



Guidance on Screening of Patients and Staff for Cardiology Services

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NHSE&I has produced an operating framework for urgent and planned services during COVID-19 which sets out some broad guidance on the screening of both patients and staff. The purpose of this document is to place the generic guidance into the context of cardiology services. It is not intended to be didactic but to provide a framework for the development of local arrangements. It is a live document and may change as more information becomes available and the population prevalence of COVID-19 alters.

Patient Testing

Emergency Admissions

All patients should be tested as soon as practical after admission. If the initial test is negative and the patient remains in hospital, a single re-test should be conducted after 5-7 days.

Elective admissions

There are two purposes of patient screening and self-isolation prior to elective admission. Firstly, to minimise as much as possible the likelihood of asymptomatic patients bringing COVID-19 into a green area of a hospital. Secondly, to avoid an asymptomatic patient undergoing a procedure which could lead to major complications should the patient turn out subsequently to have been COVID-19 positive or acquire COVID-19 whilst in hospital. It will be most effective if patients and those living with them self-isolate for 14 days prior to admission. Testing should be performed 48-72 hours before admission; symptom status questionnaire and temperature check should be performed on admission. NHSE&I recognise that this strategy will not be practical for all patients and for all procedures.

Individual patients should be risk assessed in the context of the patient's health plus planned procedure and an informed decision made jointly with the patient about the practicality and duration of self-isolation.

- For patients who are likely to develop severe consequences should they acquire COVID-19 infection, 14 days of self-isolation as described above should be the default.
- For patients at lower risk, particularly those undergoing day case interventions without the need for GA, as a minimum, we recommend testing should be performed 48-72 hours before admission and patients should self-isolate after the swab. Symptom status questionnaire and temperature check on admission.

Outpatients and outpatient diagnostic attendances

Patient should be advised not to attend if symptomatic. Symptom status questionnaire and temperature check on attendance.

Staff Testing

Staff in patient areas should confirm the absence of symptoms and contact with symptomatic people outside the work environment on a regular basis. Temperature checking and staff antigen testing may be considered.



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'The Voice of UK Cardiology'

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Arrhythmia Alliance (A-A)
Association for Inherited Cardiac Conditions (AICC)
British and Irish Hypertension Society (BIHS)
British Association for Cardiovascular Prevention and Rehabilitation (BACPR)
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