

# COVID-19 Q&A Hour for Long Term Care



WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

# Housekeeping



Attendees will be in listen only mode



Self-mute your lines when not speaking



Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH).



Nursing Home

Participants from long-term care, regulatory, public health



No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.



Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

# This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



# Where Can I Find the Q & A Document?

Posted every Wednesday

- Washington Health Care Association:

<https://www.whca.org/washington-department-of-health-covid-19-qa-session/>

- Washington LeadingAge:

[https://www.leadingagewa.org/ill\\_pubs\\_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/](https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/)

- Adult Family Home Council:

<https://adultfamilyhomecouncil.org/departments-of-health-qa-webinars/>

# Panelists

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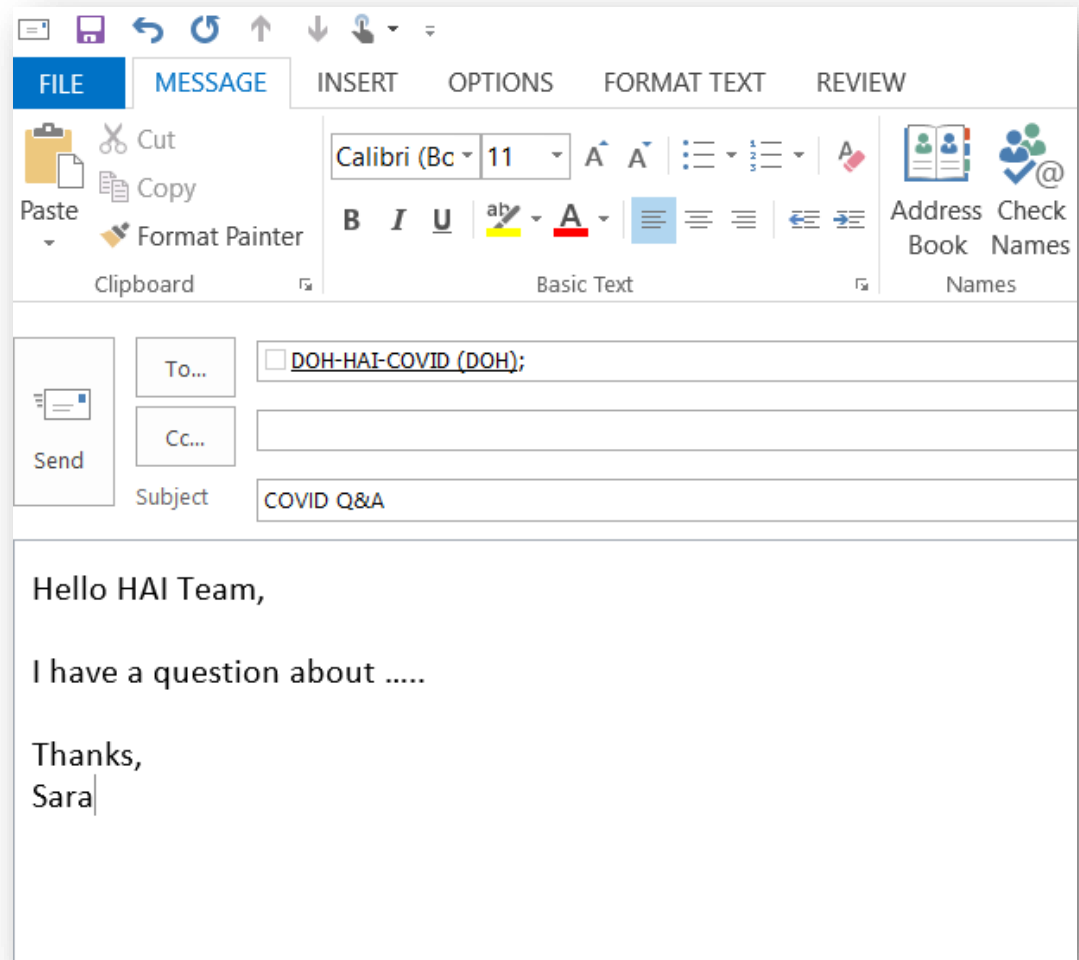


# Send Us Your Questions Ahead of Time

**Subject Line:**  
COVID Q&A

**Email:**  
[HAI-COVID@doh.wa.gov](mailto:HAI-COVID@doh.wa.gov)

**Due by:** COB Tuesday



# Infection Control Assessment & Response (ICAR) Program

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**Free, non-regulatory ICARs are a great opportunity for skilled nursing facilities, adult family homes, and assisted living facilities to:**

- Ask a Department of Health infection prevention expert questions.
- Get help finding gaps in your infection control protocols.
- Receive personalized advice and recommendations for your facility.

**There are multiple ways to schedule an ICAR:**

- Visit <https://fortress.wa.gov/doh/opinio/s?s=ICARconsultation>
- Email Maria Capella-Morales [maria.capella-morales@doh.wa.gov](mailto:maria.capella-morales@doh.wa.gov)
- Email Melissa Feskin [Melissa.Feskin@doh.wa.gov](mailto:Melissa.Feskin@doh.wa.gov)

**In partnership with:**

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association



**LONG-TERM CARE FACILITY STAFF:**

**Reasons to Get Vaccinated Against COVID-19 Today**

- 1 You are on the front lines and risk being exposed to people with COVID-19 each day on the job.
- 2 Protecting you also helps protect your residents and your family, especially those who may be at higher risk for severe illness from COVID-19.
- 3 You matter to us and play an essential role in keeping your community healthy.



