

Criteria Key	
ILI Symptoms (symptomatic)	Reason for test includes one or more ILI symptoms
	Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19: <ul style="list-style-type: none"> • Cough (new or worsening) • Sore throat • Shortness of breath • Chills • Loss of smell of taste in the last 14 days • Muscle pain • Fever • Gastrointestinal issues (vomiting or diarrhea) • New congestion or runny nose in conjunction with one of the above symptoms
Asymptomatic Screening	Reason for test includes: exposure, at risk due to a medical condition, or other reason that does not include a medical diagnosis Testing all patients for the identified population

FOR INTERNAL USE ONLY

COVID-19 Testing Guidelines

Approved for Testing	COVID-19 Testing Criteria	Retesting Recommendations	Updated	Documents
Hospital Admissions (Inpatient / Observation / Acute Rehabilitation / Psychiatry)	Required Screening	A second test may be ordered on behalf of a patient who has had a previous negative test. A third test may be ordered only in certain instances, including a scheduled surgery/procedure, to assess a BAL, a change in clinical condition, or to support clinical clearance. Transfers from an internal or external facility should be tested upon admission for patients with a previous negative test result taken more than 72 hours prior to the new admission.	5/19/2020	
Admitted patient being discharged to SNF, Custodial Care, LTCH, inpatient acute rehab, Homeless Shelter/Medical Respite, transfer to Psychiatric or other congregate care facility. Infants born in any NM hospital and transferred to Lurie or other outside facility.	Screening for transfer to external facility	Retesting, as required by an external facility.	5/12/2020	
Testing Required: All Surgical, Interventional Services, or Outpatient Procedures with an AGP or the potential to convert to general anesthesia (Refer to the defined list of AGPs on NMI) Testing not required: Low risk procedures do not require testing. "Low risk" is defined as highly unlikely for conversion of Monitored Anesthesia Care to General Anesthesia. In most cases, this would be inclusive of moderate sedation as being low risk. Currently, the only low-risk procedures that do not require testing are*: <ul style="list-style-type: none"> • Cataract surgery • Colonoscopy • Cath/EP (when not supported by anesthesia) • Sleep Studies • Fertility Procedures (*A test can always be ordered at the discretion of the physician)	Required Screening within 72 hours of the procedure	Prior to a procedure, SARS-CoV-2 testing on behalf of either inpatients or outpatients must be completed within 72 hours of the procedure. Verifiable SARS-CoV-2 nucleic acid amplification test results from outside facilities (i.e. CareEverywhere, Faxed/Scanned Report in medical record) can be accepted. Patients who recently tested positive with a home antigen test must have their result entered in the medical record by the provider. NM will not accept patient reported negative results from home antigen tests. If a patient has recovered from COVID-19 infection within the past 90 days and has been clinically cleared, they do not need to be re-tested prior to undergoing an aerosol-generating procedure unless they are exhibiting new symptoms or have been involved in a new COVID-19 exposure. If they are being admitted through the ED for any reason, have new symptoms or a new exposure, they must be re-tested, regardless of previous COVID-19 status. Outpatient <ul style="list-style-type: none"> • Patients needing to return for multiple procedures (i.e, ECT) should be tested every week unless they have had an exposure or have become symptomatic since the performance of their most recent test (in which case they should be retested). Inpatient <ul style="list-style-type: none"> • A new test is required if the most recently performed test is outside of the 72 hour window. • Patients tested in within 72 hours of the procedure do not need to be retested so long as they 	12/22/2022	Link to list of AGPs on NMI > What are aerosol-generating procedures or AGPs? Link to Clinical Clearance Guidelines (Discontinuation of COVID Precautions for Inpatient and Outpatient)
Obstetrics Delivery, induction, C-section	Required Screening	N/A	5/4/2020	
Obstetrics Partner of a COVID+ Mother admitted for delivery	Requested Screening	N/A	5/4/2020	
ED Discharge	ILI Symptoms	Worsening Symptoms: Given the uncommon situation a patient who has had a previous negative result develops worsening or changing symptoms, a second test may be ordered, provided at least 48 hours has elapsed since the previous test. Return to work: Asymptomatic Patients should not be retested in the ED, but can be retested at the alternate testing sites. Refer to "return to work" section for Outpatient Community.	5/22/2020	
Outpatient Community	<ul style="list-style-type: none"> • ILI Symptoms • Asymptomatic patients can be tested at the provider's discretion for scenarios including: testing required for travel or by an employer, or the patient has had an exposure to a confirmed COVID-19 Positive patient (contact within 6 feet for ≥ 15 minutes) 	Worsening Symptoms: Given the uncommon situation a patient who has had a previous negative result develops worsening or changing symptoms, a second test may be ordered, provided at least 48 hours has elapsed since the previous test. Patients with severe symptoms should be sent to the ED for evaluation. Return to work: Per the CDC, a test-based strategy is no longer recommended. Isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.	8/12/2020	Link to CDC recommendations on Duration of Isolation & Precautions for Adults
<ul style="list-style-type: none"> • Oncology • Transplant • Dialysis • Patient requiring immune suppressants (example rheumatology/inflammatory bowel disease patients) 	<ul style="list-style-type: none"> • ILI Symptoms • Oncology • Dialysis • Patient requiring immune suppressants Required Screening <ul style="list-style-type: none"> • Transplant • Patients new to starting immunosuppressive or radiation therapy 	Worsening Symptoms: Given the uncommon situation a patient who has had a previous negative result develops worsening or changing symptoms, a second test may be ordered, provided at least 48 hours has elapsed since the previous test. Patients with severe symptoms should be sent to the ED for evaluation. Resuming Treatment: In order for a COVID-19 positive or presumed positive patient to start/resume therapy, two negative tests obtained at least 24 hours apart must be obtained. Testing may be ordered no sooner than 10 days after resolution of symptoms, including fever in the absence of fever-reducing medications.	7/28/2020	
NM Healthcare Workers (Healthcare worker in an NM Clinical Environment, includes: NM employees, private practice, resident, medical student, agency)	<ul style="list-style-type: none"> • ILI Symptoms OR Documented Exposure	Worsening Symptoms: Given the uncommon situation a patient who has had a previous negative result develops worsening or changing symptoms, a second test may be ordered, provided at least 48 hours has elapsed since the previous test. Patients with severe symptoms should be sent to the ED for evaluation. Return to work: Testing will be coordinated by Corporate Health.	5/4/2020	

