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A joint Emergency Medicine and Psychiatric workgroup, along with the STRAC Infectious Disease Leads, have discussed the current necessity to COVID-19 test all patients with psychiatric illness requiring transfer or admission to psychiatric facilities. The discussion revolved around moving from a universal laboratory screening to a targeted clinical screen.

Point for Consideration 1: While highly transmissible, the current circulating COVID-19 variants generally cause relatively mild symptoms and non-high risk patients do not tend to need hospitalization.

Point for Consideration 2: Screening of *all* patients requiring behavioral health care would include the testing of both symptomatic and asymptomatic patients. PCR testing, while a more sensitive test and one most likely used in local/area acute care hospitals, may indicate a patient is still positive for up to 90 days post infection. This prevents the ability to determine if the asymptomatic patient is early in the infection process and not exhibiting symptoms, or a lingering effect from a COVID-19 infection from the previous months. In absence of this determination, patients are generally isolated and care is delayed.

Point for Consideration 3: Local/area acute care hospitals, which are generally not congregate settings, have moved away from the regular testing of *asymptomatic* patients. Currently, even for congregate settings, universal screening is not indicated.

Therefore, the EM/Psych workgroup along with support of the ID Leads recommend against the routine COVID-19 testing of *asymptomatic* patients. Patients should be screened by physical examination and history. Patients who are symptomatic should be tested and organizational policies should be followed related to isolation/quarantine. These recommendations are in light of the current clinical environment and are subject to change in the event COVID-19 related infections, resulting in hospitalizations, increases.



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