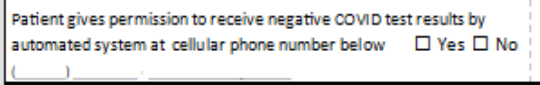
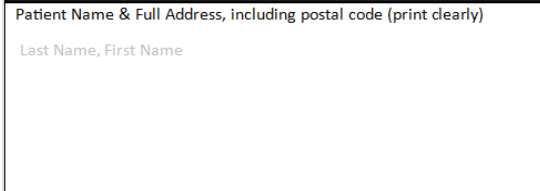
 Saskatchewan Health Authority	Title: Completing Requisitions for COVID-19 Testing Requests Role performing Activity: Health Care Worker	
	Document #: PROV-16	Version: 3
<h1>WORK STANDARD</h1>	Location: SHA	Department/Unit: Laboratory Medicine
	Document Owner: Nicole Cox	Date Prepared: 31 March 2020
	Last Revision: Sept 28 2020	Date Approved: Sept 28 2020
	Related Policies/Documentation SHA Daily Rounds	

Work Standard Summary: Summary of process for completing COVID-19 Pandemic Requisition for specimens submitted for COVID-19 testing to ensure timely processing, testing and report distribution.

Note: The health care provider must direct 'copies to' appropriate Public Health and Employee Health reporting locations.

Essential Tasks:		
1.	Patient registered in former health region Registration System (SER or WINCIS)	
2.	Prepare COVID-19 Pandemic Requisition for specimen testing for COVID. Complete ALL areas of the requisition. Note: This requisition is to accompany all specimens sent for COVID-19 testing in Saskatchewan. Absence of any information will delay result reporting.	
3.	<ul style="list-style-type: none"> Automated system consent 	<ul style="list-style-type: none"> Medical Health Officers have expressed that collection of the phone number would be extremely helpful in contacting patients to share results, even prior to the automated system With increased levels of COVID 19 testing, providing results within 24 hours is becoming more difficult. In order to ensure that test results are received within 24 hours, the SHA is investigating the potential of providing automatic notification via text message to individuals whose test result is negative. For patients to take advantage of this option, should it become available, consent to receiving the result via text message, and a cellular phone number are required, so are being collected for entry into the registration system.
4.	<ul style="list-style-type: none"> Patient Information 	<ul style="list-style-type: none"> First and last name Complete address including postal code (required for MHO) Phone Number Required to confirm patient identity for results being sent out
5.	<ul style="list-style-type: none"> Patient Information 	<ul style="list-style-type: none"> PHN/HSN Indicate if it is a Saskatchewan number

	Patient HSN <input type="checkbox"/> SK <input type="checkbox"/> Other:	<ul style="list-style-type: none"> If not, indicate the correct province for the number Required to confirm patient identity Without this number, results may not be available in the eViewer
6.	<ul style="list-style-type: none"> Patient Information Sex listed on HSN <input type="checkbox"/> Male <input type="checkbox"/> Female	<ul style="list-style-type: none"> Patient sex as listed on the HSN card Required to confirm patient identity when sharing results
7.	<ul style="list-style-type: none"> Patient Information Date of Birth DD / MON / YYYY	<ul style="list-style-type: none"> Birthdate This is required to confirm patient identity when sharing results
Note: HIS or LIS generated labels may be applied to requisitions providing all the above information is included.		
8.	<ul style="list-style-type: none"> Specimen Type Specimen Type: <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Throat/Nares <input type="checkbox"/> Other: _____	<ul style="list-style-type: none"> Which specimen was collected from the patient
9.	<ul style="list-style-type: none"> Collection information Collection Date DD / MON / YYYY Collection Time H : M	<ul style="list-style-type: none"> Indicates specimen integrity upon arrival at the lab Allows for the collation of turnaround time data
10.	<ul style="list-style-type: none"> Test Request Test Request <input type="checkbox"/> COVID-19 PCR <input type="checkbox"/> Influenza A/B PCR <i>Influenza will only be tested if symptoms present</i> <input type="checkbox"/> Expanded Respiratory Panel PCR <i>Restricted to Outbreaks and Inpatients, unless approved by Microbiologist on-call (contact via RGH/RUH Hospital Switchboard)</i> <input type="checkbox"/> GeneXpert request indication: _____ <i>If no indication is provided, specimen will be referred on for testing</i>	<ul style="list-style-type: none"> For all respiratory virus testing, only ONE specimen needs to be submitted Specimens from asymptomatic individuals will only be tested for COVID-19 During influenza season (dates will be announced), all specimens from symptomatic individuals will be tested for COVID-19, influenza A and B Extended Respiratory Virus Panel testing will only be performed on inpatients, outbreaks, and upon approval by a Microbiologist on-call GeneXpert Testing – provide testing indication <p>Note: GeneXpert testing may be requested on symptomatic individuals who meet one of the following criteria: ICU, Inpatient, Long Term Care, School Staff/Students, Healthcare Worker, Outbreak Investigation, or STAT as per MHO. Note: Asymptomatic patients will not be tested by GeneXpert. Due to limited supplies, this testing is not universally available and may not be performed even if an appropriate indication is present.</p>
11.	<ul style="list-style-type: none"> Test Prioritization 	STAT Symptomatic <ul style="list-style-type: none"> Order STAT ICU - Persons requiring intensive care for severe acute respiratory illness Order STAT INPATIENT - Persons hospitalized for acute respiratory illness

