

# Routine surveillance testing for inpatients using Rapid Antigen Tests

Updated 17 May 2022



Western Health

COVID - 19

Be Safe -- Be Smart -- Be Kind

## Why is Western Health administering rapid antigen tests on inpatients?

Western Health has implemented rapid antigen testing for all inpatient admissions aged 5 years or older. This is an additional measure to keep Western Health patients and staff safe by identifying potential infection early and reducing the risk of patient to patient transmission, as well as patient to staff transmission.

## Which patients should be screened using a routine rapid antigen testing?

All patients aged 5 years or older without COVID risk factors who are admitted to Western Health for an inpatient stay should be on a routine surveillance testing regime using rapid antigen tests for the first 72 hours after admission.

A consultant paediatrician may waive the requirement for individual children if they are inappropriate to do this daily (e.g. neurodevelopmental issues) or if have a negative PCR and no new symptoms have evolved during admission.

## Which patients should not be screened using routine rapid antigen testing?

Patients who have been diagnosed with COVID or have COVID risk factors and are 'suspected' COVID patients on this admission are a separate cohort. These patients should be managed as per the 'COVID-19 Testing Criteria, Risk Categorisation, De-isolation and Bed Allocation Guideline' on the [Coronavirus microsite](#) and be tested in accordance with the direction of the treating team, Infection Prevention or Infectious Diseases.

## Do patients who have recently tested positive to COVID need to be screened using rapid antigen testing?

Patients who have recently tested positive to COVID but are asymptomatic and have been admitted for another reason still need to be on the routine rapid antigen surveillance testing regime, even if they were cleared from isolation in the 12 weeks. This is because reinfection rates and timeframes are still being understood.

## When should patients be screened using a rapid antigen test?

Patients should be screened using rapid antigen testing:

- On Day 0 – the day of entry to the health service e.g. in the Emergency Department, Maternity Assessment Centre (MAC) or other location where patients are first admitted
- Every day for 72 hours after admission, including:
  - Day 1 – 24 hours after admission
  - Day 2 – 48 hours after admission
  - Day 3 – 72 hours after admission
- Prior to transfer to Subacute

For patients who remain in Western Health for longer periods should have additional screening using rapid antigen testing on

- Day 7 after admission
- Day 14 after admission
- Day 21 after admission and every further 7 days until the patient is discharged from Western Health.

Refer to Appendix A for a flowchart of the testing process.

### How can wards monitor who is due for rapid antigen testing?

The last date each patient had a rapid antigen test that was documented in the EMR can be viewed on the EMR Ward Overview page, example circled in red below:

Patient	Location	Is...	Resus	Dx	Al...	Mobility Assi...	Falls Assess...	PI Assessme...	BOC Assess...	4AT/Cogniti...	BO7/...	IDC	Comme...	D...	RAT COVID-19
*CERNERZZP... MRN: 90000051 DOB: 03 FEB 1935	1 South			1 - Scurvy 2 - Vitamin C deficiency Bacterial sepsis	Infecti... Infecti...			Score 9 or b... 17 mos ago		Score 4+ ... 10 mos ago			cath test Adding a ne... FFMN		Positive 3 wks ago
*Testwhs, EMI... MRN: 90000052 DOB: 28 SEP 2016	Room 1 2 North									Score 1 - 3... 10 mos ago					Positive 5 mos ago
*CERNERZZP... MRN: 90000053 DOB: 01 JAN 1983	Room 1 2 North			1 - Pneumonia	Infecti...										Positive 7 mos ago
TESTHTS, Joo... 2... MRN: 288288 DOB: 01 MAR 2000	03-04 CY-DEMO			Acute appendicitis Adverse drug reaction Adverse drug reaction	Abnor... Accide... A... 12	MS W Assist... S... MS W... Four...	High Risk -... 3 mos ago	Severe Risk... 7 mos ago	VERY HIGH... 7 mos ago	Possible del... 7 mos ago			test		Negative 11 days ago

Staff are also able to click into each section to see the last 3 rapid antigen tests (including the date and result) for each patient:

