FAQ: COVID-19 Testing of Residents and Staff of Nursing Homes and Assisted Living Facilities with Memory Care Units

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**General Questions**

What should I do if I was assigned to send my specimens to Molecular Lab?

Please direct all specimens to the UW Laboratory until further notice.

Who should facilities reach out to with questions?

- For questions about testing swab or supplies: doh-cbts.imt@doh.wa.gov
- For questions about PPE: seoc122@mil.wa.gov
- For questions about what staff to test or timelines: rcspolicy@dshs.gov
- For questions about specimen collection, what type of PPE to wear for collection, how to don/doff PPE, how to collect nasal and nasopharyngeal specimens: HAI-COVID@doh.wa.gov

Why are these tests being done?

Nursing home, memory care and other long-term care facility (LTCF) residents are at high risk for infection, serious illness, and death from COVID-19. Testing, along with other infection prevention and control measures, is a critical tool to identify cases and stop transmission. Centers for Medicare & Medicaid Services (CMS) guidance released 5/18/20 recommend a baseline universal test for all residents and staff before a facility progresses between any phases of re-opening. The federal recommendations can be found here: https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf
What benefit is there to only testing at one point in time?
Further inform our understand of disease characteristics and possible transmission and inform surveillance processes moving forward. Positives can be managed under the appropriate precautions and prevent transmission.

Who pays for the tests?
Labs will bill for resident tests through the resident’s insurance. DOH is paying for this one-time test for all staff.

What is the expectation of the role of local health jurisdictions (LHJs) in this order?
LHJs are distributing information to facilities and community partners, and identifying facility support needs to share with DOH. LHJs are responsible for collecting test data from facilities, responding to positive cases with case investigation, contact tracing, and isolation/quarantine support.

Deadline Questions

When do they need to be completed?
Nursing facilities should complete their testing by 6/12/20 and memory care units within assisted living facilities should complete their testing by 6/26/20. Please note, by staff, we mean any employee, vendor, consultant, volunteer, or service provider that has close contact (defined as being within 6 feet for at least 15 minutes) with any resident or another staff person at a facility.

What do I do if we haven’t received supplies by the deadline?
Only facilities that are classified as either a skilled nursing facility (SNF), or assisted living facility (ALF) with an associated memory care unit that has not completed a universal test (i.e., testing all staff and residents) since April 1st are being shipped supplies at this time. We are using DSHS facility survey notes to determine the most recent universal test. If your SNF or Memory Care Unit has not completed universal testing since April 1st and are not contacted by June 12th, please reach out to doh-cbts.imt@doh.wa.gov.

What happens if we don’t make the deadline?
We understand that there have been supply delays that may impact the ability to complete testing. We are working hard to get facilities the supplies they need to complete testing and are asking that facilities try to complete the test by the deadline (6/12 for SNFs and 6/26 for memory care). However, facilities will not be cited if they miss the deadline, and are just asked to complete testing as soon as feasible.

Scope of Testing Questions

Who needs a test?
All residents and staff (all shifts) of nursing homes and memory care units within assisted living facilities that have not completed universal testing since April 1st should be tested with a molecular, RT-PCR test. Any resident or staff with a previous confirmed positive PCR test does not need to be tested.

How should facilities manage employees who work in multiple facilities?
Facilities should keep a record of employees who work in multiple facilities, if possible, and establish communications with those facilities. Employees do not need to be tested at each facility where they work. Employees can provide record of their test to additional employers to fulfill the Secretary’s Order 20-02.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.
Should contractors and vendors be tested? 
Facilities should work with those who are regularly entering their building (e.g., hospice, pharmacy personnel, lab techs, etc.) and test any contractors who are in their building on the day(s) of facility testing. Contractors and vendors should be tested according to the same procedure as staff. The facility must continue to screen contractors, vendors, and any others entering the building for fever and symptoms of COVID.

If someone has a positive antibody test, should they be tested? 
Yes, anyone who has a positive antibody test should be tested as we do not know if antibody tests confer immunity.

Can the entire assisted living facility associated with a memory care unit complete testing at the same time? 
Yes, barring supply shortages. Facilities are being contacted to assess supply needs and confirm shipping address and date; they can request supplies for either just the memory care unit or the entire assisted living facility.

Are there special considerations for testing in memory care units? 
Yes, we acknowledge that residents in memory care units have specialized needs and recommend following the testing and infection prevention guidance in memory care setting developed by the CDC that can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html

Consent and Refusal Questions
Do I need to obtain consent to test residents? 
Yes, consent must be obtained. Verbal consent documented in the health record is acceptable. A consent form with the resident’s signature is not necessary.

What are the consequences of facilities or individual staff refusing? 
All residents in nursing homes and memory care units within assisted living facilities must be offered testing, but residents are within their rights to refuse. Facilities should follow their policies regarding staff testing refusals. DOH’s recommendation is to be consistent with policies for other mandated tests, such as a compulsory TB test.

