

## Interim COVID-19 Testing Guidance for Healthcare Providers

Test all patients with symptoms consistent with COVID-19, and their close contacts even if they are asymptomatic.

**Healthcare providers should test all patients with new onset of symptom(s) consistent with COVID-19, regardless of their age or health status.** Patients should be tested as soon as possible after seeking care, ideally within 24 hours. If healthcare providers are unable to provide testing within this timeframe, patients should be referred to another testing site. Broad testing is strongly encouraged at this time. COVID-19 patients may present with:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Rapidly testing all patients with symptoms consistent with COVID-19 is critical to identify and isolate cases, quarantine their contacts, and suppress community spread.

**Healthcare providers should also test all persons, regardless of symptoms, who report they are close contacts of a case.** A close contact is defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic clients, 2 days prior to positive specimen collection) until the time the patient is isolated. Close contacts who test negative for COVID-19 still need to remain in quarantine for 14 days after their last date of exposure.

**At present, limit testing for disease finding among asymptomatic persons to:**

- Close contacts of a case
- Individuals exposed to COVID-19 during an outbreak in a congregate setting (e.g., long term care facility, shelter, correctional setting, agricultural worker temporary housing, meat-packing plant, etc.)
- Persons from racial and ethnic minority groups disproportionately affected by adverse COVID-19 outcomes; currently this includes Hispanics and Latinos, Native Hawaiian--Pacific Islanders, African Americans, American Indians and Alaska Natives, whose work, living circumstances or inequitable access to healthcare, and higher rates of comorbid conditions puts them at higher risk of severe disease
- Persons who are pregnant and present in labor

- All newborns born to parents who are suspected of having or who have tested positive for COVID-19
- People undergoing procedures that increase the risk of aerosolized particle spread
- People undergoing invasive surgical procedures (if possible, test within 48 hours of procedure)

Testing is not generally recommended for new asymptomatic admissions to a healthcare facility, unless the information is used to cohort newly admitted individuals.

### Educate all patients you test

If COVID-19 is being considered, whether testing is performed or not, provide the following guidance documents to patients, and emphasize the need to isolate for ill persons and self-quarantine for exposed contacts. Healthcare providers play a critical role in slowing transmission by identifying COVID cases recommending early isolation.

- [Patients with confirmed or suspected COVID-19](#)
- [Patients who were exposed to a confirmed COVID-19 case](#)
- [Unexposed patients with COVID-19 symptoms](#)

### Request testing supplies and personal protective equipment (PPE)

If you do not have PPE, contact your local emergency management agency to request and receive these items. If you represent a Tribal Nation or a Local Health Jurisdiction, testing specimen collection supplies can be ordered using the [Specimen Collection Request Portal](#). If you do not represent one of these entities but are having challenges obtaining specimen collection supplies, contact your [Local Health Jurisdiction](#).

### Swabs for COVID-19 testing

See the table below for acceptable respiratory specimen types for testing symptomatic and asymptomatic persons. A lower respiratory specimen should be obtained in those with severe lower respiratory disease requiring intubation or other invasive lower respiratory procedure such as bronchoscopy or bronchoalveolar lavage.

Specimen type	Healthcare provider collection	Supervised self-collection
Nasal (anterior nares)	Flocked or spun polyester swab with plastic shaft	Flocked or spun polyester swab with plastic shaft
Nasopharyngeal	Synthetic swab with wire shaft	No
Nasal mid-turbinate	Flocked tapered swab	Flocked tapered swab
Nasal/nasopharyngeal wash/aspirate	If swab not possible	No
Oropharyngeal	If nasal or NP specimen not available. Use synthetic fiber swab with plastic shaft.	No
Sputum, tracheal aspirate, BAL, pleural fluid, lung biopsy	Sterile container	No