Patient	Location	Is...	Resus	Dx	Al...	Mobility Assi...	Falls Assess...	PI Assessme...	BOC Assess...	4AT/Cogniti...	Open Chart
*CERNERZZP... MRN: 90000051 DOB: 03 FEB 1935	1 South			1 - Scurvy 2 - Vitamin C deficiency Bacterial sepsis	Infecti... Infecti...			Score 9 or b... 17 mos ago		Score 4+ ... 10 mos ago	<b>TESTHTS, Joanne</b> 22 yrs F DOB: 01 MAR 2000 MRN: 288288 FIN: 1290 <b>RAT COVID-19</b> Selected visit <input type="radio"/> Negative 28 APR 2022 15:56 <input checked="" type="radio"/> Positive 20 APR 2022 14:10 <input type="radio"/> Negative 13 DEC 2021 15:45
*Testwhs, EMI... MRN: 90000052 DOB: 28 SEP 2016	Room 1 2 North									Score 1 - 3... 10 mos ago	
*CERNERZZP... MRN: 90000053 DOB: 01 JAN 1983	Room 1 2 North			1 - Pneumonia	Infecti...						
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TESTHTS, Joanne	
22 yrs F DOB: 01 MAR 2000 MRN: 288288 FIN: 1290	
RAT COVID-19	
Selected Visit	
<input type="radio"/> Negative	28 APR 2022 15:56
<input checked="" type="radio"/> Positive	20 APR 2022 14:10
<input type="radio"/> Negative	13 DEC 2021 15:45

This record should be referred to during nursing handovers and be used by wards to monitor which patients are due for rapid antigen testing according to the recommended surveillance regime.

### Does my patient need to be in isolation during this time?

If a patient has no other risk factors and is undergoing routine rapid antigen testing surveillance they are not required to be in isolation. The COVID risk assessment should be reviewed each shift to ensure that no new risk factors have been identified and that there is no existing COVID related infection risk alert on EMR.

### Consent

Patients should be provided with information about why and how the tests are being performed, including:

- The benefit of early diagnosis if they have COVID, to make sure that they receive access to the best care as soon as possible;
- The benefit of keeping themselves and other patients safe by ensuring that they are cared for in the right way in the right environment; and
- How the test will be administered

Patients should be asked for verbal consent to the test. If the patient is a child, their NOK or responsible adult should be asked to provide consent.

If consent is declined and the patient has no other COVID risk factors this should be documented in the EMR. If consent is declined and the patient has COVID risk factors, this should be escalated through to the de-isolation team via switch for further advice.

### Which tests will be used?

A variety of rapid antigen tests may be used depending on the supply available at the time. Some tests may be described as 'self-test' kits. However, in the context of patient testing, all tests should be administered by a Western Health healthcare worker.

## How to access Rapid Antigen Tests for patients

The test kits may be ordered via the PPE team. During business hours below either phone the PPE team or email to [COVID-19PPE@wh.org.au](mailto:COVID-19PPE@wh.org.au). Areas should use the PPE ordering template which has been updated to include rapid antigen testing ordering.

Site	Business Hours availability	Business Hours phone number	After hours contact
Sunshine Hospital	Mon – Fri 0730 – 1600	0466 813 640	AHA
Footscray Hospital	Monday, Wednesday, Friday 0730 – 1400	0466 813 640	AHA
Williamstown Hospital	Weekly on Tuesdays 0800 – 1200	0466 813 640	AHA
Sunbury Day Hospital	Fortnightly on Thursdays AM delivery	0466 813 640	N/A

## How to store Rapid Antigen Tests on the ward

Rapid antigen tests must be stored between 2 and 30 degrees, and out of direct sunlight. Failure to store correctly may mean that the tests are not valid.

## How to perform the test

Each rapid antigen test kit comes with instructions regarding how to perform the test and all the equipment required. There may be minor variations in the process depending on the brand of rapid antigen test being administered. All clinicians administering the tests should review the instructions every time that they administer a different type of test to ensure that the correct process is followed for that particular test.

Links to instructional videos for common rapid antigen tests used at Western Health can also be found in Appendix B.

Testing is an aseptic procedure so routine infection prevention practices should be followed and appropriate PPE for the ward areas should be worn aligning with the PPE Guidelines available on the [Coronavirus microsite](#) under [PPE](#). Hand hygiene should be performed before and after collecting the sample. Any surfaces used whilst collecting the sample should be wiped down before and after with the green Clinell disinfectant wipes to prevent potential environmental cross contamination of the test sample.