*Lead the way!*

**Encourage your coworkers, residents, family, and friends to get vaccinated.**



11/20/20

[www.cdc.gov/coronavirus/vaccines](https://www.cdc.gov/coronavirus/vaccines)

*Videos:*

Long-Term Care Community

Champions: Voices From the Front Line

**Nursing home staff  
are on the **FRONT LINES**  
with their residents every day**

**Protected staff means  
**PROTECTED RESIDENTS**  
and a protected community**

<https://www.youtube.com/watch?v=k0WbAhveyDY>

Vaccine Resources in multiple languages:

Resources and Recommendations ::

Washington State Department of Health

**1-833-VAX-HELP for  
vaccine information**

<https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-LTCF-staff-poster-reasons-to-vaccinate-today.pdf>



# Long-Term Care COVID-19 Immunization Champion Award Summer 2021

**Congratulations to the LTC facilities receiving awards!**



Summer 2021 Recognition Program	Facilities Awarded
Gold Level – 90%+ Staff Vaccinated	26
Silver Level – 80-89%	18
Bronze Level – 70-79%	12

List of awardees: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/820228-LTC-COVID-19ImmunizationChampionAwardees.pdf>

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/LongTermCareFacilities/LongTermCareCOVID19ImmunizationChampionAward>

# Long-Term Care COVID-19 Immunization Champion Award

**You can apply for next quarterly award and be recognized for your work and accomplishments to protect against COVID-19 in your facility by responding to a short survey!**

**Deadline: December 1**

- Any Long-Term Care facilities can participate  
<https://redcap.doh.wa.gov/surveys/?s=KFRMW8JN4P>
  - Skilled Nursing Facilities use NHSN to report staff rates
- For questions about the awards, contact [covid.vaccine@doh.wa.gov](mailto:covid.vaccine@doh.wa.gov)
- For questions about the survey, contact [LTC-COVID-Vaccination-Survey@doh.wa.gov](mailto:LTC-COVID-Vaccination-Survey@doh.wa.gov) using subject line: LTC COVID-19 Vaccination Survey.

# Upcoming LTC Q&A Schedule

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Please plan to attend these upcoming sessions!

**October 21 and 28:** Influenza Preparedness and Response

**November 4:** How to do a Risk Assessment

**November 11:** closed for Veteran's Day – no Q&A call

**November 18:** How to do a Risk Assessment

**November 25:** closed for Thanksgiving Day – no Q&A call



## Waived Applications for Medical Test Sites in Washington 2021



Elizabeth Parent, MLS(ASCP)CG - Acting Medical Test Site  
Survey and Investigation Program Manager