NM Internal Testing
Hospital Admissions (Inpatient / Observation / Acute Rehabilitation / Psychiatry)
Admitted patient being discharged to SNF, Custodial Care, LTCH, inpatient acute rehab, Homeless Shelter/Medical Respite, transfer to Psychiatric or other congregate care facility.
Infants born in any NM hospital and transferred to Lurie or other outside facility.
All Surgical, Interventional Services, or Outpatient Procedures with an AGP or the potential to involve general anesthesia (Refer to the defined list of AGPs on NMI)
Interventional Services or Procedures with a high risk of a prolonged exposure (15 minutes) or evolving to an AGP, including: <ul style="list-style-type: none"> · Cath/EP · Lower GI procedures due to unknown risk of SARS-CoV-2 shedding in stool · Procedures where it is not feasible for a patient to wear a mask and there is prolonged exposure to the nasopharynx (i.e. Mohs surgery on the head/neck where patient cannot wear a mask) · LASIK procedures due to unknown risk of SARS-CoV-2 in laser plumes
Obstetrics Delivery, induction, C-section
Obstetrics Partner of a COVID+ Mother admitted for delivery
<ul style="list-style-type: none"> · Oncology · Transplant · Dialysis · Patient requiring immune suppressants (example rheumatology/inflammatory bowel disease patients)
NM Healthcare Workers (Healthcare worker in an NM Clinical Environment, includes: NM employees, private practice, resident, medical student, agency)
ED Discharge
Outpatient Community

Community Testing
FQHCs
Blackhawks
NU (athletes & ILI student)
Health Lab Clients
OB Private Practices
Red Stars
Chicago FC United

Priority
1
1
1
1
1
1
1
3
3

Priority
1
1
2
2
2
3
3

Criteria Key
ILI Symptoms (symptomatic)
Asymptomatic
Screening

<https://www.cdc.gc>

Reason for test includes one or more ILI symptoms

Symptoms may appear 2-14 days after exposure to the virus.

People with these symptoms or combinations of symptoms may have COVID-19:

- Cough (new or worsening)
- Sore throat
- Shortness of breath
- Chills
- Loss of smell or taste in the last 14 days
- Muscle pain
- Fever
- Gastrointestinal issues (vomiting or diarrhea)
- New congestion or runny nose in conjunction with one of the above symptoms

Reason for test includes: exposure, at risk due to a medical condition, or other reason that does not include a medical diagnosis

Testing all patients for the identified population

www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Population	Meets ILI ^a and/or CLI ^b Case Definition	Risk Factors for Complications ^c Yes/No	Flu vaccine Yes/No
Inpatient or ED Admission	No	NA	NA
	Yes	No	Document
	Yes	Yes	Document
Ambulatory or ED Discharge	No	No	Document
	Yes	No	Document
	Yes	Yes	Document
Preop or Pre-procedure	No	No	Document