Once the test is completed, all the equipment used for the rapid antigen test should be disposed of in a yellow clinical waste bin.

## Reading the results

Each test has a reader which provides the result. Results must only be read at the exact time that the instructions on the kit specify they should be ready. This is often at 15 minutes, but may vary depending on the test. The clinician administering the test should set a timer to ensure that the test result is read at the correct time.

Generally, a negative result is represented by a single line 'control' line in the reader and a positive result is represented by two lines in the reader. If no lines appear, or a line appears in the test location but not the control, the test is invalid and should be re-administered.

## Results management

### Positive results:

- All patients who record a positive rapid antigen test should be treated as COVID-19 positive. In addition:
  - Within hours the Infection Prevention team should be notified immediately, if out of hours the Contact Tracing Team Leader should be notified (via Switch) until 2200hrs. After 2200hrs the Deisolation team should be notified (via Switch).
  - Place an N95 mask on the patient and any other patients in shared bay/room
  - Contact and Airborne transmission based precautions should be implemented
  - A rapid PCR test should be ordered and collected promptly for the patient
  - If the patient starts exhibiting COVID symptoms and has a positive RAT result they should be transferred to a COVID ward preferably in a single room pending PCR results. If the patient remains asymptomatic and has no other COVID risk factors they should be transferred to a SCOVID ward preferably in a single room pending PCR results.
  - If transferred to a shared bay on a COVID/SCOVID ward all patients must be in a ventilation hood
  - A ventilation hood may be required for the positive case if there is no ability to move the patient in the short term and no single room is available on the ward.

### Invalid results:

- Patients who record an invalid rapid antigen test result should be tested again immediately;
- Inpatients who record two invalid rapid antigen test results should have a nose/throat PCR collected immediately and ordered as a rapid test;
- Depending on the reason for the test, these patients may be required to isolate while waiting for result. Please consult your Nurse in charge of the relevant area or Infection Prevention for advice.

It is important to note that a negative result does not exclude infection with SARS-CoV-2. Where suspicion of infection remains, further investigation should be conducted, including the administration of a further SARS-CoV-2 PCR.

**Patients who record a positive rapid antigen test but have a negative follow up PCR:**

- Patients who record a positive rapid antigen test but have a negative follow up PCR may only be cleared by Infection Prevention, the De-isolation Team or Infectious Diseases.
- Infection Prevention, the De-isolation Team or Infectious Diseases will advise if any further testing is required. They will also advise when and if any precautions may be discontinued.

**Documenting the results:****Inpatients:**

The results of each Rapid Antigen Test for inpatients should be documented in the following area:

1. In the Interactive View under Adult Systems Assessment
2. Select Bedside Testing
3. Document the result under COVID-19 Rapid Antigen Test Result

Refer to the EMR Quick Reference Guide 'Documenting a Rapid Antigen Test Result in Interactive View' on the [Coronavirus microsite](#) for further information and screenshots.

**Documentation in the Emergency Department:**

The results of each Rapid Antigen Test should be documented in the following area:

1. The clinical notes section of the Emergency Department Information System (EDIS).
2. The Bed Specialty requirements section of EDIS to give visibility to the Bed Office and in the EDIS dashboard.
3. The initial EMR COVID screening tool in the designated section for Rapid Antigen Results.

**Follow up pathology ordering:**

The result of a Rapid Antigen Test should be included in the clinical notes section of a pathology order for a COVID PCR swab. This allows the laboratory to validate the type of PCR test that has been requested.

