

FAQ: COVID-19 Testing of Residents and Staff of Adult Family Homes

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General Questions

Who should facilities reach out to with question?

- For questions about testing swabs or supplies: doh-cbts.imt@doh.wa.gov
- For questions about PPE: rcspolicy@dshs.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?

Adult family homes should complete testing by 12/31/20. 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 the home.

What do I do if we haven't received supplies by the deadline?

If you have placed your order for testing supplies and have not received your order, 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 (12/31/20). 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), and any other household members, of adult family homes that are present on the designated testing day and not tested within the last 3 months should be tested with a molecular, RT-PCR test. If it has been longer than 3 months since a person last tested positive they should be retested.

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.

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.

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 adult family homes 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 or N95, and eye protection. Anterior nasal specimens may be self-collected. If the resident or staff member 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 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?

Please follow the process outlined in this link to obtain additional PPE:

<https://www.dshs.wa.gov/altsa/residential-care-services/ppe-facilities>

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.

Facilities can decide whether they'd like DOH tests, Everlywell tests, or a combination of both. More details about each test is provided below:

	Everlywell Tests	Test from DOH
Who should use it?	Staff or residents who have their own email address and can self-administer a nasal swab	Staff or residents who do not have their own personal email account or who can't self collect their own specimen
Who orders it?	The provider order is part of the online registration for the kit	The facility can ask a medical provider or the local health officer for orders
Where is it sent?	To an out of state lab	To an in-state lab
Where will results be sent?	To the agency or facility and the individual	To the agency or facility and the individual

What type of test is it?	A nasal swab used just inside both nostrils	A nasal swab used just inside both nostrils
Who pays for it?	DOH	DOH
Other important information	<ul style="list-style-type: none"> • Requires an email address for each individual • Can't have results from two separate tests sent to the same email address 	Requires nurse delegation or nurse to test residents who are unable to self-test

How will facilities get supplies and when will they arrive?

Shipment of supplies has already started and will be sent as soon as AFH's confirm testing needs via DOH's SmartSheets system. Facilities are being contacted to assess supply needs and confirm shipping address and date. PPE will be shipped alongside specimen-collection kits. Once quantity and destination information has been confirmed, resources should arrive within the next week.

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 paper requisition forms, can we use those to send to our assigned contracted lab?

No. You must create forms online at the DOH **COVID Quick Requisition Portal (QRP)**. For each specimen, you will need to create an online form, print it, and pack it with its specimen. If you were already given an account and established a username, the QR Portal link is below:

<https://grp.doh.wa.gov> If your agency does not yet have a QRP account, you will be contacted by the Statewide Testing Branch (DOH-CBTS) and informed how to gain access via an online process with a unique link.

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. Please note that there continue to be shortages of some supplies (e.g. Category B shippers) and thus DOH may not be able to provide all supplies. You may be able to get Category B shippers from FedEx or Grainger, or you can deliver specimens to your assigned lab or use a courier service. Your Local Health Jurisdiction has access to a bi-weekly complimentary courier service that is routed to Atlas labs.

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?

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 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 adult family homes 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

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 anterior 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?

Type HCP	Self Swab- Anterior	Anterior	Mid-Turbinate	Nasopharyngeal (NP)	Requires Supervision
ARNP	Yes	Yes	Yes	Yes	No
Home Care Aide	No	No	No	No	n/a
LPN	Yes	Yes	Yes	Yes	No
MD	Yes	Yes	Yes	Yes	No
Medical Assistant-Phlebotomist	No	No	No	No	n/a
Medical Assistant-Certified	Yes	Yes	Yes	Yes	Yes
Medical Assistant-Registered	Yes	Yes	Yes	Yes	Yes
Nursing Assistant	Yes	Yes	Yes	Yes	Delegated task by RN
PA-C	Yes	Yes	Yes	Yes	No
RN	Yes	Yes	Yes	Yes	No

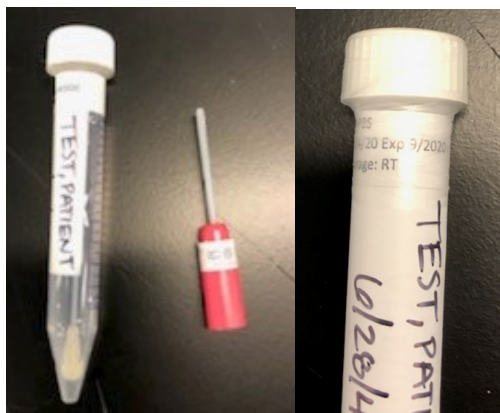
What needs to be filled out on the requisition form?