	<p>Test Prioritization <input type="checkbox"/> Symptomatic for ____ days <input type="checkbox"/> Asymptomatic</p> <p><input type="checkbox"/> ICU <input type="checkbox"/> Inpatient <input type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> Contact tracing <input type="checkbox"/> School <input type="checkbox"/> STAT as per MHO</p> <p><input type="checkbox"/> Outbreak/Cluster Investigation Outbreak Number:</p> <p><input type="checkbox"/> Healthcare Worker (see SHA Employee Reporting requirement below)</p>	<ul style="list-style-type: none"> • Order STAT HCW - Healthcare workers* and first responders (e.g., paramedics, EMS, fire, police) *Healthcare workers are defined as Saskatchewan Health Authority (SHA) practitioners and staff working within SHA facilities; licensed healthcare professionals working in community settings; staff and volunteer caregivers working in congregate living situations (including long-term care and personal care homes); and staff employed in blood collection centres involved in the collection and distribution of the blood supply chain. • Order STAT LTC - Residents of congregate living situations (e.g., long-term care/personal care homes) • Order STAT School - Teachers and persons employed in an educational facility (e.g., school staff, contract workers, early years learning) and child care centres (e.g., school and private daycare) • Order STAT as per MHO - to identify a patient deemed high priority by the Medical Health Officer <p>Symptomatic Population Groups</p> <ul style="list-style-type: none"> • Any symptomatic individuals – all population groups <p>Asymptomatic Population Priority – 2 groups to be identified on the requisition</p> <ul style="list-style-type: none"> • Contact tracing • Outbreak or cluster investigation <p>Asymptomatic Population Groups</p> <ul style="list-style-type: none"> • Any asymptomatic individuals – all population groups 																		
12.	<ul style="list-style-type: none"> • Public Health Reporting <p>Public Health Reporting - copy to be sent to which location. Table on second page with direction. Location:</p>	<ul style="list-style-type: none"> • Location to receive patient results based on table below is required • Note: the MHO as the ordering physician is not enough to ensure accurate report distribution <table border="1"> <thead> <tr> <th colspan="3">Public Health Reporting Locations:</th> </tr> </thead> <tbody> <tr> <td>Athabasca</td> <td>Moose Jaw</td> <td>Rosetown</td> </tr> <tr> <td>Keewatin Yatthe</td> <td>North Battleford</td> <td>Saskatoon</td> </tr> <tr> <td>La Ronge</td> <td>Prince Albert</td> <td>Swift Current</td> </tr> <tr> <td>Melfort</td> <td>Regina</td> <td>Weyburn</td> </tr> <tr> <td>Yorkton</td> <td>First Nation and Inuit Health Branch (FNIHB)</td> <td>Northern Inter- Tribal Health Authority (NITHA)</td> </tr> </tbody> </table>	Public Health Reporting Locations:			Athabasca	Moose Jaw	Rosetown	Keewatin Yatthe	North Battleford	Saskatoon	La Ronge	Prince Albert	Swift Current	Melfort	Regina	Weyburn	Yorkton	First Nation and Inuit Health Branch (FNIHB)	Northern Inter- Tribal Health Authority (NITHA)
