ED & Medical Surgical Unit COVID-19 Lab Specimen Protocol

Updated 3/19/2020 – All ED, Med Surg, Lab, Imaging Staff to read most up-to-date protocols daily at start of shift. – Updates from previous day are in red

Lab Testing for Potential COVID-19 Patient Specimens

1. In the event that the physician deems the patient meets the “IDPH COVID-19 Testing Decision Matrix Clinical Presentation,” the COVID-19 testing be should be completed using CDC testing process. See page 2 of this document for the IDPH COVID Decision Matrix. Please remember the IDPH is advising providers that only high risk populations or those living in congregate living be tested; if a patient is not in this category they should be instructed to stay home for 14 days and educated on when they should call their provider or go to the ED.

2. The form for the Person Under Investigation (PUI), should be completed by the ED staff in its entirety minus the PUI number. If it is not completely fill out they will not process the specimen. Physician/Staff do not need to call IDPH for a PUI number.

3. The form should be then passed on the HMHD lab for processing outlined below:

4. HMHD Lab staff should notify Glenna Sutton, Infection Control Director to reach out to IDPH for the PUI number.
   a. For those specimens taken over night during the week for COVID-19 testing, the completed form should be left for retrieval of PUI number by Infection Control the next business day.
   b. If a specimen is taken during the weekend, the HMHD lab staff should text Glenna at 618.308.0183 and advise her that there is a COVID-19 specimen in need of a PUI number.

5. CDC Testing Process
   a. Collect 1-NP swab. Use the swabs provided. DO NOT USE ANY OTHER SWAB!!
   b. Break the swab off into the Viral Transport Media (red top 2-3 ml container). One swab per vial and place in biohazard bag.
   c. Fill out the IDPH forms in their entirety and mark NP; then paper clip form to the outside of the Biohazard bag. If the form is not completely filled out, minus the PUI number that will be acquired through the Infection Control Director, the CDC will not process the specimen.
   d. Call lab for pickup of specimen and shipment.
COVID-19 Testing Decision Matrix
Persons Under Investigation (PUIs) for Testing at IDPH Laboratories

**CLINICAL PRESENTATION:**
Fever and/or signs/symptoms of lower respiratory illness
(e.g. cough or shortness of breath)
*AND*
any of the following epidemiologic or other factors:

<table>
<thead>
<tr>
<th>CONTACT</th>
<th>TRAVEL</th>
<th>CONGREGATE LIVING / HEALTHCARE FACILITY</th>
<th>MEDICAL RISK FACTORS</th>
<th>PUBLIC HEALTH CONCERN</th>
<th>HOSPITALIZED +</th>
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<tbody>
<tr>
<td>Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.</td>
<td>A history of travel from affected geographic areas within 14 days of symptom onset (currently China, South Korea, Iran, Italy, parts of Europe, and Japan).</td>
<td>The individual is from a congregate living or health care facility (patient and/or patient’s resident) with clusters of infection not due to influenza and suspected to be due to SARS-CoV-2, as determined in collaboration with public health authorities.</td>
<td>The patient is at higher risk for complications from SARS-CoV-2 and for whom rapid test results are more likely to impact clinical care/outcomes (e.g., older adults age ≥ 65 years) OR is an individual with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes.</td>
<td>Other situations involving patients that clinicians have thoroughly evaluated and are deemed high priority after consultation with public health OR are part of a situation of concern as determined by public health.</td>
<td>Hospitalized patients with unexplained pneumonia where a physician (infectious disease or pulmonary specialist, if feasible) has evaluated the patient and is concerned about SARS-CoV-2 infection.</td>
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</table>

Patients who do not meet any of the above criteria for COVID-19 testing by IDPH laboratories should be managed as clinically indicated. Providers may determine to proceed with testing at a commercial or laboratory.

2. Examples include but are not limited to diabetes, heart disease, receiving immuno-suppressive medications, chronic lung disease, chronic kidney disease.
3. Patient has had negative influenza and respiratory panel testing.
4. Exposure source may be unknown or not identified.
5. Radiologic studies should also be reviewed with an expert (e.g., chest radiologist) to help make this determination.

**Updated 3/19/2020**

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