APPLICATION
All Samaritan Health Services (SHS) clinicians.

DEFINITIONS
• NONE

INSTRUCTION STEPS
**Due to current nationwide shortages of testing supplies, testing must be prioritized for high risk symptomatic patients (fever, cough, shortness of breath) and those at high risk for transmission to others**

<table>
<thead>
<tr>
<th>Priority for Testing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patients hospitalized with lower respiratory illness</td>
</tr>
<tr>
<td>• Healthcare workers</td>
</tr>
<tr>
<td>• Patients in public safety occupations (e.g. law enforcement, firefighters, EMS)</td>
</tr>
<tr>
<td>• Patients involved in an illness cluster in a facility or institution (e.g. healthcare, nursing home, corrections, homeless/shelters, dormitory, other institution/congregate setting)</td>
</tr>
</tbody>
</table>

1. **TESTING GUIDANCE – INPATIENT or ED WITH NEED FOR ADMISSION**
   Inpatient testing is currently being sent to the Oregon State Public Health Laboratory (OSPHL).
   A. Criteria for automatic testing approval through the OSPHL:
      1) Need for hospital level care
      2) Evidence of viral lower respiratory infection
      3) Influenza test ordered (when influenza is circulating)
   B. If patient meets criteria for automatic approval:
      1) Ordering clinician must submit an electronic request at [http://www.healthoregon.org/howtoreport](http://www.healthoregon.org/howtoreport)
         a) Click the button for “Online Morbidity Report.”
         b) Select COVID-19.
         c) Answer the clinical questions.
         d) Complete all of the requested information.
      2) Enter Epic Order for **SARS CoV-2 (COVID-19) Coronavirus Qualitative PCR**
         a) Select “State Lab”

If printed, this document is current for this date only: March 30, 2020
Current Work Instructions can be found on the SHS intranet.
C. BAL/sputum is the preferred specimen type. Next best would be nasopharyngeal swab followed by oropharyngeal swab. Complete testing kit information is posted on SHS Insider.

D. Current turnaround time at the OSPHL is 24-72 hours from specimen receipt.

E. If you have a strong clinical suspicion for COVID-19 in a hospitalized patient who does not meet the automatic criteria above, please call the local county health department for testing approval.

If inpatient testing is pursued, please alert your local infection preventionist.

2. TESTING GUIDANCE – OUTPATIENT or ED WITHOUT NEED FOR ADMISSION

Severely ill patients who will be transferred to a higher level of care should not be tested in an outpatient setting.

Due to current nationwide shortages of testing supplies, testing must be prioritized for high risk symptomatic patients (fever, cough, shortness of breath) and those at high risk for transmission to others.

<table>
<thead>
<tr>
<th>Priority for Outpatient Testing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Healthcare workers</td>
</tr>
<tr>
<td>- Patients in public safety occupations (e.g. law enforcement, firefighters, EMS)</td>
</tr>
<tr>
<td>- Patients involved in an illness cluster in a facility or institution (e.g. healthcare, nursing home, corrections, homeless/shelters, dormitory, other institution/congregate setting)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Outpatient tests are currently being sent to Quest. Current turnaround time is 3-5 days from specimen collection

A. How to Send Testing in Outpatient Setting

1) Enter Epic Order SARS CoV-2 (COVID-19) Coronavirus Qualitative PCR
   a) Select “Commercial Lab”

2) Print Patient Label
   a) Affix a patient label to top left corner of the form (Pt. No)
   b) Document Date & Time Collected
   c) Document Specimen Type
   d) Document ICD/Diagnosis
   i. Remaining items will be completed by Lab Department

3) If patient is already being seen in the office:
   a) Collect specimen using droplet precautions (face mask, eye protection), and contact precautions (gown and gloves)
      i. Acceptable sources are nasopharyngeal swabs
   b) Place swab in M4 transport media, affix specimen label
   c) Double bag specimen and place form in outer bag
d) Arrange delivery to nearest hospital laboratory
4) If patient is seeking care through a phone visit or E-visit:
   a) Inform the patient that a member of the care team will be reaching out to
      schedule a time for the specimen to be collected at one of the SHS
      COVID-19 Testing Centers.

3. **CDC Specimen Collection Guidance**

**ATTACHMENTS**
- NONE

**REFERENCES**
- Inpatient Health Test Request – http://www.healthoregon.org/howtoreport
- Testing Kit Information – SHS Insider > Emerging Pathogens

**REVIEW/REVISION HISTORY**

<table>
<thead>
<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/16/2020</td>
<td>0</td>
<td>New</td>
<td>SHS Coronavirus Task Force: Infectious Disease, Infection Prevention, Patient Care Services, Emergency Management, Administration, Project Management</td>
<td></td>
</tr>
<tr>
<td>3/18/2020</td>
<td>1</td>
<td>Revision</td>
<td>Update in priority for inpatient and outpatient testing, updated order instructions.</td>
<td>SHS Coronavirus Task Force</td>
</tr>
<tr>
<td>3/19/2020</td>
<td>2</td>
<td>Revision</td>
<td>Added list of high risk symptoms</td>
<td>SHS Coronavirus Task Force</td>
</tr>
<tr>
<td>3/28/2020</td>
<td>3</td>
<td>Revision</td>
<td>Updated inpatient testing guidance per OHA.</td>
<td>SHS Coronavirus Task Force</td>
</tr>
</tbody>
</table>