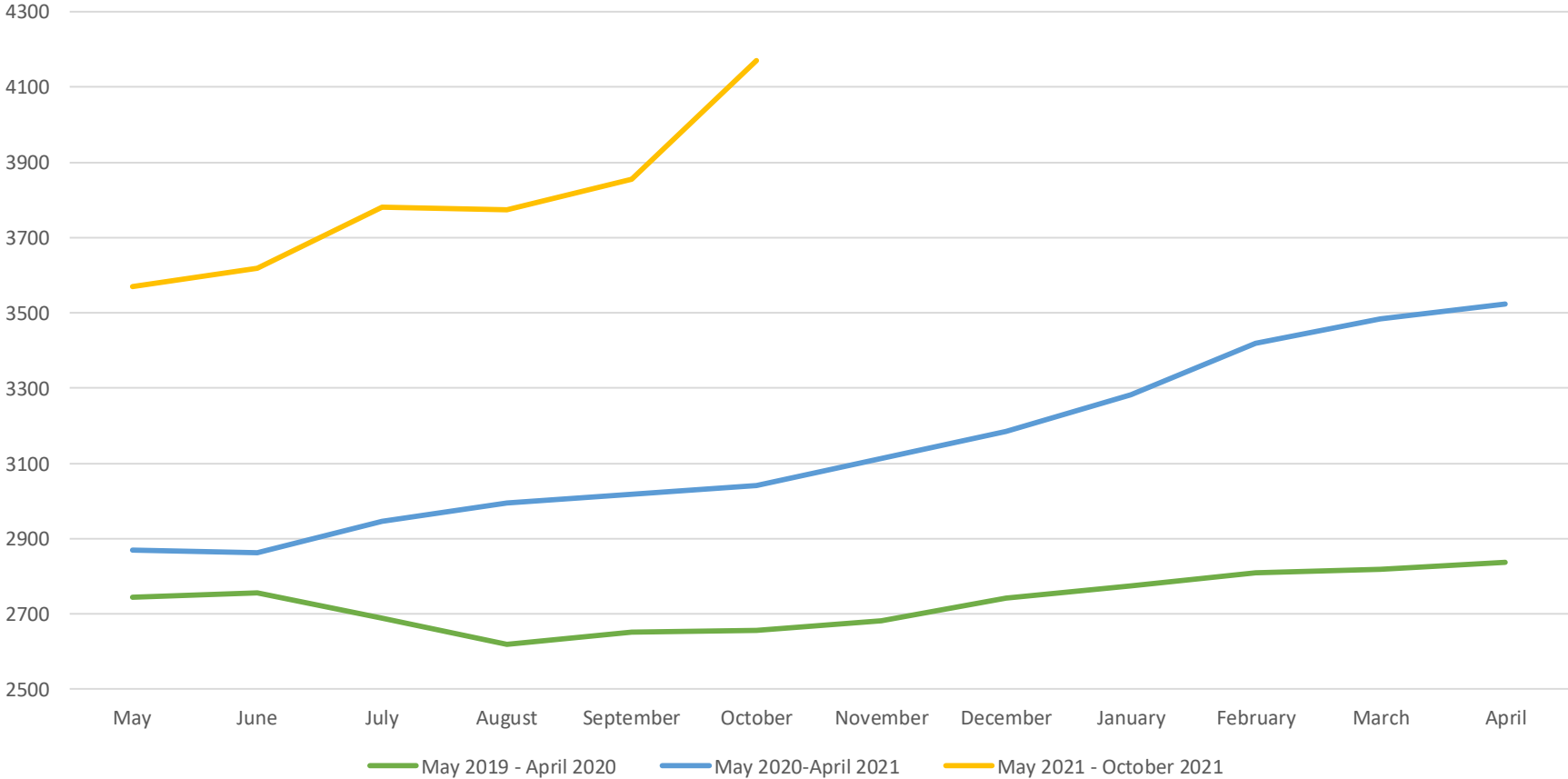
# Topics covered in this presentation

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- Growth of Certificate of Waivers in Washington
  - Where we were and where we are now
- What is required
- Where do I find the Waived Medical Test Site application?
- How to get started
- Application
- What to do after the application is submitted
- Test menu changes – adding testing to an existing license
- Reporting rules
  - Rule writing to align WAC with CMS-3401-IFC
- “Ready, Set, Test!” resource - CDC
- Information and how to contact us

# Growth of Certificate of Waivers

## Medical Test Site Certificate of Waiver



# What is required

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For a Waived Medical Test Site there are three requirements:

1. That the Medical Test Site is licensed to perform testing and only uses test kits that are waived by the FDA
2. That the Medical Test Site follows the test kit/manufacturers instructions for use (IFU's) exactly
3. That the Medical Test Site reports positive and negative Covid-19 test results to the State and/or Local Health Jurisdiction where the patient resides

# Where to find the application? Quick Tip: Google “WA LQA”

## Lab Quality Assurance – Tools and Information

The screenshot shows the top navigation bar of the Washington State Department of Health website. On the left is the logo with the text "Washington State Department of Health". On the right are links for "Home", "Newsroom", "Publications", and "About Us". Below these are buttons for "Topics A-Z" and "Español", and a search bar with the text "ENHANCED BY Google". A secondary navigation bar contains links for "You and Your Family", "Community and Environment", "Licenses, Permits and Certificates", "Data and Statistical Reports", "Emergencies", and "For Public Health and Healthcare Providers". A light blue banner below the navigation bar contains an information icon and the text: "Visit our [COVID-19 page](#) for the latest updates, [vaccine information](#), [testing locations](#) and [data dashboard](#)."

🏠 [Licenses, Permits and Certificates](#) > [Facilities - New, Renew or Update](#) > Laboratory Quality Assurance

Laboratory Quality Assurance
Contact Us
Forms
Frequently Asked Questions +
Laws
Licensing +
Medical Test Site Surveys +
Mission

### Laboratory Quality Assurance

Welcome to the Office of Laboratory Quality Assurance (LQA) webpage. Here you'll find information regarding the licensing of Medical Test Sites — sites that perform clinical laboratory testing for the purpose of diagnosis and treatment.

### Tools and Information

[Application](#) | [Fees](#) | [Forms - For license updates](#) | [Frequently Asked Questions \(FAQs\)](#) | [Information on survey types](#) | [Newsletters](#) | [Program updates](#)

### We can help you:

[Contact us](#) | [File a complaint](#) | [Verify an existing Medical Test Site license](#)

### Current Topics

- [Rescission of Guidances and Other Informal Issuances Concerning Premarket Review of Laboratory Developed Tests](#)



How to get started: First ensure testing is Waived, Next, Complete and submit the hard copy of the application with fee payment to the address on upper left side of the form

Laboratory Quality Assurance
Contact Us
Forms
Frequently Asked Questions +
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<b>Applications</b>
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Medical Test Site Surveys +
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Newsletters

## Laboratory Quality Assurance

### Applications

#### License Types, Requirements, and Applications

The type of testing performed determines the MTS/CLIA license category. Select from the following four options:

**Please note:** All applications require an original ink signature to be processed.

#### Waived (Certificate of Waiver)

Only tests approved as waived by the [Food and Drug Administration \(FDA\)](#) can be performed under this category of license.

If your test kit doesn't appear on the FDA-approved waived test list, you **DO NOT** qualify for this license type.

See the categorized or accredited license information below.

- Complete the [Certificate of Waiver MTS/CLIA license application \(PDF\)](#).
- Review the [CDC Ready? Set? Test! Booklet](#) for best practices in waived testing.
- [Good Laboratory Practices with Waived Test Systems \(PPT\)](#) - self-study PowerPoint presentation
- Contact the Laboratory Quality Assurance (LQA) office at 253-395-6746 if you need help determining what classification of testing you perform.

# Application

## **Certificate of Waiver Medical Test Site (MTS) Application Packet**

### **Contents:**

1. 505-038 ....Certificate of Waiver Medical Test Site Application Index Page .... 1 Page
2. 505-039 ....Certificate of Waiver Medical Test Site  
Application Instructions Checklist..... 2 Pages
3. 505-026 ....Certificate of Waiver Medical Test Site Application..... 7 Pages

### **Important Information:**

Laboratories licensed by the Washington Medical Test Site (MTS) licensure program are exempt from the Clinical Laboratory Improvement Amendments of 1988 (CLIA). You do not need to apply to the Centers for Medicare and Medicaid Services (CMS) for a CLIA number. Your MTS license will contain both your MTS license number and your CLIA number.

