

## ANNEX A

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28 August 2020

Cabinet Secretary for Health and Sport

### **COVID-19: ASYMPTOMATIC EMERGENCY ADMISSION TESTING IN HOSPITALS**

#### **Purpose**

1. To outline the feasibility of a programme of testing patients entering hospitals as emergency admissions and to propose an approach to a testing programme, further to the advice of the COVID-19 Nosocomial Review Group (CNRG).
2. [Redacted]

#### **Background**

##### Testing of asymptomatic patients on admission to hospital

3. The CNRG has reviewed the new UK Infection Prevention and Control (IPC) remobilisation guidance (published 21 August) and has considered the previous recommendation for asymptomatic patient testing, which was that prevalence surveys should be undertaken for emergency admissions who are asymptomatic (advice from CNRG meeting on 17 July 2020). The final CNRG advice is available at **Annex A**.
4. The CNRG noted the previous advice provided to CNO which was that decisions had been made to test elective surgical cases, but no decision had been made by Ministers regarding emergency admissions or wider hospital patient testing. The group considered that to ensure monitoring and adequate planning for IPC preparedness in hospitals, and to align with WHO advice and the European Centre for Disease Prevention and Control (ECDC) testing strategy, prevalence surveys, wherein all emergency admissions are tested at a point in time to establish a baseline, should be undertaken as a minimum.
5. CNRG members have considered the sample size for such surveys and the need for them to be helpful at individual hospital level in targeting local additional testing requirements. A large enough sample size is required in order to draw accurate conclusions about prevalence in the hospital population. As such, these prevalence surveys would require, at a minimum, periodic routine testing of all emergency admissions to determine the prevalence at hospital level and on an ongoing basis to assess the need for wider testing.

6. [Redacted]

7. [Redacted]

8. [Redacted]

9. [Redacted]

10. [Redacted]

11. [Redacted]

12. [Redacted]

13. The CNRG's view is that the testing of emergency admissions will help with pathways and keep hospitals safer. It will also help us detect quickly, any increases at hospital level, to help maximise early detection at patient level thus impact on outcome and provide assurance. This is evidenced by PHE modelling work demonstrating the added value of testing all hospital admissions and the additional impact this has on nosocomial transmission. It is important to note that the parameters in the model are not all known for Scotland and so prevalence surveys are needed to inform this, as previously advised. The English and Welsh COVID-19 testing strategies include hospital admission testing of asymptomatic patients, based on this evidence and the wider purposes defined in paragraph 9.

#### CNRG advice on over 70s testing - dated 17 July 2020

14. Admission testing of over 70s has been carried out since April. Testing of those over the age of 70 was introduced at a time when there was acknowledgment of the increased mortality and morbidity in this group. The lower incidence thereafter limited the potential risk of nosocomial infection from asymptomatic or pre-symptomatic infection possible in this age group. Concerns have been raised by DPHs to the CNRG about the ethics and impact of this testing on older patients, given the low yield of positive cases.

15. The CNRG concluded that the evaluation of admission testing of over 70s was limited by the data available as it is not possible to identify those patients screened as part of the policy or those who were tested due to the development of clinical signs and symptoms on admission. For this reason, the yield of patients identified as a result of screening cannot be accurately ascertained. The percentage of patients over 70 that tested positive at days 4 and 8 (symptomatic and asymptomatic) in mid-July was less than 1% (of those tested). These data have the additional limitation that it is not possible to discern patients tested as part of an incident or outbreak management.

16. The CNRG found that the impact of early identification of the cases on nosocomial outcomes was not able to be formally assessed. However, given only some of the admissions were being tested rather than all, and the small number of

cases identified in total on date of admission (a maximum of six per week in Scotland at the time of the report including all symptomatic and asymptomatic), the impact is likely to have been minimal in terms of reducing nosocomial transmission. As such, **the CNRG believes that this specific targeted programme of only testing patients over the age of 70 on admission and every four days thereafter should be discontinued.** However, please note that if testing of all emergency admissions is introduced, this would include those over the age 70.

17. [Redacted]

### **COVID-19 Nosocomial Review Group (CNRG) recommendations**

18. The recommendations from the CNRG are set out below and the full paper is available at **Annex A**.

The current prevalence of the virus in Scottish hospitals is unknown, it is presumed low, given community incidence is low and there have been no reported outbreaks in Scottish hospitals for 4 weeks.

