

Rapid Testing for COVID19 Capacity Levels

Critical Capacity of Test (<250) – Must have approval of clinical administration*

- Admission of PUI patients in need of critical care services or Aerosolized Generating Procedures (AGP's)
 - Examples: Ventilator, BiPAP/CPAP, High Flow Oxygen
- Newborn patients of COVID19+ mothers (at 24 and 48 hours)
- Laboring mothers on admission
- Other patients on a case by case basis after a discussion with clinical administration occurs and consensus is reached.

Contingency Capacity of Test (250-500) – Must have approval of clinical administration*

- Inpatients admitted as a PUI
- Inpatients with unknown COVID status in need of emergent or urgent high risk surgical and medical procedures
- Healthcare workers who are considered essential personnel

Conventional Capacity of Test (>500) – May be ordered without restrictions

- Testing for discharge placement to a congregate living environment facility.
- In addition to the above, all surgical and medical procedures that require general anesthesia or AGP's but patient was not able to have drive through testing completed 4-5 days prior to surgery.
- Outpatient PUI's including non-essential healthcare workers and *symptomatic* persons in the community
 - *At this time, asymptomatic patients and those non-essential community members needing testing prior to returning to work should follow CDC guidance regarding self-isolation and standards to return until such time as test are more readily available.*

****Clinical administration shall include Dr. Newman, Dr. Jherie Ducombs, Dr. Herbert Robinson, and Dr. Robert Peltier.***