NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Statewide Standing Order for COVID-19 Diagnostic Testing

This standing order authorizes individuals (hereinafter, "patient") to obtain a SARS-CoV-2 diagnostic test at a testing site in accordance with the conditions of this order and authorizes the testing site that submitted the specimen for SARS-CoV-2 diagnostic testing under this order to receive the results of the test directly from the testing laboratory.

COVID-19 Testing	
Condition or Situation	An individual who presents requesting SARS-CoV-2 diagnostic testing and is within a population for which NC DHHS recommends testing. Testing criteria is outlined here: https://covid19.ncdhhs.gov/about-covid-19/testing
Assessment Criteria	
Assessment Criteria	Persons should be screened for COVID-19 testing per current NC DHHS Coronavirus Disease 2019 recommendations found here: https://covid19.ncdhhs.gov/about-covid-19/testing
Plan of Care	
Actions	**1. Patient Education and Data Collection** a. Prior to collecting the specimen from the patient, the testing site shall provide anticipatory guidance regarding testing to the patient, which at minimum shall include: i. Where, how, and when to obtain the test result; ii. Information on control measures English|Spanish to follow while waiting for the test result and to follow if the test result is positive, based on Centers for Disease Control and Prevention (CDC) guidance; iii. Information on what to expect from the Contact Tracer who will be in touch following a positive test result; iv. Information on what to do and how to access medical care if the patient has or develops symptoms and how to link to a medical home; and v. Information on resources, such as access to shelter or food, if needed to adhere to control measures. b. Prior to collecting the specimen, the testing site must collect: i. Data required to be reported in accordance with the State Health Director Temporary Order to Report issued July 07, 2020 pursuant to NC G.S. 130A-141.1 and SL 2020-4, Sec. 4.10(a)(1) and federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L. 116-136, § 18115(a) and implementing guidance; a subset specifically to be collected at time of sample collection is specified in Appendix A ii. Household and close contact names to facilitate contact tracing. The patient has the option to refuse to provide this information during the testing process but will be required to provide information to a contact tracer if the result is positive.

	iii. The name and contact information of the patient's primary care provider, if available. **2. Specimen Collection, Testing, and Test Results** a. Consent must be obtained from the patient or the patient's legally authorized representative. If the patient is a minor, consent must be obtained from a parent or guardian or from the minor in accordance with G.S. 90-21.5. b. Testing sites shall collect a specimen for a SARS-COV-2 diagnostic test approved by the US Food and Drug Administration (FDA) or authorized by the FDA through an Emergency Use Authorization (EUA) c. Specimen collection must be done as indicated by the test modality and samples stored and transported within the recommended ranges to achieve the highest sensitivity and specificity of results. d. Before collecting the specimen, don appropriate personal protective equipment (PPE). The type of PPE should be based on the type of test collection procedure and the testing location and include strategies to minimize transmission. e. Follow specimen collection, specimen storage, and testing methodologies required by the manufacturer and/or laboratory partner. f. If submitted to a laboratory, the testing sites shall direct the laboratory to return the test result to the testing site.
Follow-up	**Follow up and Contact Tracing** 1. The test result must be reported to the patient by a trained representative of the testing site or made available by the testing site as soon as possible, but no more than 24 hours after receiving result. The testing site shall also provide the test result to the patient's primary care provider, if available. 2. Positive and negative tests must be reported pursuant to GS 130A, Article 6, 10A NCAC 41A .0101, and the State Health Director Temporary Order to Report issued July 07, 2020 pursuant to G.S. 130A-141.1 and SL 2020-4, Sec. 4.10(a)(1) and implementing guidance. 3. If the test result is positive, inform the patient of the control measures English|Spanish that should be implemented based on Centers for Disease Control and Prevention (CDC) guidance. Explain the subsequent contact tracing process English|Spanish, reinforce the confidentiality and safety of this process, and encourage the patient to follow up with contract tracers in an expeditious manner. Provide any information collected regarding household and close contact names to the local health department to facilitate contact tracing.

Approved by: _CTilson_____ Date approved: _7/7/20_____

Elizabeth Cuervo Tilson, MD, MPH

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

NPI: 1760540421

Effective Date: _7/7/20_____

Expiration Date: This standing order shall remain in force and effect for the duration of the state of emergency declared under Executive Order 116 unless otherwise modified, rescinded, or replaced.

Associated Guidelines:
CDC guidelines at:
https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html

Legal Authority: G.S. 130A-3, GS 130A-5, Executive Order No. 147

Appendix A: Key Data Fields – Testing sites are required to collect **all** fields listed below. If a patient is unable or unwilling to provide required fields, these fields should be left empty.

Patient Data	
Patient First Name	Required
Patient Last Name	Required
Patient Middle Name	If available
Patient Date of Birth	Required
Patient Social Security Number	If available
Patient Address	Required
Patient City	Required
Patient State	Required
Patient ZIP Code	Required by August 1, 2020
Patient County	Required
Patient Phone	Required
Patient Email	If available
Patient Sex	Required by August 1, 2020
Patient Race	Required by August 1, 2020
Patient Ethnicity	Required by August 1, 2020
Specimen/Test Data	
Specimen Collection Date	Required
Placer/Submitter Specimen ID	Required
Test Name	Required
Specimen Type	Required
Order Data	
Ordering Facility/Testing Site Name	Required
Ordering Facility/Testing Site Address	If available
Ordering Facility/ Testing Site City	If available
Ordering Facility/ Testing Site State	If available
Ordering Facility/ Testing Site ZIP Code	If available
Ordering Facility/ Testing Site Phone	If available

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Provider Data	
Provider Last Name	Required by August 1, 2020
Provider First Name	Required by August 1, 2020
Provider NPI	Required by August 1, 2020
Patient MRN	If available
Ask on Order Entry (AOE)	
Symptomatic	Required by August 1, 2020
Symptom Onset Date	Required by August 1, 2020
First Test?	Required by August 1, 2020
Employed in Healthcare?	Required by August 1, 2020
Hospitalized?	Required by August 1, 2020
ICU?	Required by August 1, 2020
Resident in a congregate care setting (including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting)?	Required by August 1, 2020
Pregnant?	Required by August 1, 2020