

Discontinuing pre-admission COVID testing for Providence Oregon hospitals

Jan. 23, 2023

Based on the below recommendations from Society for Healthcare Epidemiology of America (SHEA), and other evidence-based research, Providence Oregon will **discontinue pre-admission testing of most asymptomatic hospital patients beginning Tuesday, Jan. 31.**

Read the SBAR for a review of the evidence, along with the recommend actions for this change.

SBAR re: discontinuing pre-admission COVID testing

Situation: Providence Oregon currently universally tests all patients for COVID-19 prior to admission. New literature supports discontinuing testing of asymptomatic patients in most healthcare settings.

Background: Early in the pandemic, universal testing for COVID-19 was necessary as we did not have access to vaccines and PPE was limited. Additionally, more severe outcomes were seen if a patient developed COVID-19. By testing all patients, it helped to prioritize patient placement and use of PPE.

Assessment: Centers for Disease Control and Prevention (CDC) currently has no recommendation advising laboratory testing of asymptomatic patients on admission to most types of healthcare facilities. Cessation of asymptomatic admission testing is now supported by the Society for Healthcare Epidemiology of America (SHEA) and Infection Control and Hospital Epidemiology (ICHE). Many other health care systems have stopped universal testing in Oregon. Other regions in our system have also discontinued testing including Texas/New Mexico and Puget Sound. Providence Oregon’s infection preventionists, infectious disease medical directors, and CMO and CNO groups are supportive of this change.

A variety of possible adverse and unintended consequences related to asymptomatic testing have been proposed (Table 1).

• Strain on testing and laboratory resources (including personnel)
• Strain on personnel involved with specimen collection
• Unnecessary isolation of non-infectious patients
• Inappropriate antiviral treatment (if test is a false positive)
• Prolonged length of stay
• Reduced number of available inpatient beds and limited surge capacity
• Possibly delayed medical care
• Patient costs and inconvenience
• False security in a negative result

Table 1. Unintended Adverse Consequences of Laboratory Screening for SARS-CoV-2 among Asymptomatic Persons

Recommendation: Continue admission testing for patients being admitted to a semi-private room or congregate care units where patients are unable to mask and socially distance reliably (i.e., behavioral health). A risk assessment may be conducted to determine if additional patient populations should continue to be tested in ministries. Continue focusing on existing layers of protection including universal masking, symptom screening, placing patients on special droplet contact precautions and testing if symptoms develop, and utilizing respirators (i.e., N95 with eye protection or CAPR/PAPR) during high-risk situations like AGPs.

References:

[Pre-Procedure and Pre-Admission COVID-19 Testing No Longer Recommended for Asymptomatic Patients | Society for Healthcare Epidemiology of America](#)

[Asymptomatic screening for severe acute respiratory coronavirus virus 2 \(SARS-CoV-2\) as an infection prevention measure in healthcare facilities: Challenges and considerations | Infection Control & Hospital Epidemiology | Cambridge Core](#)