### **In order to process your request:**

**Return Completed Application (original copy) and fee in the form of check or money order (made out to Department of Health) to:**

Department of Health  
Revenue Section  
P.O. Box 1099  
Olympia, WA 98507-1099

## Certificate of Waiver Application Instructions Checklist

When your application for a Medical Test Site is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

**Indicate type of application:**

- New
- Change of ownership
- Change of license type.

**Check One:**

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

**Section 1. Demographic Information:**

**Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #s. City, county, and state government departments also have UBI #s.

**Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one. If the facility FEIN # is different than the Legal Owner FEIN, enter this number on page two of the application under Facility Specific Federal Tax ID (FEIN) #.

**Legal Owner/Operator Entity Name:** Enter the owner's name as it appears on the UBI/Master Business License.

**Legal Owner Mailing Address:** Enter the owner's complete mailing address.

**Phone and Fax:** Enter the owner's phone and fax numbers.

**Email and Web Address:** Enter the owner's email and facility web addresses, if applicable.

**Facility Name:** Enter the lab's name as advertised on signs and web site.

**Facility Specific Federal Tax ID (FEIN) #.** Enter if different from the Owner FEIN listed on page one of the application.

**Physical Address:** Enter the lab's physical street location including city, state, zip code, and county.

**Phone and Fax Numbers:** Enter the lab's phone and fax number.

**Mailing Address:** Enter the lab's mailing address, if different than physical address.

**Section 2. Facility Specific Information:**

**Site Type:** Please check one applicable site type.

**Hours of Laboratory Testing:** List the days and hours of testing for this site.

**Additional locations under this license:** Attach a list of names, addresses and phone numbers for additional locations, if applicable, and test(s) performed at each site.

**Section 3. Key Individuals:**

**Lab Director:** Enter the lab director's:

1. Name
2. Washington State professional license number, if applicable.
3. Email address

**Lab Contact:** Enter the lab contact's:

1. Name
2. Washington State professional license number, if applicable.
3. Email address

The lab contact will receive all information that we mail to your medical test site.

**Section 4. Additional Information—Waived Tests:**

**Waived Tests:**

Indicate the test manufacturer(s) and test system(s) on the lines provided. Be as specific as possible. Please verify the waived status of your test system at <https://www.accessdata.fda.gov>.

If you perform any tests other than the waived tests listed, do not complete this application. See the LQA website: <http://www.doh.wa.gov/lqa.htm> to help you determine your correct license category or call the LQA office at 253-395-6746.

**Section 5. Other Licensure, Certification, or Registration Information:**

**Legal Owner:** List the names, titles, addresses, and phone numbers of the corporate officers, LLC members or manager, partners, etc. Attach additional pages, if necessary.

**Change of Ownership Information:** If applicable, list the previous legal owner name, previous name of facility, previous MTS license number, effective date of ownership change and physical address.

**Signature:**

Signature of legal owner or authorized representative

Date signed

Print name of legal owner or authorized representative

Print title of legal owner or authorized representative

Your new MTS license will expire on June 30, 2023. You will receive a renewal notice for this license approximately 60 days before the expiration date.

Please contact our Kent office at 253-395-6746 if you have any questions or need assistance in completing the application form. Additional information is available on our website at: <http://www.doh.wa.gov/lqa.htm>.



Date Stamp Here

Fee	
<input type="checkbox"/>	July 1, 2021 – June 30, 2023.....\$190.00

Revenue: 0420030000

Certificate of Waiver Medical Test Site License Application			
This is for: <input type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of License Type			
Check One			
<input type="checkbox"/> Association	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Municipality (City)	<input type="checkbox"/> Sole Proprietor	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Municipality (County)	<input type="checkbox"/> State Government Agency	
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Trust	
Section 1. Demographic Information			
UBI #		Federal Tax ID (FEIN) #	
Legal Owner/Operator Entity Name			
Mailing Address			
City	State	Zip Code	County
Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address		Web Address	
Facility/Agency Name (Business name as advertised on signs or website)			
Facility Specific Federal Tax ID (if different than one entered above.)			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Facility Fax (enter 10 digit #)	
Mailing Address (If different than physical address)			
City	State	Zip Code	County
For Office Use Only			
Medical Test Site # _____		CLIA # _____	

## Section 2. Facility Specific Information

### Site Type (check one only)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1 Ambulance                         | <input type="checkbox"/> 12 Home Health Agency       | <input type="checkbox"/> 23 Prison                   |
| <input type="checkbox"/> 2 Ambulatory Surgery Center         | <input type="checkbox"/> 13 Hospice                  | <input type="checkbox"/> 24 Public Health Lab        |
| <input type="checkbox"/> 3 Ancillary Test Site               | <input type="checkbox"/> 14 Hospital                 | <input type="checkbox"/> 25 Rural Health Clinic      |
| <input type="checkbox"/> 4 Assisted Living Facility          | <input type="checkbox"/> 15 Independent Laboratory   | <input type="checkbox"/> 26 Student Health Service   |
| <input type="checkbox"/> 5 Blood Banks                       | <input type="checkbox"/> 16 Industrial               | <input type="checkbox"/> 27 Skilled Nursing Facility |
| <input type="checkbox"/> 6 Community Clinic                  | <input type="checkbox"/> 17 Insurance                | <input type="checkbox"/> 28 Tissue Bank/Repository   |
| <input type="checkbox"/> 7 Comprehensive Outpatient Rehab    | <input type="checkbox"/> 18 ICFMR                    | <input type="checkbox"/> 29 Other                    |
| <input type="checkbox"/> 8 End Stage Renal Disease Dialysis  | <input type="checkbox"/> 19 Mobile Lab               | <input type="checkbox"/> 30 Drug Treatment           |
| <input type="checkbox"/> 9 Federally Qualified Health Center | <input type="checkbox"/> 20 Pharmacy                 | <input type="checkbox"/> 31 Clinic                   |
| <input type="checkbox"/> 10 Health Fair                      | <input type="checkbox"/> 21 Physician Office         |  |
| <input type="checkbox"/> 11 Health Main. Organization        | <input type="checkbox"/> 22 Other Practitioner _____ |  |

