SARS CoV 2 (COVID-19)
Molecular testing algorithm: stewardship of in-house PCR testing resources with less than 14 days on hand

**HCP = Health Care Personnel**

**The WHY**
Rapid testing supplies/kits continue to be in short supply. This is likely to become even more acute as competition for testing kits increases with businesses reopening, increasing outbreak investigations, and increasing numbers of new cases in the U.S. Due to variability in application of TH current testing protocols, sites that may be utilizing rapid testing more broadly than TH current guidelines suggest require diverting supplies from site to site on a daily basis, straining ability of the system to provide the highest level of care to all patients.

**Note:** While many states have variable testing requirements, few specify the testing methodology or required TAT for test results. If state guidelines conflict with these recommendations, notify incident command and follow state guidelines.

**Priorities for in-house testing Tier 1**

**Tier 1 (Point of Care)**
- Exposed symptomatic HCP
- **Asymptomatic HCP with high risk exposure**
- Symptomatic hospital admission (PUI)
- Nursing facility/assisted living residents with symptoms (PUI)
- PUI in the ED where decision to admit would hinge upon result of COVID-19 test
- Discharge to SNF where failure to do rapid test would delay discharge

**Priorities for in-house testing Tier 1 and 2**

**Tier 2 (POC/in-house)**
- Patients undergoing elective procedures/surgeries expected to require overnight stay
- Pregnant women presenting in labor
- PACE with PUI
- Urgent care PUI
- All other hospital admissions

**Low priority for in-house testing in setting of scarce resources Tier 3**

**Tier 3 (in-house/send out)**
- All other outpatient symptomatic testing PUI - without known risk factors
- Testing as part of outbreak investigation in congregate living facilities who are not PUI

**Low priority for in-house testing in setting of scarce resources Tier 4**

**Tier 4 (send out or Antigen testing)**
- Patients undergoing procedures/surgeries NOT requiring an overnight stay
- Routine testing for nursing facility residents and staff as required by regulatory agencies
- All other ambulatory patients, including PACE (outpatient screening)

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Updated 9-17-2020
SARS CoV 2 (COVID-19) Molecular testing algorithm: stewardship of in-house PCR testing resources with greater than or equal to 14 days on hand

**HCP = Health Care Personnel**

**The WHY**
Rapid testing supplies/kits continue to be in short supply. This is likely to become even more acute as competition for testing kits increases with businesses reopening, increasing outbreak investigations, and increasing numbers of new cases in the U.S. Due to variability in application of TH current testing protocols, sites that may be utilizing rapid testing more broadly than TH current guidelines suggest require diverting supplies from site to site on a daily basis, straining ability of the system to provide the highest level of care to all patients.

**Note:** While many states have variable testing requirements, few specify the testing methodology or required TAT for test results. If state guidelines conflict with these recommendations, notify incident command and follow state guidelines.

What is the clinical need?

- **POC / In-house**
- **In-house / Send Out**
- **Send Out**

**Priorities for in-house testing Tier 1**
*Tier 1 (Point of care)*
- Exposed symptomatic HCP
- **Asymptomatic HCP with high risk exposure**
- Symptomatic hospital admission (PUI)
- Nursing facility/assisted living residents with symptoms (PUI)
- PUI in the ED where decision to admit would hinge upon result of COVID-19 test
- Discharge to SNF where failure to do rapid test would delay discharge

**Priorities for in-house testing Tier 1 and 2**
* Tier 2 (POC/in house)*
- Patients undergoing elective procedures/surgeries expected to require overnight stay
- Pregnant women presenting in labor
- PACE with PUI
- Urgent care PUI
- All other hospital admissions

**Low priority for in-house testing in setting of scarce resources Tier 3**
* Tier 3 (in-house/send out)*
- All other outpatient symptomatic testing PUI - without known risk factors
- Testing as part of outbreak investigation in congregate living facilities who are not PUI

**Low priority for in-house testing in setting of scarce resources Tier 4**
* Tier 4 (send out or Antigen testing)*
- Patients undergoing procedures/surgeries NOT requiring an overnight stay
- Routine testing for nursing facility residents and staff as required by regulatory agencies
- All other ambulatory patients, including PACE (outpatient screening)

Updated 9-17-2020