<https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

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## Specimen Collection

- Follow directions on the test menu of the laboratory performing the test for specimen collection instructions, submission forms, and shipping requirements.
- Washington law requires healthcare providers **include the patient's name, date of birth, address and phone number**. In addition, the [CARES Act](#) requires healthcare providers to include the patient's race and ethnicity. The Washington State Insurance Commissioner has ordered that testing for COVID-19 be at no additional cost to patients.
- Collect a single nasal, mid-turbinate or nasopharyngeal (NP) specimen using a synthetic swab and place in 2-3 ml viral transport media – if VTM is not available, check with the receiving laboratory whether saline is an acceptable substitute.
- Be aware that patients may collect their own nasal or mid-turbinate swab under healthcare provider observation. See self-collection instructions:  
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Self-SwabNasalCollectionInstructions.pdf> or  
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Self-SwabMid-turbinateCollectionInstructions.pdf>

## In general, send specimens to commercial laboratories

There are currently more than 100 clinics and laboratories in Washington performing diagnostic testing for COVID-19. In general, healthcare providers should send specimens for COVID-19 testing to commercial or academic laboratories.

## For certain situations, send specimens to the Public Health Laboratories (PHL)

Specimens from the following patients can be tested at the Washington State Public Health Laboratories, as capacity allows:

- Workers in healthcare facilities, congregate living settings, critical infrastructure and public safety/first responders
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters
- Persons identified through public health cluster and selected contact investigations
- Patients with no health insurance

PHL will fax its results to the submitter and local health jurisdiction (LHJ). For PHL testing, first obtain an account for our COVID-19 QR portal by completing the form found at [https://wadepartmentofhealth.powerappsportals.com/new\\_facility\\_request/](https://wadepartmentofhealth.powerappsportals.com/new_facility_request/). The portal account allows the creation and printing of COVID-19 lab requisition forms.

For complete instructions on specimen collection and submission to PHL, see COVID-19 section at: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu>

## Interpreting test results

The preferred diagnostic test for COVID-19 is a PCR-based test. At this point in time, specimens sent to CLIA-certified labs for PCR-based tests have demonstrated higher sensitivity and fewer false negatives

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than currently available point-of-care tests. While increasingly available, serology or antibody tests are not recommended for making a diagnosis of COVID-19 or to reliably determine whether or not someone has experienced a past infection with COVID-19. Indeterminate or inconclusive PCR results do not rule out COVID-19 infection. False negative results can occur. If indicated and suspicion is high, a person with a negative test should be retested and complete recommended isolation, quarantine or self-monitoring.

## Testing of Unaccompanied Minors

Youth and young adults under the age of 18, including those living homeless, can consent on their own behalf to COVID-19 testing under the following circumstances:

- An emergency requires them to be tested and the consent of a person legally authorized to consent on behalf of the youth or young adult is not readily available, or
- They are legally emancipated by any of the following methods:
  - They are married to an adult,
  - They have obtained a court decree of emancipation, as evidenced by a copy of the decree and/or a Washington driver's license or identification card with an emancipated status notation, or
  - They are a "mature minor" who can appreciate the consequences of being tested based on their age, intelligence, maturity, training, experience, economic independence, general conduct as an adult, and freedom from parental control.

The following persons are authorized to provide informed consent to testing on behalf of youth and young adults under the age of 18 who are not legally permitted to consent to testing on their own behalf, in order of legal priority, as provided in [RCW 7.70.065](#):

- An appointed guardian or legal custodian authorized pursuant to Title 26 RCW,
- A person authorized by the court to consent to medical care for a child in out-of-home placement pursuant to chapter 13.32A or 13.34 RCW,
- The parents,
- An individual to whom the minor's parent has given a signed authorization to make health care decisions for the minor patient,
- A competent adult representing himself or herself to be a relative responsible for the health care of such minor patient or a competent adult who has signed and dated a declaration under penalty of perjury pursuant to RCW 9A.72.085 stating that the adult person is a relative responsible for the health care of the minor patient, and
- A school nurse, school counselor, or homeless student liaison for a homeless youth or young adult who is not under the supervision or control of a parent, custodian, or legal guardian, and is not in the care and custody of the Department of Social and Health Services.