### Hours of Laboratory Testing

List days and times during which laboratory testing is performed. If testing 24/7 check here

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

### Additional locations under this license

If you qualify as a not-for-profit laboratory or state or local government laboratory that performs limited public health testing (total of 15 or less waived or moderate complexity tests) at different locations, you may apply for one license.

This license will have additional locations under one license and the paragraph above applies:  Yes  No

If yes: Attach a list of names, addresses and phone numbers for each site that will be included under one license, and a list of tests performed at each site. If any of the sites already have a MTS license, include the MTS and CLIA numbers of the sites that will be consolidated under this license. If you are not a state or local government laboratory, you must include a copy of your federal 501(c)(3) determination letter to be licensed in this manner.

## Section 3. Key Individuals

### Lab Director (include MD, PhD, BS, etc.)

Name

Washington State Professional License (if applicable)

Email Address

### Lab Contact Person

Name

Washington State Professional License (if applicable)

Email Address

Note: If your test kit doesn't appear on the FDA-approved waived test list, do not complete this application. See the LQA website: <http://www.doh.wa.gov/lqa.htm> to help you determine your correct license category or call the LQA office at 253-395-6746.

**Section 4. Additional Information—Waived Tests**

Waived Tests: Indicate the test manufacturer(s) and test system(s) on the lines provided. Be as specific as possible and verify the waived status of your test system on the [FDA/CLIA Test Complexity Database](#). e.g. (Rapid Strep, Acme Home Glucose Meter)

Adenovirus \_\_\_\_\_

Aerobic/Anaerobic Organisms - Vaginal \_\_\_\_\_

Aerobic/Anaerobic/Viral Panel - Respiratory \_\_\_\_\_

Alanine Aminotransferase (ALT) \_\_\_\_\_

Albumin \_\_\_\_\_

Alkaline Phosphatase (ALP) \_\_\_\_\_

Amylase \_\_\_\_\_

Aspartate Aminotransferase (AST) \_\_\_\_\_

B-Type Natriuretic Peptide (BNP) \_\_\_\_\_

Bilirubin, Total \_\_\_\_\_

Bladder Tumor Associated Antigen \_\_\_\_\_

BUN (Blood Urea Nitrogen) \_\_\_\_\_

Calcium \_\_\_\_\_

Calcium - Ionized \_\_\_\_\_

Carbon Dioxide (CO2) \_\_\_\_\_

Catalase, urine \_\_\_\_\_

Chloride \_\_\_\_\_

Cholesterol \_\_\_\_\_

Complete Blood Count (CBC) \_\_\_\_\_

Creatine Kinase (CK) \_\_\_\_\_

Creatinine \_\_\_\_\_

<b>Section 5. Other Licensure, Certification or Registration Information</b>			
<b>Legal Owner Information—attach additional sheets as needed</b>			
List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.			
Name	Address	Phone #	Title
<b>Change of Ownership Information</b>			
Previous Name of Legal Owner			
Previous Name of Facility	Previous MTS License #	Effective Date of Ownership Change	
Physical Address			
City	State	Zip Code	
<b>Signature</b>			
I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.			
_____ Signature of Owner/Authorized Representative of Medical Test Site		_____ Date	
_____ Print Name		_____ Print Title	

## After Application is Submitted

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- Site may begin Covid-19 testing after the application has been mailed with fee payment, you do not need your CLIA or Medical Test Site license number to start testing during the Public Health Emergency
- You will get an email with your Medical Test Site and CLIA Number in approximately 6 to 8 weeks
- We will reach out if we need further information



# Adding testing to an existing license

- It is required that Medical Test Sites notify us within 30 days of any test menu changes using a test menu change form.
- Submit the test menu change form to our credentialing department at HSQA Facilities Credentialing [hsqafc@doh.wa.gov](mailto:hsqafc@doh.wa.gov)
- The Test Menu Change Form can be found by Googling “WA LQA Test Menu Change” or at: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/505088.pdf>
- Questions can be sent to [LQA@doh.wa.gov](mailto:LQA@doh.wa.gov)



## Test Menu Change Form

### License type change:

You must complete a new application form if the new or deleted tests result in a change of license type. If the change does not result in a change to your license type, then email, mail, or fax this form to the address above.

### Laboratory director change:

If the change in test menu results in a change of director, you must complete the

[Credential Status Change Form](#).

Your information		
MTS Name		
Effective date of change		
MTS license #	Clinical Laboratory Improvement Amendments (CLIA) #	
List tests added to your test menu (use additional pages if needed)	Waived? (Y/N)	Estimated annual test volume
List tests deleted from your test menu (use additional pages if needed)	Waived? (Y/N)	Estimated annual test volume
List existing tests for which test volume has changed	Waived? (Y/N)	Estimated annual test volume

D0H 505-088 October 2020

# Emergency Rule

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## Addition of WAC 246-338-026(7) – Notification Requirements

During the public health emergency, as defined in 42 C.F.R. 400.200, each medical test site that performs a test that is intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 must report SARS-CoV-2 test results to the HHS in such form and manner, and at such timing and frequency, as the department may prescribe. For the purposes of this subsection, "SARS-CoV-2 test" means any test that is intended to detect SARS-CoV-2 or diagnose a possible case of COVID-19.

