



# Health Alert



City of Chicago  
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## Guidance for Non-Traditional Diagnostic Testing in the Outpatient Setting

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### Summary and Action Items

- COVID-19 molecular testing is now recommended for all patients seeking care who are symptomatic, even those with mild symptoms (See April 30, 2020 Health Alert: [Recommendations for Health Care Providers to Test All Patients with Acute Respiratory Illness for COVID-19](#)).
- Non-Traditional diagnostic testing models and alternate specimen sources are now available to support expanded testing in the outpatient setting.
- Each testing model requires specific safety, PPE, and staffing considerations.

**Background:** Non-traditional diagnostic testing models such as drive-thru and outdoor testing have been developed across Chicago over the past few months to manage the COVID-19 outbreak. As specimen collection guidance changes, so does the staffing model, safety considerations, and personal protective equipment (PPE) required in any outpatient testing protocol. Please consider the following best practices to review and update your current protocols.

### Considerations for Collection of Diagnostic Respiratory Specimens

Additional specimen sources are allowed and can be considered in outpatient settings, there is no longer a preference for nasopharyngeal (NP) swabs. For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing an upper respiratory specimen. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#) for full guidance. The following are acceptable specimens:

- A nasopharyngeal (NP) specimen collected by a healthcare professional; or
- An oropharyngeal (OP) specimen collected by a healthcare professional; or
- A nasal mid-turbinate swab (deep nasal swab) collected by a healthcare professional or by a supervised onsite self-collection (using a flocked tapered swab); or
- An anterior nares (nasal swab) specimen collected by a healthcare professional or by onsite or home self-collection (using a flocked or spun polyester swab);

Swabs should be placed immediately into a sterile transport tube containing 2-3mL of either viral transport medium (VTM), Amies transport medium, or sterile saline, unless using a test designed to analyze a specimen directly, (i.e., without placement in VTM), such as [some point-of-care tests](#). If VTM is not available, see the standard operating procedure for public health labs to create [viral transport medium](#) in accordance with CDC's protocol.

- To request COVID-19 testing supplies including Nasopharyngeal swabs (NP), Anterior nare swabs (N), transport media, ice packs, shipping boxes with coolers, UPS return service labels, UN3373 shipping labels and biohazard bags use the online IDPH online request form: <https://app.smartsheet.com/b/form/23f8f4130df043568f2e92169b8cda40>.

When the tests are performed outside or by patient self-collection, environmental infection controls allow a lower level of healthcare personnel PPE. Protocols should reflect the appropriate level of PPE for the type of test chosen to be performed by the facility.

### **Collecting and Handling Specimens Safely by Specimen Type**

**For providers collecting a nasopharyngeal (NP) specimen, oropharyngeal (OP) specimen or a nasal mid-turbinate (deep nasal) swab**, HCP will be within 6 feet of patients suspected to be infected with SARS-CoV-2 so should maintain proper infection control which includes the following considerations:

- Specimen collection should be performed in a normal examination room with the door closed OR outdoors (walk-up or drive-thru allowable).
- HCP in the room may wear a facemask, eye protection, gloves, and a gown.
  - N95 respirators should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting nasopharyngeal swabs.
- For providers who are handling specimens, but are not directly involved in collection (e.g. self-collection) and not working within 6 feet of the patient, follow Standard Precautions; gloves are recommended in addition to universal masking (wearing a facemask or cloth face covering at all times while at work).

**For providers supervising onsite patient self-collection of a nasal mid-turbinate (deep nasal) swab or anterior nares (nasal swab):**

- PPE use can be minimized through supervised patient self-collection if the healthcare provider maintains at least 6 feet of separation.
- HCP can wear facemask and gloves only whether collected indoors or outdoors.

### **Non-Traditional Testing Site Considerations**

When selecting a location to be used as a non-traditional testing site, ensure the capability to provide a unidirectional workflow. Locations should allow for proper traffic and line management and security without blocking streets or sidewalks to through traffic. Preference should be given to locations that allow separate direct entry and exit points. Utilize cones and tape on the ground to clearly identify staff work areas and patient/vehicle areas. Provide environmental control for varying weather conditions and ensure patient privacy with a tent, covered carport or breezeway, or opaque barrier.

- Engage in notification and communication with neighboring facilities, business, and partners to reduce confusion and address concerns. Ensure staffing model considers requirements for daily mobilization and demobilization. Provide staff with clear expectations, roles, and responsibilities for their shift, including chain of command.

### **Additional Drive-Thru Safety Considerations**

Traffic Safety is an essential component of Drive-Thru COVID-19 Testing and requires an enhanced staffing model to allow traffic flow control. Ensure a Safety Officer and a Traffic Control Officer (one per lane of drive-thru) are in place to verify appointment times are at appropriate intervals to prevent vehicle lines from interfering with street or sidewalk traffic.

### **Additional Walk-up Safety Considerations**

To prevent patient stacking or crowding in a walk-up COVID-19 testing model, ensure appointments are scheduled with appropriate intervals to ensure patients can maintain a 6-foot distance and lines do not put bystanders at risk. Choice of outdoor location should promote patient privacy and non-interference with sidewalk pedestrian traffic. A Safety Officer should be present to monitor patient behavior and facilitate direct entry or approach to testing location.

### **Outpatient Environmental Infection Control Tips**

- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings.
  - Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect procedure room surfaces or outdoor surfaces touched by patients promptly after diagnostic respiratory specimens obtained. In general, only essential personnel should enter the room or get within 6 feet of patients with suspected or confirmed COVID-19.

### **Anticipatory Guidance to Patients Tested for COVID-19 Prior to Receiving Results**

Ensure anticipatory guidance reflects new isolation period recommendations released on May 3, 2020, on [Disposition of Patients with COVID-19 in the Community \(Interim Guidance\)](#). Patients should remain isolated at home until results return and healthcare providers should consider counseling on a symptom-based strategy of isolation for at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared, regardless of results.