

Expanded testing for asymptomatic patients at UCSF Health Mission Bay OB informational sheet

Please refer to the UCSF General FAQ Sheet on [“COVID-19 Screening of Adult Patients at UCSF Health”](#) for general information on Asymptomatic testing for COVID-19

Why UCSF Health is doing this?

- A subset of patients with COVID-19 will not manifest obvious symptoms or may remain asymptomatic
- Other patients may be in the pre-symptomatic phase for the 1-2 days before symptoms begin
- This approach is safer than not testing because it will identify infected patients earlier and allow for prompt isolation, contact tracing, and prevent spread, protecting healthcare workers.
- We anticipate that the rate of COVID-19 among asymptomatic women in the Bay Area is very low (<1%) and thus we will be able to more comfortably care for these women and use appropriate protection. Frequencies of COVID-19 among asymptomatic laboring patients in NYC has been reported as higher, but their population prevalence is 20x higher than in the Bay Area, so we would not expect to see that rate among our patients.

Who should be tested?

- Anyone with planned admission or procedures that will lead to admission will be tested as an outpatient 72-96 hrs ahead of time (including cesarean deliveries, planned procedures, planned inductions of labor, planned antepartum admissions)
- Planned procedures for the Labor and Delivery Unit (ie. ECVs, cerclages, D&Es, MUAs)
- All patients being admitted to the hospital (laboring patients, unplanned antepartum admissions, postpartum re-admissions)
- Weekly for inpatients who are at risk of having a high-risk aerosol-generating procedures (ie. Antepartum patients at a viable gestational age)

When is testing starting?

- Asymptomatic COVID-19 testing will start on Thursday, April 23rd at 12:00pm

Are any populations excluded?

- Newborns born to COVID-negative and asymptomatic COVID test pending mothers should not be tested for COVID-19 in the absence of symptoms.
- At the start of Asymptomatic testing, we will NOT be swabbing all current postpartum patients or currently laboring patients. Only new admissions and viable antepartum patients.

What if my patient has a pending test but needs an urgent/emergency procedure?

Pending tests should not delay needed care. The procedural PPE guidance reflects the possibility of unknown infection and is intended to protect HCWs regardless of diagnosis. Needed procedures should proceed even if the COVID test is pending or has not been collected.

What if my patient has been admitted for a prolonged period of time?

COVID testing should be repeated for inpatients who have a HIGH risk of needing an aerosol generating procedure (AGP) every week. This would apply to Antepartum patients at a viable gestational age. Would exclude postpartum re-admissions & pre-viable antepartum patients.

When and where does testing occur?

- For patients who need testing upon their admission to the UCSF Birth Center, their tests should be completed immediately when they are transferred to their labor or antepartum room
- Testing should be completed ASAP to obtain results as soon as possible

Asymptomatic COVID test collection:

- Collection for ASYMPTOMATIC patients can be done by any provider (CNM, Resident, MD attg, NP). If the patient is symptomatic, follow previously published workflow guidelines (MD attending to collect swab)
- Novel Respiratory Isolation should be used while obtaining the swabs even for asymptomatic patients - Providers should be wearing N-95, eye protection, gown & gloves.

What are the orders that should be used to order this test?

- Place an order for “COVID-19 RNA Screening for Asymptomatic Patients.” It will include an order for Droplet isolation (surgical mask and eye protection). You should order a “Pooled OP/NP Swab.

What is the current test turnaround time?

- Test turnaround time is 6-24 hours for inpatients and up to 72 hours for outpatients.

What are the changes to PPE in triage prior to patient’s being admitted to the UCSF Birth Center?

- All health care workers (including nurses and providers) should wear a surgical mask and eye protection (ie face shield or goggles) while in triage or while interacting with a patient who has a pending test

Definitions:

Aerosol generating procedures:

Any procedure that is occurring in the OR

Non-aerosol generating procedure:

1st stage of labor

Antepartum/Postpartum inpatient stay

*2nd stage of labor is considered by the CDC to be non-aerosol generating however there is permissible use of Novel respiratory PPE with N-95 during this phase of labor at the UCSF Birth Center

**Collection of NP/OP swabs are not considered aerosol generating, however require N-95, eye protection, gown and gloves for collection

Types of Isolations and Precautions:

Standard Precautions – PPE appropriate for situation (with universal masking)

Droplet Precautions – Surgical mask, eye protection

Novel Respiratory Isolation with negative pressure– Surgical mask, eye protection, gown and gloves
 EVERYTIME you encounter the patient. N-95/PAPR only when there is an Aerosol generating procedure (AGP)

COVID testing scenarios:

COVID testing scenarios	PPE ante/intra/post	PPE during 1st stage of labor	PPE during 2nd stage of labor	PPE in the OR
COVID POS - Symptomatic	Surgical mask, eye protection, gown, gloves (Don/doff after every encounter)	Surgical mask, eye protection, gown, gloves (Don/doff after every encounter)	N-95, eye protection, gown, gloves	N-95, eye protection, gown, gloves
COVID POS - Asymptomatic	Surgical mask, eye protection, gown, gloves (Don/doff after every encounter)	Surgical mask, eye protection, gown, gloves (Don/doff after every encounter)	N-95, eye protection, gown, gloves	N-95, eye protection, gown, gloves
COVID test pending - Symptomatic	Surgical mask, eye protection, gown, gloves (Don/doff after every encounter)	Surgical mask, eye protection, gown, gloves (Don/doff after every encounter)	N-95, eye protection, gown, gloves	N-95, eye protection, gown, gloves
COVID test pending/declined- Asymptomatic	Surgical mask, Eye protection	Surgical mask, Eye protection	N-95, eye protection, gown, gloves	N-95, eye protection, gown, gloves
COVID test negative - Asymptomatic	Surgical mask	Surgical mask	Surgical mask + eye protection (permissible use of N-95, encourage reuse)	Standard precautions (permissible use of N-95, encourage reuse)
COVID test negative - Symptomatic	Surgical mask, eye protection, gown, gloves	Surgical mask, eye protection, gown, gloves	Surgical mask, eye protection, gown, gloves (permissible use of N-95, encourage reuse)	Surgical mask, eye protection, gown, gloves (permissible use of N-95, encourage reuse)

How do you know which type of precautions are to be used for each patient?

- Signs should be placed on patient’s door designating which type of isolation or precautions should be used. Isolation orders will also be placed in APEX so will “flag” in the patient’s chart

What happens if my asymptomatic patient tests positive?

- If you follow the guidelines noted above for appropriate PPE (reviewed by UCSF infection control), this would be considered a **low-risk exposure** according to CDC definitions because you would be wearing a mask and eye protection. You would have follow-up with Occupational Health but could continue to work.
- Your patient will be placed into appropriate isolation based on acuity (Novel respiratory versus Respiratory Illness evaluation).
- ICN will be notified of her testing status change and will counsel on newborn separation vs co-localization
- The patient will also be given guidance on best breastfeeding practices with COVID. We continue to support shared decision-making regarding breastfeeding and co-localization.

What happens if my asymptomatic patient tests negative?

- For an asymptomatic patient being tested in the Bay Area at the current time, the negative predictive value is 99.8%. Because there is an incubation period for this virus and infection could be acquired later, if the patient subsequently develops symptoms of respiratory infection, a repeat test should be obtained