This applies to all Medical Test Site certificate types.

# Emergency Rule continued

## Changes to WAC 246-338-020, Table 020-1 – Licensure

LICENSE TYPE	REQUIREMENTS	INSPECTIONS	
		TYPE	FREQUENCY
<b>Certificate of Waiver*</b>	<ul style="list-style-type: none"> <li>Restrict testing to tests classified as waived.</li> <li>Follow manufacturers' instructions for performing the test.</li> <li>Meet the requirements of WAC 246-338-020 Licensure—Types of Medical Test Site Licenses; WAC <a href="#">246-338-022</a> Initial Application for Medical Test Site License; WAC <a href="#">246-338-024</a> License Renewal/Reapplication Process; WAC <a href="#">246-338-026</a> Notification Requirements; WAC <a href="#">246-338-028</a> On-site Inspections.</li> </ul>	<ul style="list-style-type: none"> <li>Complaint</li> <li>Technical Assistance</li> <li>As required to assess compliance with WAC <a href="#">246-338-026(7)</a></li> </ul>	<ul style="list-style-type: none"> <li>When indicated</li> </ul>
<ul style="list-style-type: none"> <li>There are additional rule and inspection requirements for testing under Provider Performed Microscopy Procedures (PPMP), Categorized and Accredited licenses please review <a href="#">WAC 246-338-020 in Table 020-1</a>.</li> </ul>			

In order to be equivalent with the new CMS standards, the Medical Test Site program will conduct a 5 percent sampling of Certificate of Waiver and PPMP licenses that perform SARS-CoV-2 (COVID-19) testing to verify compliance with the new reporting rules.

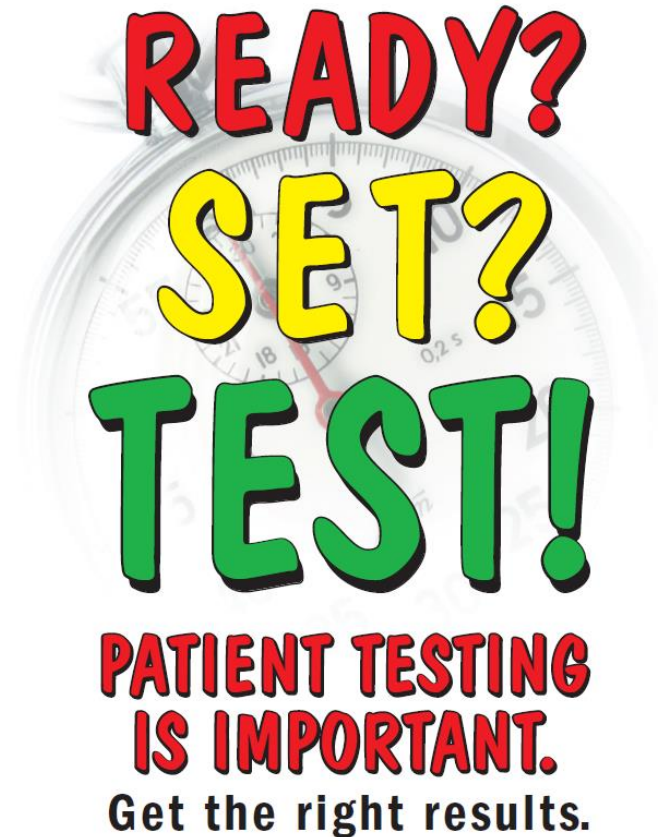
## Other Resources

Ready? Set? Test! Resource for waived testing published by the CDC

Find it online by Googling “ready set test” or at:

<https://www.cdc.gov/clia/docs/waived-tests/ready-set-test-booklet.pdf>

Contains information on good laboratory practice, logs and charts you may find useful



<http://www.cdc.gov/clia/Resources/WaivedTests/>

Center for Surveillance, Epidemiology, and Laboratory Services  
Division of Laboratory Systems



# How to contact us with questions:

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- For FAQ's, Applications, and information find us on the web: Google "LQA WA" or visit <https://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/LaboratoryQualityAssurance>
- In order to receive the fastest response for questions, please reach out to [LQA@doh.wa.gov](mailto:LQA@doh.wa.gov) We are currently working with high volumes of inquiries
- Medical Test Site Program Consultants
  - **Kim Moseng (253) 395-6746**
  - **Anitha Santhosh (253) 395-6785**

Questions?



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](mailto:civil.rights@doh.wa.gov).