Validated Flu Tests			
Vendor	Platform	Intended Use	Targets
Cepheid	GeneXpert	ER	Flu A, B, RSV
Biofire	Torch 12	Inpatients	18 Targets including SARS-CoV-2
Abbott	ID Now	ER	Flu A/B
Flu Tests to be evaluated in upcoming months			

Flu tests to be evaluated in upcoming months

Vendor	Platform	Intended Use	Targets
Cepheid	Genexpert	ER	Flu A, B, RSV, SARS-CoV-2
Roche	Cobas 8800	?	Flu A, B, SARS-CoV-2
Abbott	Alinity M	?	Flu A, B, SARS-CoV-2

Test(s) Yes/No	Testing Platforms	Treatments	Comments
COVID testing on admission	ID NOW / Cephied / BD Max	NA	Maintain COVID screening for asymptomatic patients on admission
RPP + COVID; Consider d-dimer, CRP, ferritin, CXR	ID NOW / Cephied / BD Max Biofire	--Empiric Tamiflu* --See COVID-19 treatment pathway --Consider CAP/VAP treatment as indicated --Reassess when test results available	
RPP + COVID; Consider d-dimer, CRP, ferritin, CXR	ID NOW / Cephied / BD Max Biofire	--Empiric Tamiflu* --See COVID-19 treatment pathway --Consider CAP/VAP treatment as indicated --Reassess when test results available	
None	NA	NA	Consider COVID-19 testing in asymptomatic patients who have had a recent exposure (i.e., those that meet the Persons Under Investigation (PU) definition)
(1) Flu + COVID (Rapid tests acceptable) or (2) COVID testing only if >48 h from symptom onset	ED: ID NOW Clinic: ICC ED Clinic ICC	Empiric Tamiflu* if w/in 48 hours of symptom onset	Testing after 48 hr from symptom onset is at the discretion of the treating clinician
(1) Influenza A/B, RSV A/B plus COVID		--Empiric Tamiflu* if w/in 48 hours of symptom onset or severe, complicated or progressive illness	
COVID testing only	Panther DMB PCR	NA	

Daily Capacity	
200	
160	
150	

Daily Capacity
200
?
?

Patient Type

Inpatient

ED Admits

Admissions to IP Psych (NMH, CDH, Woodstock)
(Symptomatic & Asymptomatic)

Employees (symptomatic)

Asymptomatic Exposures

OB - Mothers Delivering (includes L&D and scheduled procedures)
(Symptomatic & Asymptomatic)

OB - Partner (asymptomatic) of COVID+ mother

Surgical Services - anesthesia involvement
(cardiology, IR, GI, Pulmonary)
(Symptomatic & Asymptomatic)

Surgical Services (Emergent) - anesthesia involvement
(card, IR, GI, Pulmonary)
(Symptomatic & Asymptomatic)

OB - Mothers beyond 32 weeks - symptomatic

Oncology
(symptomatic)

Dialysis
(symptomatic)

Transplant
(symptomatic)

SNF - discharge to SNF and immunocompromised
(Symptomatic & Asymptomatic)

ED Discharge**

OP Community** (volume dependent on criteria set for this group)

Reproductive Medicine (reactivation, May 1)

OB - Domestic Partners (deliveries)

Potential to test partners at the same time as Mothers being tested in Lavin

OB - All domestic partners (non-delivery)

OB - Pregnant presenting to OB, but not delivering

OB - Mothers Breast Feeding
(symptomatic)

Employees - front line, extended contact with COVID positive patients
(asymptomatic)

PEDs

ENT - Nasopharyngoscopy "scopes"

Mohs Surgery (procedures where a patient cannot feasibly wear a mask)

Algonquin Road Sugical Center (ARSC)

Speech Pathology - OP video fluroscopic swallow exams

Rad onc - endonasal scope process

Pulmonary - PFT

Interventional Moderate Sedation (GI, Pain Clinic, Cath, IR, pulm)