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13.	<ul style="list-style-type: none"> • SHA Employee Health Reporting <p>SHA Employee Reporting - copy to be sent to Employee Health location <u>ONLY</u> if an SHA Employee. Location:</p>	<ul style="list-style-type: none"> • SHA Employee test results are communicated through OH&S/SHA Employee Health • Location to receive patient results based on table below is required for SHA employees <table border="1"> <thead> <tr> <th colspan="3">Employee Health Reporting Locations:</th> </tr> </thead> <tbody> <tr> <td>Battleford</td> <td>Prince Albert</td> <td>Swift Current</td> </tr> <tr> <td>Melfort</td> <td>Regina RGH</td> <td>Weyburn</td> </tr> <tr> <td>Moose Jaw</td> <td>Rosetown</td> <td>Yorkton</td> </tr> <tr> <td colspan="3">Saskatoon SCH/Rural</td> </tr> </tbody> </table>	Employee Health Reporting Locations:			Battleford	Prince Albert	Swift Current	Melfort	Regina RGH	Weyburn	Moose Jaw	Rosetown	Yorkton	Saskatoon SCH/Rural					
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		<p>Note:</p> <ul style="list-style-type: none"> Employee Health follow-up for former Keewatin Yatthe, former Mamawetan Churchill River and former Athabasca will be done by La Ronge Public Health Employee Health follow-up for NITHA and FNIHB will be done by their respective Public Health agencies. 	
14.	<ul style="list-style-type: none"> Location of Collection <p>Location of Collection City/Town: _____ Copy sent to the validated fax at the assessment site? Site/School: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test Collection/Assessment Site: <input type="checkbox"/> onsite <input type="checkbox"/> mobile <input type="checkbox"/> drive-thru <input type="checkbox"/> School <input type="checkbox"/> Other: _____</p>	<ul style="list-style-type: none"> Location the patient sample was collected Required to ensure proper patient result distribution 	
15.	<ul style="list-style-type: none"> Ordering Physician/Provider <p>Ordering Physician/Provider:</p> <p>First Name _____ Initial _____ Last Name _____</p> <p>Clinic Name: _____</p> <p>City/Town: _____ Lab Validated Fax Number: _____</p>	<ul style="list-style-type: none"> An ordering provider is required on all lab requisitions A full name is required; no nicknames or abbreviations Fully complete: a name alone is not enough to ensure proper report distribution 	
16.	<ul style="list-style-type: none"> Additional Copies <p>Additional Copy:</p> <p>First Name _____ Initial _____ Last Name _____</p> <p>Clinic Name: _____</p> <p>City/Town: _____ Lab Validated Fax Number: _____</p>	<ul style="list-style-type: none"> A full name is required; no nicknames or abbreviations Fully complete: a name alone is not enough to ensure proper report distribution Without complete information, 'Copy To's' may not be sent 	
17.	<ul style="list-style-type: none"> Additional Information <p>Additional Information - check all that apply</p> <p><input type="checkbox"/> First Responders <input type="checkbox"/> High Density Work Place <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> School Name: _____ Facility Education Level: _____ <input type="checkbox"/> Other Essential Service <input type="checkbox"/> Works in Service Industry <input type="checkbox"/> Other School Staff <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Returning to Work <input type="checkbox"/> Transportation Services/ Drivers <input type="checkbox"/> Other surveillance testing <input type="checkbox"/> School City/Town: _____ <input type="checkbox"/> Post-Secondary</p> <p>Living Situation <input type="checkbox"/> Lives in Communal Setting <input type="checkbox"/> No fixed address <input type="checkbox"/> Crowded Living Conditions</p> <p>Travel <input type="checkbox"/> Pre-travel test <input type="checkbox"/> Recent travel <input type="checkbox"/> Interprovincial <input type="checkbox"/> International</p>	<ul style="list-style-type: none"> Information used in Public Health tracing and data reporting 	