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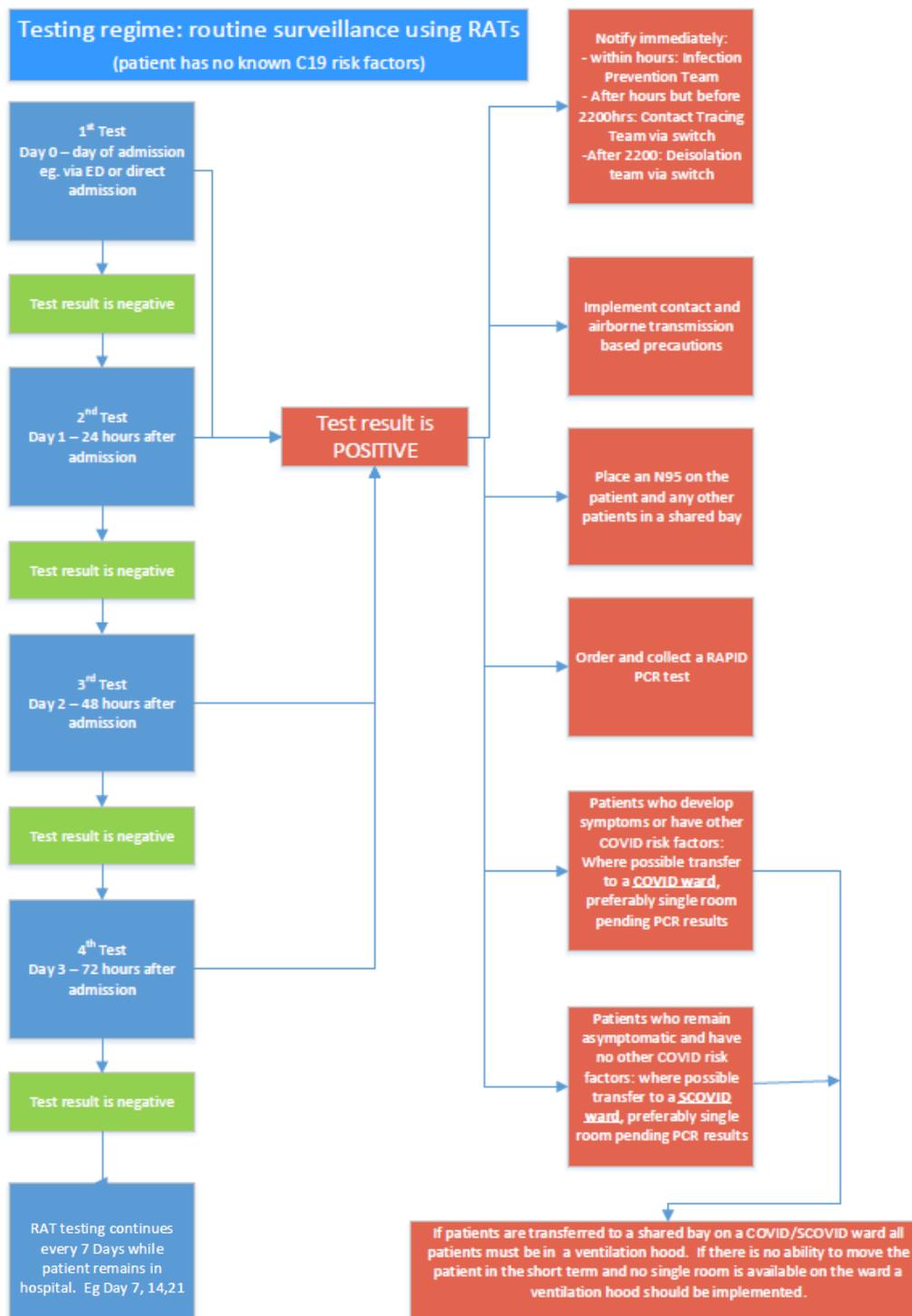
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## Appendix A: Flowchart of surveillance regime:



### Invalid test results

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- Inpatients who record two invalid rapid antigen test results should have a nose/throat PCR collected immediately and ordered as a rapid test;
- Depending on the reason for the test, these patients may be required to isolate while waiting for result. Please consult your in charge of the relevant area or Infection Prevention for advice.

## Appendix B: Instructional materials for rapid antigen tests

Please also ensure to refer to the instructions in the kit that is being used to ensure that you are following the correct procedure for the test that you are administering

1. Abbott Panbio:  
[Panbio COVID-19 Antigen Self-Test Instructions for Use](#)  
[Panbio COVID-19 Antigen Self-Test Demo Video](#)
2. 2San Lyher:  
[Lyher Instructions for Use](#)  
[Lyher Video](#)
3. Pharma Soul Testsealabs  
[Testsealabs Instructions for Use](#)  
[Testsealabs How to Use Video](#)