

## **OUTPATIENT TESTING PROTOCOL**

### **A. Outpatient Testing Protocol**

- We have updated the testing approach for all outpatients. This information will be available on the Emergency Management section of the Hub and posted on our external website at <https://www.bmc.org/covid-19-information-employees> for off-campus access.
  
- **Additional testing policies can be found on the Hub, including:**
  - [Inpatient Testing policy](#)
  - [ED Testing policy](#)
  - [IPP Testing Policy](#)
  - [2020-21 COVID/Flu Testing Guidelines](#)
  - [FAQ For Managing COVID in an Ambulatory Setting](#)
  - [Guidelines for the Removal of Isolation Precautions for PUI and COVID-19 patients](#)
  - [COVID-19 Testing Locations](#): Where to test in the Outpatient Setting and how to order a test.

### **B. Who to test**

- **Mass DPH Guidelines for COVID-19:** These guidelines can be found here - <https://www.mass.gov/doc/covid-19-testing-guidance/download>
  
- **CDC Guidelines for COVID-19:** these guidelines can be found here- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>.
  
- **Boston Medical Center Guidelines for COVID-19 Testing:**
  - A. **We recommend testing** the following populations:
    - **All Symptomatic patients**, even those with mild symptoms should be tested
    - **Previously positive Individual cleared from isolation:** Until further data are available, individuals who were previously diagnosed with COVID-19, are more than 6 weeks past their release from isolation, and who develop clinically compatible symptoms, should be retested. If viral RNA is detected by PCR testing, the patient should be isolated and considered to be re-infected.
    - **Hospitalized patients** (for information on inpatients, see the Inpatient Testing Protocol)
    - **Close Contacts of confirmed or clinically diagnosed COVID Cases:** All individuals in Massachusetts identified as a close contact by a Local Board of Health, the Massachusetts Department of Public Health, the Community Tracing Collaborative, or a healthcare provider should be tested (unless the individual is fully vaccinated).

- [Refer to guidelines for fully vaccinated individuals.](#)
- Unvaccinated or Partially Vaccinated Patients
  - Testing is recommended at day 5 following an exposure or later. Quarantine guidelines are based on time since exposure, symptoms, and negative testing. Massachusetts DPH guidelines can be found here:  
<https://www.mass.gov/guidance/information-and-guidance-for-persons-in-quarantine-due-to-covid-19#how-long-must-you-quarantine->
- **Asymptomatic individuals without known or suspected SARS-CoV-2 exposure for early identification** for indications/locations that include:
  - Long-term care facilities
  - Correctional and detention facilities
  - Homeless shelters
  - Other congregate work or living settings
  - High-density critical infrastructure workplaces where continuity of operations is a high priority
  - Employer/school requested testing
  - Travel (pre and post-travel)
    - [Refer to guidelines for fully vaccinated individuals](#)

Approaches for early identification of asymptomatic individuals include:

- Initial testing of everyone residing and/or working in the setting,
- Regular (e.g., weekly) testing of everyone residing and/or working in the setting, and
- Testing of new entrants into the setting and/or those re-entering after a prolonged absence (e.g., one or more days)

## B. Outpatient Testing for Fully Vaccinated Patients<sup>1</sup>

- Massachusetts testing guidelines for fully vaccinated individuals can be found here: <https://www.mass.gov/guidance/guidance-for-people-who-are-fully-vaccinated-against-covid-19#isolation-quarantine-and-testing>
- **Pre/Post-Travel:** [Per the MA DPH travel advisory](#), individuals who have received two doses of either the Moderna or Pfizer COVID-19 vaccines OR who have received a single dose of the Janssen vaccine, more than 14 days ago and **who do not have symptoms** do not require negative test prior to traveling to, or quarantine upon arrival to, Massachusetts.
  - COVID-19 vaccinated individuals arriving in Massachusetts must have documentation of their vaccination(s), including the date(s) of administration, available if asked.

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<sup>1</sup> This guideline does not apply to patients tested per BMC policies for pre-procedure or admission testing.

- This exception does not include vaccinated individuals **who have symptoms of COVID-19**, who must follow all testing and quarantine guidance outlined in the travel rules.
- **Post-exposure to a confirmed COVID-19 case:**
  - [MA guidelines state](#) that individuals who have received either two doses of the Moderna or Pfizer COVID-19 vaccines or a single dose of the Janssen COVID-19 vaccine, at least 14 days ago, are not required to quarantine or receive testing following an exposure **if they remain asymptomatic**.