- a. **It would therefore be helpful to initiate the admission testing in the form of a national ‘all hospitals’ admissions COVID-19 prevalence survey, with data collected to determine current risk of asymptomatic PCR positive COVID-19 prevalence on admission. This will enable a more strategic medium/long-term approach to asymptomatic patient testing using the results and including these parameters to model its effectiveness.**

Future scale up and down of testing could be based on parameters including prevalence, transmission, nosocomial outbreaks and IPC indicators. Such parameters would need to be clearly defined and monitored as early warning systems to trigger wider testing when it is required.

- b. **With this proposed admission testing addition, the Scottish hospital testing programme for patients would therefore be:**
  - i. **all emergency inpatients at admission, whether or not they have symptoms**
  - ii. **those inpatients with symptoms of COVID-19 after admission**
  - iii. **testing all patients in a ward if a single unexpected case is found**
  - iv. **test all patients on discharge to care homes**
  - v. **elective surgical patient testing prior to admission**

Wider hospital testing can be further considered if the prevalence in community is higher or on a procedure/patient risk assessment locally.

### **Further CNRG considerations – risks and mitigation**

19. [Redacted]

## Assessment of the CNRG recommendations

20. The CNRG's final advice is clear that testing emergency admissions can help detect cases more quickly in hospital settings and ensure patients are appropriately placed. Whilst there was not complete consensus of opinion across the group, the final advice submitted to the CNO from the Chair of the CNRG does support the implementation of emergency admission testing across Scotland.

21. [Redacted]

22. [Redacted]

23. [Redacted]

## Testing capacity and demand

24. [Redacted]

25. [Redacted]

26. [Redacted]

[Redacted]	[Redacted]	[Redacted]

[Redacted]

## Recommendations

27. We invite you to consider the evidence and recommendations and, based on this, confirm that you are:

i. [Redacted]

ii. **Note that the current policy in relation to only testing patients over the age of 70 on admission and every four days thereafter will be overtaken by the new policy to test all emergency admissions in Scotland** - acknowledging that patients over the age of 70 will be captured now if testing all elective admissions and emergency admissions. This will however mean stopping the automatic testing of over 70s every four days during their inpatient stay.

iii. [Redacted]

iv. [Redacted].

**Fiona McQueen, Chief Nursing Officer**  
**Gregor Smith, Chief Medical Officer**  
**Jason Leitch, National Clinical Director**

28 August 2020

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Minister for Public Health, Sport and Wellbeing			x		
Minister for Mental Health			x		

[Redacted]

**Asymptomatic patient testing- Emergency admission testing**

**Advice to CNO from the CNRG**

**5/8/20**

**(Final draft taking account of CNRG feedback on draft of 31/7/20)**

1. The nosocomial group reviewed the new UK IPC guidance due to be published next week and considered the previous recommendation for asymptomatic patient testing, which was that prevalence surveys should be done for emergency admissions who are asymptomatic (advice from meeting on 17/7/20).

2. The group noted the previous advice given to CNO, and the issue identified by CNRG in that advice, that decisions had been made to test elective surgical cases, but no decision had been made by other policy groups re emergency admissions or wider hospital testing. The group considered that to ensure monitoring and adequate planning for IPC preparedness in hospitals, and to comply with the ECDC testing strategy, prevalence surveys, wherein emergency admissions are tested, should be undertaken as a minimum.

3. Consideration has been given to the sample size for such surveys and the need for them to be helpful at individual hospital level in targeting local additional testing requirements. As such these prevalence surveys would require all emergency admissions to be tested. By default, this would mean routine testing all emergency admissions would be needed periodically to determine the prevalence at hospital level and on an ongoing basis to assess the need for wider testing.

4. [Redacted]

5. [Redacted]

6. [Redacted]

7. [Redacted]

8. [Redacted]

9. [Redacted]

10. [Redacted]

**11. With this proposed admission testing addition, the Scottish hospital testing programme would therefore be: (i) all emergency inpatients at admission, whether or not they have symptoms; (ii) those inpatients with symptoms of COVID-19 after admission; (iii) testing all patients in a ward if a single unexpected case is found; (iv) test all patients on discharge to care homes; (v) elective surgical patient testing prior to admission**

Wider hospital testing (wider elective admissions, day cases, diagnostic interventions, specialist hospitals) can be further considered if the prevalence in community is higher or on a procedure/ patient risk assessment locally

12. [Redacted]