Personal Protective Equipment (PPE) during Specimen Collection
What PPE is required during specimen collection? 
Healthcare workers (HCW) collecting the COVID-19 specimen via anterior nasal swab should wear gown, gloves, medical mask on N95, and eye protection. Anterior nasal specimens may be self-collected. If the resident or staff membeber self-collecting can be instructed from 6 feet away, the HCW should mask, eye protection, and gloves, but may opt not to wear a gown (unless other transmission based precautions indicate).

Do we need new PPE for each test? 
Gown and gloves should be changed with every resident encounter, including nasal specimens. Mask and eye protection can be worn for repeated close encounters with several residents without removing between encounters according to extended use protocol.
Do we need to test asymptomatic residents in their rooms or can we bring them to one testing location in the building?
If facility policy allows, asymptomatic individuals may be brought to one location for testing. Individuals must follow universal masking protocol and social distancing protocol. Only one person to be tested should enter the testing area at a time.

Can hand sanitizer be used to sanitize gloves to extend use?
No. Hand sanitizer should not be used to decontaminate gloves. Gloves must be changed with every encounter and after touching potentially contaminated surfaces. Hand hygiene must be performed after glove removal.

How do we request additional PPE?
Contact doh-cbts.imt@doh.wa.gov.

Specimen Collection Supply and Resource Questions

What is being provided to facilities to conduct tests?
Facilities are being provided with kits for specimen collection including swabs and transport media, personal protective equipment (PPE), and return shipment to a contracted lab. Samples are viable for 72 hrs if kept cold (2-8° C). Specimens may need to be sent in multiple shipments. All shipping guidance must be followed.

How will facilities get supplies and when will they arrive?
Shipment of supplies starts Monday, June 1st and shipments will be sent in waves every three days to ensure our contracted labs have the capacity to process samples. Facilities are being contacted to assess supply needs and confirm shipping address and date.

Who do we contact if our test kits are incomplete (e.g., missing medium, swabs, etc.)?
Please contact doh-cbts.imt@doh.wa.gov.

If we received DOH requisition forms, can we use those to send our assigned contracted lab?
Yes. But processing may be delayed if the DOH form is used instead of the lab’s form. The fastest processing is using the Quick Requisition Portal (QRP).

How will our allocation of nasopharyngeal swabs and nasal swab tests be determined? How many of each type of test will communities receive?
Facilities should receive one nasopharyngeal swab and one anterior nasal swab for each test to be performed.

How do we get supplies for cold shipping?
You can request cold shipping supplies when you confirm your order.

What if we procured our own supplies?
If you procured your own supplies, you can either (1) use them and we will send only the communications packet and labels to send specimens to the lab, or (2) wait for our supplies to arrive and save your testing supplies for a future use.
Where can I find education for specimen collection?
DOH hosted a webinar to discuss specifics of specimen collection on Tuesday, June 9th, 10:00 am – 12:00 pm. The recording can be found here: https://attendee.gotowebinar.com/register/4374205108227093003

Additional information about specimen collection can be found here:
- Self-Swab Nasal Collection Instructions (PDF)
- Self-Swab Mid-Turbinate Collection Instructions (PDF)
- Nasopharyngeal (NP) Specimen Collection Instructions

What can we do if we don’t have the staff or resources to complete this work?
It is the responsibility of the facility to find healthcare staff to order, perform the tests, and provide the results to residents and staff. Facilities may consider working with their providers to develop standing orders for residents in memory care units for COVID-19 testing in the event there are future outbreaks or concerns.

Health system partners and local fire department paramedics have supported one-time testing in some jurisdictions. Facilities should explore or expand relationships with local partners that your facility is already engaged with. DOH is working on facilitating resources that may support a one-time test that could be accessed through your LHJ, but the hope is all facilities will have the capacity and the processes to test and respond if needed.

Where can a facility access back-up staff to replace COVID-positive employees?
Healthcare facilities should work with their local health jurisdiction and local emergency management agency, who can make staffing requests on their behalf to the Department of Health. Facilities should have exhausted local resources first before making a request, including working with their local healthcare coalitions and medical reserve corps. Tribal nations have the sovereign authority to set and follow their own processes for request, and may reach out directly to the state, local authorities, or local healthcare coalitions.

Healthcare facilities can also make a request directly to WAserv@doh.wa.gov. They need to include:
1. Healthcare facilities request form (PDF)
2. If requested specific volunteers, also complete this spreadsheet. The spreadsheet includes the following required fields:
   - First Name, Middle Name, Last Name
   - City, State
   - Email
   - Contact Method 1
   - Contact Number 1
   - Occupation 1
   - License Validation
   - State License 1-1 Number
   - Date of Birth

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All of these fields are required for the department to be able to process your request. Please do not add any additional fields, with the exception of any additional license types, license numbers and states the licenses are from if that is needed for any potential volunteers.

**Specimen Collection Questions**

**Which swabs are being provided?**

All facilities will receive one nasopharyngeal and one anterial nasal swab per test needed.

**How do I know which swab is for which type of specimen collection?**

- NP: Smaller tip, flexible shaft
- Anterior nasal: larger tip, more rigid shaft

**Can I use an NP swab to collect an anterior nasal specimen?**

Yes, but the person collecting the specimen needs to make sure the swab brushes all sides on the anterior nares. Because the shaft is more flexible, the person collecting may need to better support the shaft to adequately brush the sides of the anterior nares. Do not use the anterior nasal swab to collect an NP specimen. Nasal swabs can be requested from doh-cbts.imt@doh.wa.gov.

