ChristianaCare
Novel Coronavirus (COVID-19) Laboratory Testing

ChristianaCare is prepared to meet the needs of our caregivers and our community related to the coronavirus COVID-19. We are increasing our testing capacity beyond the Delaware Public Health Laboratory to include a send-out reference lab. Which lab is ultimately used will be decided by Infection Prevention and the laboratory, depending on patient’s severity of illness and expected turn-around-time (TAT) of testing.

The following options are available to providers/caregivers who determine that a patient’s clinical presentation/history supports testing for COVID-19:

Outpatients – including those in the emergency department with anticipated discharge

**DO NOT refer non-severely ill patients to the ED for COVID testing.**

For patients who will be referred back to their home to await results:

- Collect one nasopharyngeal swab (both nostrils) in universal transport media (UTM).
- Use the COVID-19 outpatient or anticipated discharge care set. Both Flu/RSV and COVID are pre-selected. If only flu testing is desired (e.g., a close contact to a known flu case), COVID can be deselected.
- When COVID testing is selected, a pop-up will appear asking for specific risk factors and symptoms. **This REPLACES the need to call Infection Prevention to authorize testing.**
- If the flu/RSV test is **positive**, COVID testing will be cancelled by the laboratory.
- If the flu/RSV test is **negative**, COVID testing will be sent to our reference laboratory (expected TAT of 24-36 hours).
- Specimens should be sent to the laboratory at Christiana Hospital.

For outpatients whose severity of illness requires they be referred to ChristianaCare for admission or treatment in the emergency department setting:

- Do not perform testing in office.
- Notify the ED that the patient is being referred, and has risk for COVID-19.
- Instruct the patient to wear a mask throughout transport and arrival to the ED.
- Execute referral/patient transfer arrangements as usual.

Inpatients – including those in the ED with possible/anticipated admission:

For admitted or ED admission anticipated/pending patients:

- Collect one nasopharyngeal swab (both nostrils) in universal transport media (UTM).
- Use the COVID-19 – admitted or ED admission pending” care set. Both Flu/RSV and COVID are pre-selected. If only flu testing is desired (e.g., a close contact to a known flu case), COVID can be deselected.
- When COVID testing is selected, a pop-up will appear asking for specific risk factors and symptoms. **This REPLACES the need to call Infection Prevention to authorize testing.**
- If the flu/RSV test is **negative**, the test will be automatically reflexed to a viral respiratory panel (RP-PCR) – no additional order is needed. If both the flu/RSV and RP-PCR are **negative**, COVID testing will be sent to either DPHL or our reference laboratory (whichever TAT is shorter).
• If the flu/RSV or RP-PCR test is positive for any pathogen, COVID testing will be cancelled by the laboratory. If a patient is at particularly high risk (e.g., close contact to a laboratory-confirmed COVID case) and COVID testing is still desired, you must consult Infection Prevention.

• If the ED initially anticipated discharge, but disposition changed to inpatient, the viral respiratory panel should be ordered as an add-on test.

How to obtain an NP swab:

• Proper universal and droplet Infection Control precautions are essential (minimum: gloves, mask, eye protection; gown if available).

• Obtain an influenza / respiratory virus collection kit with Copan® nylon flocked swab and Universal Transport Medium (UTM).

• Have the patient tilt his/her head back slightly and cover his/her mouth with a tissue.

• Gently insert the swab into one nostril and into the posterior nasopharyngeal area until resistance is felt.

• Press the swab gently against the nasal wall to absorb secretions.

• Rotate the swab two to three times and withdraw it.

• Repeat the procedure for the second nostril to deliver an optimal combined sample.

• Place the swab into tube containing viral transport medium. Ensure that the swab is immersed in the medium. Cap tightly.

• Label the sample with the patient information and source site (“NP”), using the Forms on Demand patient ID label.

• Transport to the Microbiology Laboratory as soon as possible. If delay is anticipated, refrigerate the specimen.

Ordering Screenshots:

Search for “COVID” or “coronavirus”:
Choose appropriate care set:

<table>
<thead>
<tr>
<th>Component</th>
<th>Care Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following options are available to providers/caregivers who determine that a patient’s clinical presentation/history supports testing for COVID-19:</td>
<td></td>
</tr>
<tr>
<td>2. Entering results for PLU A/B &amp; RSV testing and COVID-19. If the PLU A/B &amp; RSV results are negative, our laboratory will send out the sample for COVID-19 testing.</td>
<td></td>
</tr>
<tr>
<td>3. Specimens should be sent to the laboratory at Christiana Hospital. Many Christiana Care office practices have specimen pick-up in place. These that do not, have the option of choosing the closest established pick-up location at Christiana Hospital.</td>
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<tr>
<td>Influenza A/B &amp; RSV PCR (Influenza A/B &amp; RSV PCR - Amb)</td>
<td></td>
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<tr>
<td>2019 Novel Coronavirus (2019 Novel Coronavirus - Amb)</td>
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</tbody>
</table>

COVID screening will appear after you click ‘OK’:

Do NOT uncheck Influenza A/B & RSV order unless this patient has already (recently) been tested for this.

Completion of form replaces need to call IP for approval:

There is no need to contact Infection Prevention if you use this form.