# Point of Care Test Reporting

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Results of POC test results need to be reported to DOH:

1. Via NHSN (SNFs, AL)
2. Directly to DOH

For information about NHSN reporting:

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>





# COVID-19 POINT-OF-CARE TEST REPORTING FOR LONG-TERM CARE FACILITIES

WA DOH Surveillance Section

# Outline

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- Reporting Requirements
- SimpleReport Account Set Up
  - Step 1: Create Account
  - Step 2: Add Facility
  - Step 3: Add Users
  - Step 4: Add Patients
  - Step 5: Submit Results

# Reporting Requirements

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- [Washington Administrative Code 246-101](#)
- Results are required to be reported within 24 hours
  - Only positive results need to be submitted
  - Please hold negatives until bulk upload is available
- Over-the-counter tests that are done at the direction or recommendation of the facility are required to be reported like point-of-care tests
- Required fields include patient demographics, facility information, and test data
- Reporting done through [SimpleReport](#)

# SimpleReport



- Free, web-based application created by US Digital Services and CDC
- Offers a simple and easy to use method
- Get started at <https://simplereport.gov/>
  - Step 1: Create Account
  - Step 2: Add Facility
  - Step 3: Add Users
  - Step 4: Add Patients
  - Step 5: Submit Results

The screenshot shows the SimpleReport website homepage. At the top, there is a navigation bar with links for "About us", "How it works", "Support", "Sign up", and "Log in". The main heading reads "SimpleReport" with a sub-heading "A better way to report COVID-19 rapid tests" and a "Sign up for free" button. Below this, a text block states: "SimpleReport is a fast, free, and easy way for COVID-19 testing facilities to report results to public health departments." This is followed by a list of features: "Easy to set up and use", "100% free", "Works with any rapid point-of-care test", and "Maintains HIPAA standards". To the right, a tablet displays the application's user interface, showing a "Test Queue" with columns for "Name", "Date of Birth", "Phone Number", and "Status of Test Queue". It lists three individuals: Troy Adkins, Logan Curry, and Barbara Perez, each with their respective details and a "Submit" button.

# Step 1: Create Account

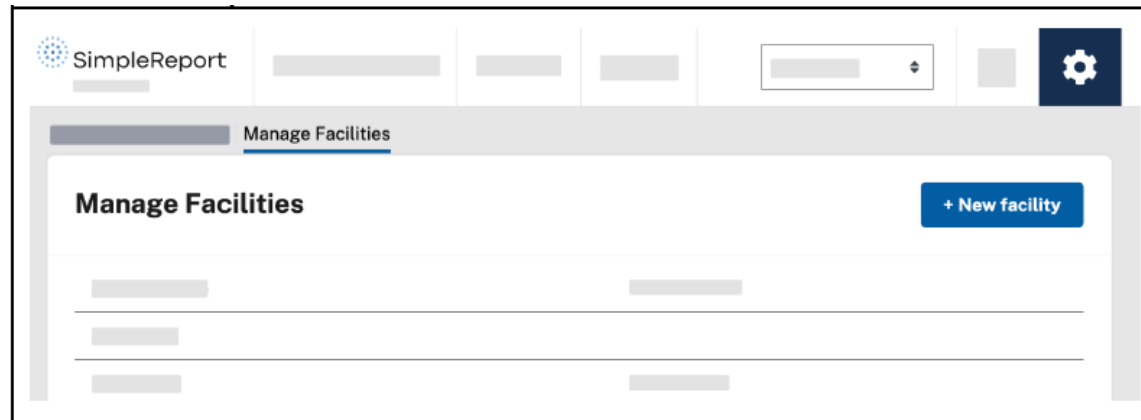
- Account administrator enters organization information
- Verify your identity with Experian
  - Enter personal information
  - Personal data are not saved
- Activate your account from the link sent via email

The screenshot shows the 'SimpleReport' sign-up interface. At the top is the SimpleReport logo. Below it, the text reads 'Sign up for SimpleReport' followed by a progress indicator '1 of 3 Organization information'. The form contains the following fields: 'What's the name of your organization?' (text input), 'Organization state' (dropdown menu), and 'Organization type' (dropdown menu). Below these is a section for 'Organization administrator' with a link 'What's an organization administrator?' and a note: 'Only one person from an organization can be the administrator. This person will submit personal information for identity verification. (SimpleReport doesn't access or keep personal identity information.)'

The screenshot shows the personal information form. It includes the following fields: 'First name' (text input), 'Middle name' (text input), 'Last name' (text input), 'Work email' (text input) with the instruction 'Enter your individual work email address.', and 'Work phone number' (text input) with the instruction 'Enter your direct work phone number.'. At the bottom, there is a checkbox area with the text 'By submitting this form, you agree to our [terms of service](#)' and a 'Submit' button.

## Step 2: Add Facility

- Add each point-of-care test site as separate facilities
- Facility name can be the same as the organization name
- Enter default test type



# Step 3: Add Users

- Add users to account who will be conducting tests or entering data
- Can specify permission for each user

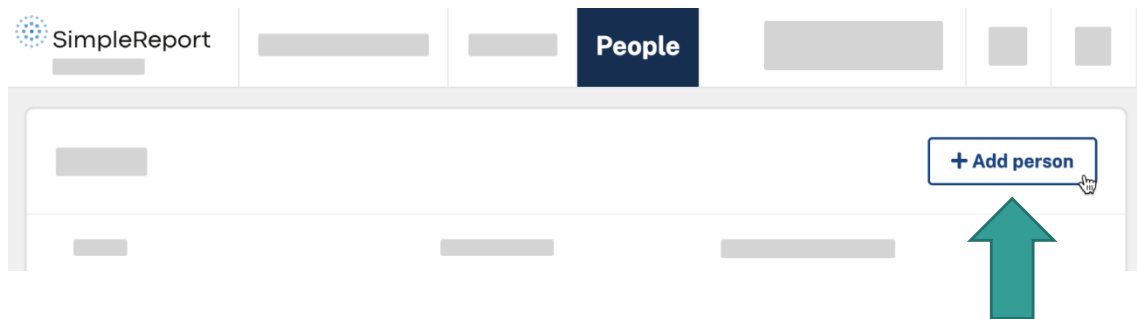
The screenshot displays the 'Manage users' interface. At the top, there are navigation tabs: 'Manage users' (selected), 'Manage facilities', 'Manage organization', and 'Patient self-registration'. Below the tabs, the 'Manage users' section is visible. A blue button labeled '+ New user' is highlighted with a green arrow pointing upwards. To the right of the '+ New user' button, there is a list of user permissions:

- Admin (full permissions)
- Standard user (manage results and profiles)
- Entry only (conduct tests)

Below the permissions, there is a section for 'Facility access' with the text 'All users must have access to at least one facility'. There is a checkbox for 'Access all facilities' which is currently unchecked. Below this, there is a field for 'Testing Site' with a red minus sign icon on the right. Below the field, it says 'No more facilities left to select'. At the bottom of the interface, there are two buttons: 'Remove user' (with a trash icon) and 'Save changes'.