### C. Retesting

- For recovered patients **who remain asymptomatic and meet criteria, we now recommend against testing** within 9 months of the initial positive test.
- Patients with initial positive test within the **previous 9 months** who otherwise would be tested for COVID under one of our policies will instead have **Epic decision support** to notify provider that testing can be avoided.
  - **After 9 months have elapsed** from the first positive test, the patient should be tested as per our usual institutional testing policies (Epic support will no longer be active)

### C. Symptoms of COVID-19

Symptoms of COVID-19 include:

- Fever, chills or shaking chills;
- Signs of a lower respiratory illness (e.g., cough, shortness of breath, lowered oxygen saturation);
- Fatigue, sore throat, headache, body aches/myalgia, or new loss of sense of taste or smell
- Other less common symptoms can include gastrointestinal symptoms (e.g. nausea, vomiting, and diarrhea), rash, and inflammatory conditions such as “COVID toes”.
- In elderly, chronically ill, or debilitated individuals such as residents of a long-term care facility, symptoms of COVID-19 may be subtle such as alterations in mental status or in blood glucose control
- Children with multisystem inflammatory syndrome.

### D. Testing by indication and population:

- Testing will be performed at BMC with the following:
  - [Please refer to the COVID-Flu Testing Winter 2020 Guidance](#) to determine which patients may require additional testing in the Outpatient Setting.
  - **A single nasopharyngeal (NP) swab** (refer to “[How to Collect NP Specimen](#)” below):
    - This swab should be used in the Outpatient setting for:
      - **All symptomatic patients**

- **Patients with confirmed exposure**
  - Patients who are being **admitted**
  - Patients who require **pre-procedural testing** for procedures in the Outpatient Setting
- **Anterior nares swab testing** for the diagnosis of COVID-19 in the Outpatient Setting is now available for the following **specific populations** only (refer to “[How to Collect AN Specimen](#)” below):
    - **Asymptomatic, no exposure patients** who are being tested **pre-work, pre-school or pre/post-travel**
    - **Asymptomatic, no exposure healthcare workers** who are being tested pre-work, **pre-school, pre/post-travel**
    - Patients with **anatomic reasons** that preclude nasopharyngeal testing
    - Patients who **absolutely refuse nasopharyngeal** testing but for whom COVID-19 testing is required
- **SARS-CoV-2 IgG testing:** For Ambulatory SARS-CoV-2 IgG testing, patients must meet one of the following criteria:
    - Individual with febrile illness or viral URI symptoms without improvement for > 11 days and with negative COVID-19 PCR testing
    - Persons with prior history of COVID-19-like illness who present with potential late complications (ex. multisystem inflammatory system in children).
    - Asymptomatic individuals with recent and unexplained illnesses potentially related to COVID-19, including thromboembolic events (ie., myocarditis, stroke, pulmonary embolism or deep venous thrombosis)
    - *Note that the [current guidelines](#) for antibody testing in inpatients differs from the above based on expected impact on treatment decisions: for inpatients, the patient must be at least 10 days from symptom onset and have a negative COVID-19 PCR test*
  - **SARS-CoV-2 IgM testing:** Refer to [guidelines on the Hub](#).

#### **D. Results**

- Results will be available in Epic
- For patients admitted at the time of the result, the lab will page the inpatient team with positive results (and the ID fellow for ICU patients)
- Notification to patients to discharged or ambulatory patients:
  - **Symptomatic patients:** All patients will receive a call from the Central Results Team
  - **Asymptomatic patients:** Standalone COVID results are released immediately to MyChart.
    - **Positive results:** Patients with positive results will receive a call from a centralized nursing team (regardless of MyChart status).

- **Negative Results:** Patients who have a negative result and MyChart will not receive a call from the Central Results Team. If a patient does not have MyChart, currently they will still receive a call with a negative result.
- **Patient should have MyChart if proof of a negative result is needed,** as a mailed letter may take longer to receive.

## **E. How to test**

### **Nasopharyngeal swab testing: How to collect a specimen**

- General Instructions:
  - All specimen collection requires healthcare worker wear N95 mask
  - Swab specimens should be collected by healthcare providers not via self-collection
  - Please note the different test kits for the two anatomical sites of swab collection
- Advice on collection of Nasopharyngeal swabs: For more instruction on optimal technique, please view this video ([YouTube NEJM Video: Collection of Nasopharyngeal Specimens with the Swab Technique](#))
  - Insert along septum until you hit resistance, gently rotate x 5 seconds, remove
  - Send 1 NP swab submitted in a viral transport tube.
  - Label the tube with the patient label and small label.

### **Anterior Nares swab testing: How to collect a specimen**

- Anterior nares swab testing for the diagnosis of COVID-19 is less invasive and technically complex than the use of a nasopharyngeal swab. Anterior nares specimens can be collected for the [populations and indications listed above](#), and by physicians, APPs, or nurses. They should be collected using the anterior nares collection kit.
- Directions are below:
  1. Insert a nasal swab 1 to 1.5 cm into a nostril. Rotate the swab against the inside of the nostril for 3 seconds while applying pressure with a finger to the outside of the nostril.
  2. Repeat on the other nostril with the same swab, using external pressure on the outside of the other nostril. To avoid specimen contamination, do not touch the swab tip to anything other than the inside of the nostril.



3. Remove and place the swab into the tube containing 3 mL of viral transport medium. Cap the specimen collection tube tightly.