

SEROLOGIC TESTING FOR COVID-19 FOR KCVAMC EMPLOYEES

SOP [NUMBER]

Kansas City Veterans Affairs Medical
Facility
Kansas City, MO 64128

Service Line(s):
Pathology and Laboratory Medicine

Signatory Authority:
Chief of Staff

Effective Date:
May 20, 2020

Responsible Owner:
Chief, Pathology and Laboratory
Medicine Service

Recertification Date:
September 30, 2020

1. PURPOSE AND AUTHORITY

a. The purpose of this standard operating procedure (SOP) is to establish procedures to offer serologic testing for COVID-19 to KCVAMC employees. This SOP should be utilized for KCVAMC employees who are not veterans enrolled for their care at KCVAMC. Veteran employees enrolled for care at KCVAMC should obtain testing through their Primary Care Provider.

b. This testing will be implemented under the Employee Pandemic Health Team charter.

2. PROCEDURES

a. **KCVAMC employee** who is not an enrolled veteran at KCVAMC and who wants serologic testing for COVID-19 will present to the phlebotomy lab at Linwood or Honor or to the CBOC lab where they work.

(1) An individual employee may be tested no more frequently than once every 90 days.

b. The employee will fully complete and sign the Release of Information (ROI) form (Attachment A) and the acknowledgement of receipt of education about the test (Attachment B).

(1) If the ROI or acknowledgement of receipt of education forms are not correctly completed and signed, the employee will not be tested.

c. The phlebotomist or CBOC lab technician will draw blood (LAVENDER (PLASMA)) and label the tube using a computer generated (PPL) label.

d. The specimen will be sent to the KCVA lab with the completed and signed ROI form and acknowledgement form in the specimen bag.

e. KCVA lab specimen processing staff will order the test (SARS-CoV-2 IgG) in VistA using the employee information in the ROI form and using the standard location (EHC) and ordering provider (MATHUR, SHARAD C).

f. KCVA lab will perform the test with results electronically entered into the employee CPRS chart.

g. Results will be available 7 days from the date of collection. To obtain a copy of the report, KCVAMC employee will present valid ID (PIV card) to lab staff in the main lab (M1-450). Lab staff will print results from CPRS and provide to the employee.

h. A printed copy of all results and all completed and signed ROI forms will be sent to EOH to file in the employee's EOH medical record.

3. ASSIGNMENT OF RESPONSIBILITIES

a. Laboratory staff will place orders upon receipt of specimen in lab and provide results to employees and EOH as per established procedure.

b. KCVAMC employees requesting testing will sign ROI and acknowledgment forms as required.

4. DEFINITIONS

a. KCVAMC Employee. For the purpose of this SOP, KCVAMC Employee include those employees who are NOT veterans enrolled for their healthcare at KCVAMC.

5. REVIEW

Required review, at minimum at recertification.

6. RECERTIFICATION

This SOP is valid for the duration of the Employee Health Pandemic Charter. In the event of contradiction with any future national policy, the national policy supersedes and controls.

7. SIGNATORY AUTHORITY

Ahmad Batrash
312607

Digitally signed by Ahmad Batrash
312607
Date: 2020.05.27 09:11:00 -05'00'

Ahmad Batrash
Chief of Staff

Sharad Mathur
Chief of Pathology and Laboratory Services

Serologic Testing for COVID-19

You have requested serologic testing for COVID-19 as a KCVA employee. This is a blood test that looks for IgG antibodies against SARS-CoV-2, the virus responsible for COVID-19. The test result is qualitative (i.e. positive or negative). This test does NOT identify acute or current COVID-19 infection.

A POSITIVE test result indicates that you have IgG antibodies against SARS-CoV-2 in your blood. Most individuals who have confirmed COVID-19 infection develop IgG antibodies within two weeks. This most likely indicates that you have been infected by or exposed to the COVID-19 virus in the past. There is a very small possibility that these antibodies may be against other Coronaviruses that can cause respiratory illnesses.

- At present, it is not known how long these antibodies last
- At present, it is not known whether these antibodies provide protection from the COVID-19 Coronavirus in the future
- Individuals who are positive for antibodies may be eligible to donate convalescent plasma that could be helpful in treating patients with COVID-19 disease (if you are interested in donating, please contact the Community Blood Center at www.savealifenow.org/cpdonor)

A NEGATIVE test result indicates that you do NOT have IgG antibodies against SARS-CoV-2 in your blood. This most likely indicates that you have not been infected by or exposed to the COVID-19 virus in the past.

At present, results of this test should not be used to guide the use of personal protective equipment (PPE) for patient care. You must continue to use PPE as currently recommended by the facility and your work unit.

Your results will be available from the main lab (M1-450) one week after blood draw and a printed copy will be provided after confirmation of your identity (PIV card).

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Acknowledgement

I am requesting a serologic test for COVID-19 to look for IgG antibodies against SARS-CoV-2 in my blood. I have received educational information about the test and its results.

*

Employee Signature

*

Date

*

Employee Name (Print)

*

Supervisor Name (Print)



REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility)

Employee Health
Kansas City VAMC
4801 Linwood Blvd
Kansas City, MO 64128

LAST NAME- FIRST NAME- MIDDLE INITIAL

LAST 4 SSN

DATE OF BIRTH

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Employee Health
Kansas City VAMC
4801 Linwood Blvd
Kansas City, MO 64128

PURPOSE(S) OR NEED: Information is to be used by the individual for:

- TREATMENT BENEFITS LEGAL [X] EMPLOYMENT OTHER (Please specify)

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

- HEALTH SUMMARY (Prior 2 Years)
INPATIENT DISCHARGE SUMMARY (Dates):
PROGRESS NOTES:
SPECIFIC CLINICS (Name & Date Range):
SPECIFIC PROVIDERS (Name & Date Range):
DATE RANGE:
OPERATIVE/CLINICAL PROCEDURES (Name & Date):
LAB RESULTS:
SPECIFIC TESTS (Name & Date):
DATE RANGE:
RADIOLOGY REPORTS (Name & Date):
LIST OF ACTIVE MEDICATIONS:
FLU VACCINATION (Dose, Lot Number, Date & Location):
[X] OTHER (Describe): Enter order for COVID IgG testing and obtaining results from VistA/CPRS

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