SNF/Congregate setting Outpatient Screening

Family members of front line staff

KEY

Added 10% increase per day

**Included in monitoring program volume

impacted by Reactivation planning

Platform

Alere

PCR

Cepheid

Workflow Considerations

PCR can only be processed by NMH lab

Cepheid can be processed by CDH lab and NMH Lab

Alere POC machines will be placed in all regions, and be managed by lab staff

Considerations	Algorithm Priority	Daily Estimates	Weekly Estimate
Patient Movement (Bed/Unit Assignment)			
PPE Conservation	1	49	431
Patient movement efficiencies (COVID rule outs taking up ICU rooms)	1	81	766
Congregate setting			
Can be tested with "ED Admit" population	1	15	105
Staffing	1	65	616
PPE Conservation (N95)			
Mother Baby Separation	1	48	340
Baby cannot be discharged with COVID+			
Mother	1	2	14
Clinical Decision from test result			
PPE Conservation (N95)	1	94	470
Clinical Urgency	1	5	35
Mother Baby Separation			
PPE(N95)	2	39	272
clinical clearance & decision making	2	14	100
clinical clearance & decision making			
Mobility is difficult for patients	2	6	42
clinical clearance & decision making	2	5	35
Clearance to discharge to SNF	2	7	159
managing care	3	40	280
community testing			
managing care	3	30	210
2 tests per patient			
Test prior to egg retrieval process (2 week lead time, then immediately before procedure)	3	35	175
Mother Support System, staff, PPE	3	48	340
Managing OP Triage space	4	24	170
Managing OB Triage space	4	24	170
PPE (N95)	4	42	300

	Pending Data		TBD	TBD
	Pending Data		TBD	TBD
	AGP		TBD	TBD
Proximity to patient	Pending Data		TBD	TBD
	Pending		8	63
AGPs	AGP		1	28
	AGP	TBD		TBD
AGPs	AGP	TBD		TBD

Lab Platform Preference 1	Lab Platform Preference 2
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PCR - Routine, Retesting Cepheid - urgent	Cepheid / PCR
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Alere	Cepheid / PCR
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Alere	Cepheid / PCR
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PCR	Cepheid
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Cepheid PCR (Central Only - 35/day)	Cepheid / PCR
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DMB PCR	
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Cepheid PCR (Central Only - 32/day)	Cepheid / PCR
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	Cepheid / PCR
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Alere (needs build)	
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DMB PCR	
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DMB PCR (or Alere)	
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DMB PCR (or Alere)	
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DMB PCR (or Alere)	
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Alere or Cepheid Alere	
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Reference Lab	
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Alere	
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Any	
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Any	
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Alere	
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[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Progress	Status	Comms needed?
Corporate health already knows about the changes.- I would suggest that the other groups that should be alerted are 1. The managers, 2. The COVID hotline (who needs the list of exposed from IP to confirm the exposure and order the test)and 3. The testing centers (who may turn away an asymptomatic HCW)	complete	Yes
Anne meeting with Natalie G on 5/5	complete	no
moving to Alere 5/15	in progress	Yes
Carol sending for leadership/legal approval		
Jay secure funding		
Jen/Anne - operational workflow	in progress	Yes
Provided feedback to team from 5/4 meeting		
Plan to bring updated screen shot to either 5/5 or 5/6 meeting	complete	Yes
	complete	Yes
gain answers for webinar Q&A and post on NMI		
sent to Chris to work with ID	in progress	Yes
confirm where the AGP list is poste don NMI	complete	Yes
follow-up after guidelines doc is complete		
email from Cindy Barnard	in progress	Yes

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COVID-19 Testing Guidelines

Approved for Testing	IgG	IgM, IgA, IgG (Total)	Updated
Inpatient	Clinical use case:	Clinical use case:	5/14/2020
	When to order this test:	When to order this test:	
	Interpreting the result:	Interpreting the result:	
Outpatient	Clinical use case:	Clinical use case:	5/14/2020
	When to order this test:	When to order this test:	
	Interpreting the result:	Interpreting the result:	
NM Healthcare Workers (Healthcare worker in an NM Clinical Environment, includes: NM employees, private practice, resident, medical student, agency) Serology Testing is Voluntary	Clinical use case:	Clinical use case:	5/14/2020
	When to order this test:	When to order this test:	
	Interpreting the result:	Interpreting the result:	
Emergency Department (not sure if we need to call out ED, would there be any different guidelines to add for this area?)			5/14/2020

COVID-19 Testing Guidelines

Approved for Testing	SARS-CoV-2
Hospital Admissions (Inpatient / Observation/ Acute Rehabilitation /Psychiatry)	Clinical use case:
	When to order this test:
	Interpreting the results:
Admitted patient being discharged to SNF, Custodial Care, LTCH, inpatient acute rehab, Homeless Shelter/Medical Respite, transfer to Psychiatric or other congregate care facility. Infants born in any NM hospital and transferred to Lurie or other outside facility.	Clinical use case:
	When to order this test:
	Interpreting the results:
ED Discharge	Clinical use case:
	When to order this test:
	Interpreting the results:
Outpatient Community	Clinical use case:
	When to order this test:
	Interpreting the results:
<ul style="list-style-type: none"> · Oncology · Transplant · Dialysis · Patient requiring immune suppressants (example rheumatology/inflammatory bowel disease patients)	Clinical use case:
	When to order this test:
	Interpreting the results:
NM Healthcare Workers (Healthcare worker in an NM Clinical Environment, includes: NM employees, private practice, resident, medical student, agency)	Clinical use case:
	When to order this test:
	Interpreting the results: