
 <p>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</p>	Document Type	Document Code: GL-ICP-011
	GUIDELINES	Effective Date: APRIL 2020
	Document Title	Revision Number: 5
	RATIONAL USE OF RAPID ANTIBODY TEST AND RT-PCR	Page: 1 of 4

REVISION HISTORY			
Rev No.	Review Date	Description of Change	Date of Next Review
1	June 11, 2020	Changes in indications for serologic testing for asymptomatic healthcare workers.	April 2022
		Changes in duration of quarantine of asymptomatic healthcare workers with positive RT PCR and IgM serologic test	
		Changes in pre-procedural work-up for elective and Emergency procedures.	
		Changes in swabbing areas and schedules for patients.	
		Removed operators and mildly symptomatic personnel	
2	July 29, 2020	Changes in expiry of RT PCR results prior to procedures.	April 2022
		Inclusion of GeneXpert test for COVID as another tool to rule out possible COVID 19 disease.	
3	August 28, 2020	Changed the required conventional COVID 19 testing to PHC GeneXpert test prior to elective procedures.	April 2022
4	October 12, 2020	2.1 COVID-19 like symptoms instead of acute respiratory infection.	April 2022
		3.3 Other procedures instead of hemodialysis	
		Removed testing for companions of hemodialysis patients and rapid serological antibody testing.	
		Added convalescent plasma donor.	
5	December 1, 2020	Edited Title	April 2022
		Added Item number 3.6, 5, 6 and 7	

Reviewed by:	 GERARDO S. MANZO, MD Incident Commander	Approved by:	 JOEL M. ABANILLA, MD Executive Director
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I. STATEMENT OF THE POLICY

This policy shall serve as guidance on the appropriate and rational use of Rapid RT-PCR and Rapid Antibody Test Kits for symptomatic personnel of Philippine Heart Center (PHC), private and charity patients with cardiovascular conditions who are admitted at the PHC and considered suspect, probable or confirmed COVID-19 case, Patients of elective cardiovascular surgery or cardiac catheterization procedures, and private outpatients.

II. INDEX PATIENTS

1. COVID-19 CASES (Refer to ICP-001)

- 1.1 Suspect Case
- 1.2 Probable Case
- 1.3 Confirmed Case
- 1.4 SARI Case

2. SYMPTOMATIC PHC PERSONNEL

- 2.1 Any PHC personnel who consults at the Infirmary Clinic/Emergency Room because of COVID-19 like symptoms.
- 2.2 Any PHC personnel who is admitted and is considered suspect, probable or confirmed COVID-19 case.

3. PRE-PROCEDURE PATIENTS

Include private and charity patients who are to undergo:


- 3.1 Cardiovascular surgeries
- 3.2 Cardiac catheterization procedures
- 3.3 Other procedures

4. DEAD ON ARRIVAL (DOA) / ARREST PATIENTS

Include patients who will be classified as DOA but presented in the Emergency Room (ER) still with signs of life permitting swabbing for RT-PCR test.


7. PRIVATE PATIENTS

Include patients of private practitioners, whether PHC based or from other hospitals, who are referred to the LMD for Serologic Antibody Test and/or RT-PCR Test.

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III. GUIDELINES

1. Clearance for return to work will be symptom-based and certification shall be issued by the Infirmary doctor and submitted to the employee's supervisor. Symptomatic patients shall be evaluated to determine the need for RT PCR testing. Serologic testing shall be done only to determine seroconversion of employees if deemed necessary.
2. Patients who will undergo Elective Cardiovascular Surgeries, Electrophysiologic studies/RF ablation, Invasive Radiological and Cardiac Catheterization procedures shall have a negative GeneXpert Test within 1 week prior to procedure. Only Philippine Heart Center GeneXpert test shall be accepted. Existing policies for GeneXpert testing shall be followed.
3. Patients who will undergo Emergency Cardiovascular Surgeries or Cardiac Catheterization procedures shall undergo GeneXpert test for COVID-19.
 - 3.1 The Attending Physician shall order GeneXpert tests.
 - 3.2 The cost of these tests shall be included in the bill of the patient undergoing cardiovascular surgery or cardiac catheterization procedure.
 - 3.3 Once available, the result of these tests be forwarded immediately to the ER/CV Lab/Ward for proper disposition.
 - 3.4 Private patients who request additional Serologic Antibody Test for their watcher will be charged accordingly.
 - 3.5 RT-PCR GeneXpert testing shall be done prior to wheeling-in to CV Lab or OR.
 - 3.6 Patients shall be transferred to SICU1 while awaiting result.
4. DOA patients who presented in the Emergency Room (ER) with signs of life that may permit swabbing for RT-PCR test.
 - 4.1 The cost of Rapid RT-PCR test will be included in the bill of the patient.
 - 4.2 Once available, the result shall be released immediately to the COVID ER for proper disposition.
5. Rapid antibody test shall be used for identifying possible donor for convalescent plasma extraction/donation and recovered asymptomatic healthcare worker who tested positive in the routine RT-PCR testing.

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6. Conventional RT-PCR shall be done to all admitted medical patients. Holding area shall be used while waiting for the result (see Guidelines on Holding Areas).
7. Conventional RT-PCR shall be done to out-patient diagnostic procedures such as TEE, PFT, Stress Test, Sleep Study, Bronchoscopy.
8. Items not covered shall be referred to Incident Command Post.