**Who can perform which type of swab?**

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<tr>
<th>Type HCP</th>
<th>Self Swab-Anterior</th>
<th>Anterior</th>
<th>Mid-Turbinate (NP)</th>
<th>Nasopharyngeal Requires Supervision</th>
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</table>

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How do I prepare the specimen after I’ve collected the swab?
Insert the swab into the transport medium. Break off the swab at the break off point, ensuring that it is short enough to securely tighten the cap of the transport medium. Wrap parafilm around the seal of the cap.

Specimen Shipping Questions

What is the process for returning samples to the lab?
DOH has contracted one lab to process samples: University of Washington Facilities will be assigned to one of this labs, and instructions detailing sample collection and return are included with the supplies. Use the lab requisition form from your assigned lab. A pre-paid Fed-Ex label will be included with the test kits and PPE. Samples are viable for 72 hrs if kept cold (2-8°C). Specimens may need to be sent in multiple shipments. All shipping guidance must be followed.

Lab specific instructions:

University of Washington Virology Lab: All assays are a one-step Real-Time RT-PCR assay intended for the qualitative detection of nucleic acid from SARS-CoV-2 in nasopharyngeal/oropharyngeal swabs and nasal swabs: https://testguide.labmed.uw.edu/public/view/NCVQLT

Mark shipments as potentially biohazardous by affixing a biohazard label to the shipment or writing appropriately on the outside of the package to identify as such in order to meet Department Of Transportation (DOT) standards, please reach out to DOT for specific requirements. If your facility currently uses a courier, inquire with the courier if they may be able to assist or expedite your shipment.

What does it mean to ship Category B and how do we package?
COVID-19 specimens must be shipped as Category B. Instructions for preparing a Category B package can be found here: https://www.doh.wa.gov/Portals/1/Documents/Pubs/302-024-CategoryBShipping.pdf
Test Order and Result Questions

Is an additional medical order needed beyond John Wiesman’s 5/28/20 blanket order?
Yes, all tests must be ordered by a licensed provider and all results must be returned to the client by the ordering provider or their designee. Facilities may consider working with their providers to develop standing orders for residents in memory care units for COVID-19 testing in the event there are future outbreaks or concerns.

What is the billing code for the testing?
Providers should use ICD-10 billing code: Z11.59 for asymptomatic testing without a known exposure.

How long does it take to get results back?
Results generally come back in 24-48 hours, but may take longer.

How are results returned?
All results will be returned to the ordering provider or facility, who will report the results to residents and staff. Some labs have portals where individuals can review their own lab results. Contact the lab you are using to to determine if the lab has a portal available and instructions on how individuals may access it. Positive results should be reported following your normal protocol, and be referred to LHJs for case investigation, contact tracing, and isolation/quarantine support.

If we are testing all residents and staff, does this need to be recorded on state and NHSN reporting as "suspected cases"?
Individuals who are tested for no other reason other than this mandate do not need to be reported as suspect cases. For NHSN definition of suspect case: a resident with signs and symptoms suggestive of COVID-19 as described by CDC’s guidance but does not have a laboratory positive COVID-19 test result. This may include residents who have not been tested or those with pending test results. It may also include residents with negative test results but continue to show signs/symptoms suggestive of COVID-19.

Quarantine and Handling Positive Result Questions

Do residents need to be placed in quarantine until test results come back, or if the resident declines testing?
Residents should not be placed in quarantine if they decline testing or while waiting for test results. Residents in these circumstances should be cared for under standard precautions, unless they require quarantine or isolation for another reason (e.g., known exposure, new admission, other organism requiring precautions etc.).

What is the guidance for residents and staff who test positive?
If a resident tests positive, the facility should follow CDC guidance on cohorting both residents and staff: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html). Facilities may also consult with their LHJ for technical assistance regarding cohorting residents and return to work guidance for staff.

Staff and employers should follow CDC guidance for returning to work: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html). Staff who are asymptomatic and test positive should not return to work for 10 days (from the test day). They should be referred to LHJ for case investigation, contact tracing, and isolation/quarantine support services.

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Re-testing and Future Testing Questions

Will there be routine re-testing of residents or staff? 
DOH is currently working on protocols for the frequency, timing, payment, and processes for re-testing, taking into account the epidemiology, federal guidelines, feedback from facilities and local health jurisdictions (LHJs), and learnings from this experience with one-time universal testing.

When will we get more information about routine re-testing protocol? 
We will share the protocols with LHJs and directly to providers. We anticipate having these protocols by 7/31.

At what point will a plan be developed for additional care settings (AFH, etc.)? 
Plans for continued testing are being discussed.

More COVID-19 Information and Resources

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee’s proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

The risk of COVID-19 is not connected to race, ethnicity or nationality. Stigma will not help to fight the illness. Share accurate information with others to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Department or District
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

Have more questions about COVID-19? Call our hotline: 1-800-525-0127. For interpretative services, press # when they answer and say your language. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your health care provider.