

DEPG FAQs and Tips on COVID Testing

What is the most common test that I will likely have to take?

The nasal (or nasopharyngeal) swab test. Right now, this is the most common test for COVID-19 and is recommended by the CDC. During the nasal swab test, a technician will stick a long Q-tip-like swab into one or both nostrils to collect a sample. The process is described as being slightly uncomfortable but not painful. Related is the throat, or oropharyngeal, test swab, which takes a sample from the back of the throat.

How long does the actual test take?

The collection through a nasal swab is a quick process that takes less than 30 seconds.

How can I find a testing center near me?

Work with your Operations Manager to find the most convenient testing location. COVID-19 tests are conducted in commercial, private and academic labs, as well as state and county health labs.

To locate the nearest testing facility, you may utilize the below resource, provided by Cigna:

<https://hcpdirectory.cigna.com/web/public/consumer/directory/covid-testing-sites>

This locator will provide facility information, address, and contact information. It will also specify eligibility requirements, the process for the respective testing and, other important site-specific instructions. The locator will also indicate whether the testing location is equipped with a drive through.

You can also utilize this CVS resource to locate a drive-up CVS testing site near you:

<https://www.cvs.com/minuteclinic/covid-19-testing>

How long does it take to get COVID-19 test results?

The time to process the test varies. Presently, it takes anywhere from an hour to several days to get results. In the event of a potential exposure, is always recommended to find a rapid testing center site, if at all possible.

What is antibody testing, and can I be tested using this method?

As per the CDC, antibody testing checks a sample of a person's blood to look for antibodies to the virus that causes COVID-19. When someone gets COVID-19, their body usually makes antibodies. However, it typically takes one to three weeks to develop these antibodies. Some people may take even longer to develop antibodies, and some people may not develop antibodies. A positive result from this test may mean that person was previously infected with the virus.

Antibody tests should not be used to diagnose COVID-19. To see if you are currently infected, in the event of a potential exposure, you need a viral test. Viral tests identify the virus in respiratory samples, such as swabs from the inside of your nose, as described above.

What should I do in advance to reporting to the testing site?

Call the test location number/hotline to assign an appointment ahead of time and provide the necessary vital and personal information.

Assure that you are not low on gas (so that you do not inadvertently run out of gas while waiting at the drive-up testing location).

Assure that you have used a restroom ahead of time in the event of a longer wait time at the testing facility.

What can I expect at a testing location?

The overall process varies a bit from one testing spot to another and from state to state. Dr. Briana McFawn, who leads Mercy Health testing sites, describes the process for their locations as follows:

"Essentially, it's a swab-and-go service. You drive up and are greeted by an associate with a clipboard who takes down your personal and insurance information. Then you drive into the tent, and a provider approaches your car and introduces themselves. He or she will confirm your name and date of birth before swabbing you. The provider will then give you information on how to follow up on your test results."

What should I bring to a testing site?

Bring proof of identity and in-state residence, your insurance information (as applicable), as well as your test confirmation email or text message. Be sure to have your mobile phone in case the testing technicians need to reach you.

How much is a test?

The federal government has issued a directive requiring health insurance companies to waive member cost-sharing amounts for testing for COVID-19. Health insurance plans were informed to eliminate cost sharing, co-pays, deductibles, and coinsurance for medically necessary testing for COVID-19. COVID-19 testing covered with no cost to patients, requires an insurer to pay either the rate specified in a contract between the provider and the insurer, or, if there is no contract, a cash price posted by the provider. The federal government has also passed legislation that provides free coronavirus testing to individuals without insurance. If you do not have health insurance, work with your Operations Manager to determine if the testing site provides free testing. However, do not let concerns about costs prevent you from seeking a test if you have had an exposure. Discuss with your operations/regional manager any concerns, as applicable.

What does a positive virus test result mean?

A positive virus test result means that you most likely have COVID-19 and must be excluded from work pursuant to the DEPG protocol. Notify your operations manager right away and provide them with documentation of your test result. (Documentation should likewise be provided for a negative test result.)

If I've been tested once, do I need to get tested again?

Getting a negative test result means it is unlikely you were infected with the new coronavirus at the time your test sample was taken. However, if you had subsequent exposure, this may not be reflected in the initial test results. The importance of daily temperature and symptom checks, as well as following all protocols required by the DEPG Safe Work Place Plan, cannot be overstated.

Who is considered a high-risk individual?

On June 25, 2020, the U.S. Centers for Disease Control and Prevention (CDC) expanded its list of risk factors of individuals more likely to develop severe illness or die from COVID-19. Previously, the CDC had identified those 65 years of age and older as high risk. Now, the CDC notes that the chance of severe illness from COVID-19 increases with age and recognizes that the risk does not suddenly increase at age 65. Rather, "people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older."

The CDC also expanded its lists of underlying health conditions that place individuals (of any age) at an increased “risk of severe COVID-19 illness.”

- “Chronic kidney disease.” The CDC no longer limits this category to those undergoing dialysis.
- “[C]hronic obstructive pulmonary disease.” The CDC now distinguishes moderate from severe asthma.
- “Obesity (BMI of 30 or higher).”
- “Immunocompromised state (weakened immune system) from solid organ transplant,” which is now distinguished from other reasons a person might be immunocompromised.
- “Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies.”
- “Sickle cell disease,” -- new condition to the list, recently added by CDC.
- “Type 2 diabetes,” which the CDC now distinguishes from Type 1 diabetes.
- Neurologic, genetic, metabolic conditions or congenital heart disease in children (in addition to children with medical complexities). This is a new addition to the CDC’s list.

The CDC also identifies certain conditions as potentially increasing a person’s risk for a severe illness from COVID-19:

- “Asthma (moderate-to-severe),” which was previously identified as high risk.
- “Cerebrovascular disease (affects blood vessels and blood supply to the brain).”*
- “Cystic fibrosis.”*
- “Hypertension or high blood pressure.”*
- “Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines).” This was previously identified as high risk.
- “Neurologic conditions, such as dementia.”
- “Liver disease,” which was previously identified as high risk.
- “Pregnancy.”*
- “Pulmonary fibrosis (having damaged or scarred lung tissues)”*
- “Smoking.”*
- “Thalassemia (a type of blood disorder).”*
- “Type 1 diabetes mellitus,” which was previously identified as high risk.

*- Cerebrovascular disease, cystic fibrosis, hypertension, pregnancy, pulmonary fibrosis, smoking, and Thalassemia are all new to the list.

If I have recovered from COVID-19 will I be immune to it?

As per the CDC, it is still unknown if people who recover from COVID-19 can get re-infected. CDC and partners are investigating to determine if a person can get sick with COVID-19 more than once. It is important to continue to take precautions and follow protocol at all times.