The requisition form should be filled out as completely as possible using the QR portal referenced above. Patient name, date of birth, ordering physician, address and phone number information, type of specimen and whether the patient is a staff member or resident should be included on the requisition form. This is an example of a requisition form:

COVID-19 Submission Form							
							
				SUBMITTER SUBMITTER NAME TEST-Emily's Lab		SUBMITTER PHONE FAX # 666-666-6666	
				SUBMITTER ADDRESS			
SAMPLE INFORMATION							
ORDERING CLINICIAN Dr. Flowers PERSON FILLING FORM Emily Schneider DATE COLLECTED: 7/1/2020		CLINICIAN PHONE # 2064185585 Diagnostic Specimen NASAL SWAB DATE OF ONSET:					
PATIENT INFORMATION							
LAST NAME Lovely ADDRESS 1610 NE 150th St, MS K17-9 COUNTY King DATE OF BIRTH 7/2/1993		FIRST NAME Luna CITY seattle STATE WA GENDER Female MIDDLE NAME ZIP CODE 98125 PATIENT PHONE # 206-678-2325 CHART OR PATIENT ID NUMBER SPECIMEN NUMBER					
LONG TERM CARE							
SUBSCRIBER NAME		PATIENT RELATIONSHIP TO FACILITY					
INSURANCE NAME		Not Applicable					
SUBSCRIBER ID #		IS PATIENT INSURED					
		GROUP #					
FOR PHL USE ONLY							
Preliminary Results:		PHL Comments:					
Final Results:							
Submitter Comments:							
ATTENTION: Use the Print Form button below to print this form. Use the New Submission button to enter new submission information. Note: using the browsers back button will retain all of the information from the previous submission.							
Print Form		New Submission					

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. Put on the lid and screw it on tightly. Make sure the specimen is labeled with the patient name and date of birth. Wrap parafilm around the sample lid. Examples of this from UW Lab:



Fold the requisition form in fourth and place in the outer pocket of the specimen bag with demographic information facing out. Place the specimen in the inner part of the specimen bag and seal zip-lock securely. Example from UW lab:



Place multiple specimen bags stacked up in a larger plastic bag. Seal the larger plastic bag. Example from UW Lab:



Specimen Shipping Questions

What is the process for returning samples to the lab?

DOH has contracted multiple labs to process samples. Facilities will be assigned to one of these labs, and instructions detailing sample collection and return are included with the supplies. Use the lab requisition form indicating 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:

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>. If sent via courier, the prepared specimens can be transported in a cooler with ice packs. Example from UW Lab:

First, Line the bottom of the Styrofoam cooler with ice packs.



Next, Place the bundle of specimens in the cooler on top of the ice packs.



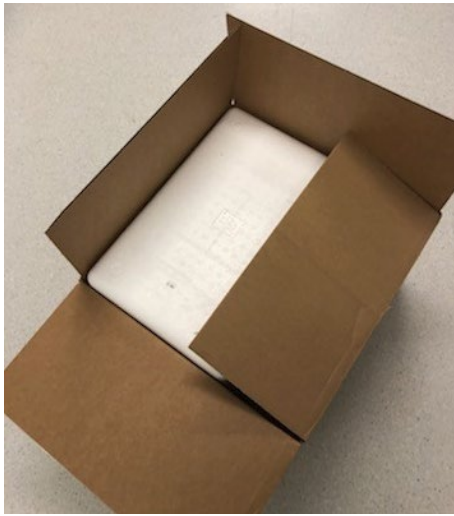
Place the lid on the cooler and secure with packing tape.



If specimens will be delivered by local courier or drop off, they can be brought to the lab at this point.

****If specimens will be shipped via Fed-Ex, these additional steps MUST be taken to comply with federal regulations:**

Place the sealed Styrofoam cooler into a cardboard box. The cooler should fit snugly.



Seal the cardboard box with shipping tape and apply shipping label to the outside.



Test Order and Result Questions

How do we find a provider to order the test?

If a resident's provider has not already provided a standing order for COVID-19 testing, the standing order from the State Health Officer can be used. AFH owners should receive the test results from the labs.

https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/LTCF_Standing_Order.pdf

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 AFH owner, 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 a resident tests positive, their primary care provider should also be notified.

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>. 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>. 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.

Re-testing and Future Testing Questions

Will there be routine re-testing of residents or staff?

At this time routine re-testing is not planned for adult family homes. Facilities should have a plan in place to implement testing in the event a staff member is identified as a close contact or if a resident develops symptoms consistent with COVID-19.

More COVID-19 Information and Resources

To review the updated Dear Provider from DSHS that provides additional guidance on this testing initiative, please visit [here](#).