

Nursing Home Management and Administrators:

To complete and submit your daily COVID-19 reporting, please log into your CRISP Unified Landing Page (ULP) account and click the “Post-Acute Capacity” tab at the top of the screen. For instructions on how to submit your COVID-19 reporting information click here (<https://crisphealth.org/wp-content/uploads/2020/05/ULP-COVID-19-Post-Acute-Capacity-Tracking-and-Reporting-User-Guide.pdf>) to access the COVID-19 Post Acute Capacity: Tracking and Surveillance Guide. If you do not have access to the CRISP ULP, please contact the CRISP Customer Care Team at 1.877.952.7477 for assistance.

Overview

Under the new Statewide testing strategies and with the greater availability of tests, clinicians are no longer limited to testing symptomatic high risk patients. We encourage that you additionally test patients who are asymptomatic and may have directly or indirectly come into contact with a person known or suspected of carrying the COVID-19 virus. This strategy will help to identify additional asymptomatic carriers in order to contain the spread of the virus (see details below).

According to the Maryland Department of Health (MDH), healthcare providers shall prioritize COVID-19 test orders using the most expeditious means available (e.g., a hospital lab, commercial lab, or the State Laboratory) to the following groups:

The following populations should now be prioritized for testing:

- Any symptomatic individual
- Asymptomatic individuals where COVID-19 exposure may be possible, including:
 - contacts of confirmed COVID-19 cases
 - residents and staff of congregate living settings and long-term care facilities
 - healthcare workers and first responders
 - patients, especially high-risk unstable patients, whose care would be altered by a diagnosis of COVID-19
 - individuals employed in close contact settings
 - individuals previously in a large gathering
 - individuals directed to be tested by the Maryland Department of Health associated with a cluster, outbreak or contact investigation

In addition, retesting or serial testing of individuals should be conducted based on clinical or epidemiological indications or as directed by the Department or a local health department.

To view the list of available test sites, click here (<https://coronavirus.maryland.gov/pages/symptoms-testing>) or insert <https://coronavirus.maryland.gov/pages/symptoms-testing> (<https://coronavirus.maryland.gov/pages/symptoms-testing>) into your browser.

Reporting Point of Care COVID-19 Test Results

Organizations who are performing point-of-care COVID-19 testing are required to report results to the Maryland Department of Health (MDH) through CRISP, if they do not have access to an existing mechanism for reporting.

To submit your patient's test results:

1. Log into your CRISP ULP account
2. Search the Patient (First Name, Last Name, and Date of Birth are required)
3. Select the appropriate patient from the Patient Search Results list by checking the box in the "Include" column on the right-hand side of the screen
 - a. If your patient is not found, click the "No Patient: COVID-19 Lab Tools" to manually begin the submission process
 - b. If your patient is found, click the "COVID-19 Lab Tools" tab at the top of the screen
4. Navigate to the "Report Point of Care Test Results" tab.
5. Complete the fields provided.
 - a. Please note, the supplementary questions on this form are required for reporting to CDC.
6. Click Submit.

CRISP Unified Landing Page™

HOME PDMP DEA SELF-AUDIT REPORT CENSUS VIEW DELEGATOR DASHBOARD ENS PROMPT PDMP REPORTS NO PATIENT: COVID-19 LAB TOOLS COVID-19 LAB TOOLS

User Guide HELP SHEENA PATEL (SIGN OUT)

COVID-19 Lab Order

Order COVID Test Report Point of Care Test Results

Information ▾

Patient Information

* First Name: GILBERT Middle Name: Last Name: GRAPE

* Date of Birth (Format MM/DD/YYYY): 01/01/1984 * Gender: Male * Mobile Phone Number: 999-999-9999

* Home Address 1: 4145 EARL C ADKINS DR Home Address 2:

* City: RIVER * State: WV * Zip: 26000 Email: example@email.com

* Race: * Ethnicity:

* Preferred Language:

POC Test Results

* Date of Testing (Format MM/DD/YYYY): 08/03/2020 * Is this the patient's first test?: * Is the patient employed in healthcare?: