimab
Nucala®	Mepolizumab
Nulojix®	Belatacept
Ocrevus®	Ocrelizumab
Opdivo®	Nivolumab
Orencia®	Abatacept
Remicade®	Infliximab
Rituxan®	Rituximab
Siliq®	Brodalumab
Simponi®	Golimumab
Simulect®	Basiliximab
Soliris®	Eculizumab
Stelara®	Ustekinumab
Sylvant®	Silutuximab
Taltz®	Ixekizumab
Tecentriq®	Atezolizumab
Tysabri®	Natalizumab
Xeljanz®	Tofacitinib
Yervoy®	Ipilimumab
Zinbryta®	Daclizumab
Zydelig®	Idelalisib

The following outlines the nasopharyngeal swab technique Nasopharyngeal Swabs:

1. Label the specimen collection container.
2. Gently Insert swab through the nasal cavity (parallel to the hard palate) and into the posterior nasopharynx until resistance is felt or the distance is equivalent to the distance from nose to ear.
3. Gently roll the swab several times and withdraw the swab. **Repeat this in the second nostril using the same swab.** **When a specimen from each nares cannot be obtained one is acceptable.**
4. Place the swab into the sterile viral media and break off the end of applicator stick; view <https://www.youtube.com/watch?v=DVJNWefmHjE> or https://www.nejm.org/doi/full/10.1056/NEJMvcm2010260?query=C19&cid=D M904 82 NEJ M COVID-19_Newsletter&bid=186124450.
5. Providers need to fill out the required form with all of your contact information in its entirety.
6. Place the specimen within an impervious bag.
7. The completed requisition form should be placed in the pouch of the transport bag or in a separate bag with the specimen.
8. Transport specimen to the laboratory at room or refrigerated temperature up to 48 hours after collection when it cannot be delivered to the laboratory immediately.



ATTACHMENT C

Psychiatric Service Line Guidelines Placement

COVID-19 Status	Test Result	Unit Options	
		First Choice	Second Choice
No past history	Positive	COVID-19 Unit	
Exposure to a positive caser	Negative	Observation Unit	Regular unit on Droplet Precautions
Domestic Travel: <ul style="list-style-type: none"> Unvaccinated and have not recovered from COVID-19 in the past 90 days test 3-5 days after arrival in New York and self-quarantine, 7 days if tested on day 3-5. Fully vaccinated: Regular unit, no restrictions 	Negative	Regular Unit if beyond day 7	
	Negative	Regular Unit - private room with mask in communal areas if 7 days or less. Discontinue on day 8.	
International Travel Fully Vaccinated, test 3-5 days after arrival	Negative	Regular Unit, No precautions	
International Travel, not Fully Vaccinated	Negative	Regular Unit, Droplet Precautions x 7 days	Observation Unit, Droplet x 7 days
No past history	Negative	Regular Unit	
Completed a 10-day quarantine (or 20 days, if Immunocompromised)	Negative	Regular Unit	
Initial positive PCR 11 to 90 days ago (or 21 to 90 days if immunocompromised)	Negative	Regular Unit	Observation Unit **
Exposure on inpatient Psychiatry Unit	Negative	Remain on the and admit COVID-19 negative patients to unit.	
Completed 10-day quarantine (or 21 days if immunocompromised)	Positive (or No Test)	Remain on unit	Regular Unit
Initial positive PCR 11 to 90 days ago or 21-90 days if immunocompromised	Positive (or No Test)	Any unit	

** Admission to Observation unit versus Regular unit: patient with recent COVID-19 infection would go to an Observation unit before patient recently, vaccinated, should choice need to be made.