# Step 4: Add a Patient

- Must add patients before submitting results
- Enter demographics and contact information
- Reminder: only need to submit positive results, so we recommend adding patients after identifying any positives



## General information

Required fields are marked with an asterisk (\*).

First name \*

Middle name

Last name \*

Role

Facility \*

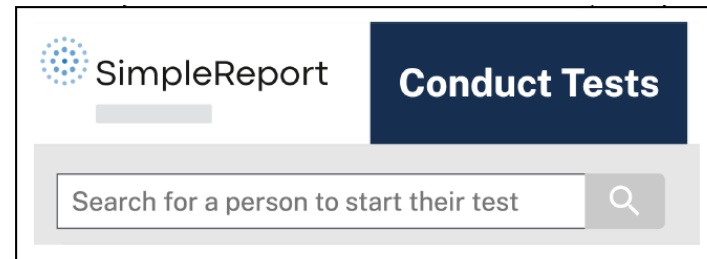
Preferred language

Date of birth (mm/dd/yyyy) \*



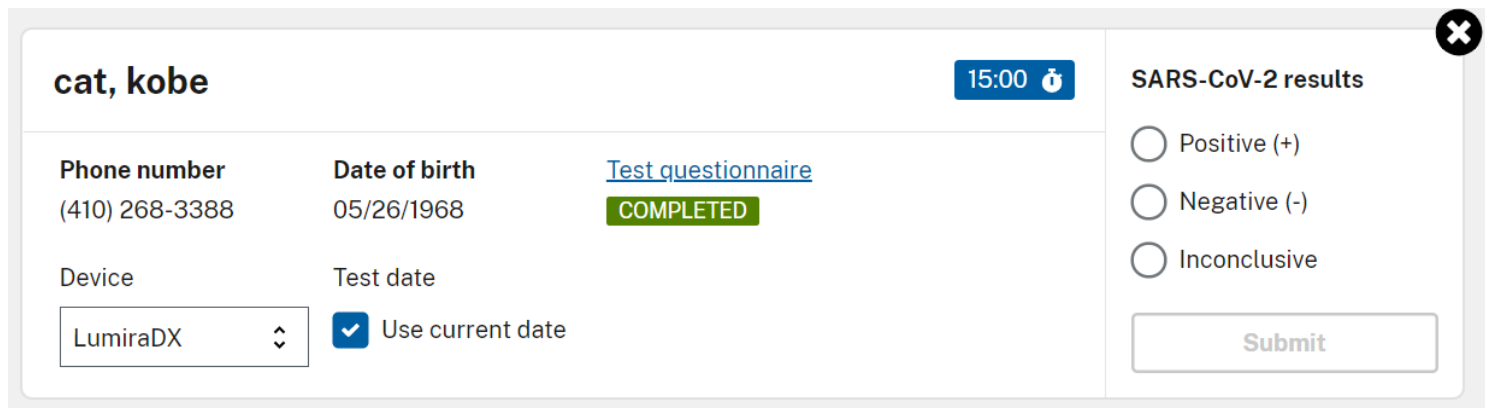
# Step 5: Submit Results

- Search for patient
- Complete questionnaire
- Enter results and submit



SimpleReport **Conduct Tests**

Search for a person to start their test



**cat, kobe** 15:00

**Phone number** (410) 268-3388 **Date of birth** 05/26/1968 [Test questionnaire](#) **COMPLETED**

**Device** LumiraDX **Test date**  Use current date

**SARS-CoV-2 results**

Positive (+)  
 Negative (-)  
 Inconclusive

**Submit**

# Separating Patient and Staff Results

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- If you need to separate patient and staff results for confidentiality...
  - Create separate facilities for staff and patients
    - "Lakewood Center STAFF"
    - "Lakewood Center PATIENTS"
  - Specify user permissions for each facility

# Resources

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**SimpleReport User Guide** (account set up, general 'how to', printable format)

<https://simplereport.gov/user-guide/>

**Using SimpleReport** (quick help on managing users, results, facility info, etc.)

<https://simplereport.gov/using-simplereport/>

**Washington State DOH Surveillance Section** (reporting questions)

[DOH-Surv@doh.wa.gov](mailto:DOH-Surv@doh.wa.gov)

**USDS SimpleReport Technical Assistance** (troubleshooting, software issues)

[support@simplereport.gov](mailto:support@simplereport.gov)

# Summary

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- Results are required to be reported within 24 hours
- Only positive results need to be submitted
- Use SimpleReport to submit results to DOH
  - Step 1: Create Account
  - Step 2: Add Facility
  - Step 3: Add Users
  - Step 4: Add a Patient
  - Step 5: Submit Results

# Questions

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Thank you!



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](mailto:civil.rights@doh.wa.gov).