



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Division of Public Health

Statewide Standing Order for COVID-19 Diagnostic Testing

Frequently Asked Questions

(Document update: 07/21/2020)

Q: What type of entity can use the Statewide Standing Order?

A: Any entity, including local health departments, can evaluate the applicability and determine that the use of the Statewide Standing Order is helpful to increase access to testing. Some agencies may need to add supporting policies, procedures or additional standing medical orders specific to nursing practice from the local medical director to assure alignment with policies, rules and/or regulations.

Q: Do we expect the standing order will be expanded to cover flu testing when surveillance indicates seasonal influenza is having an impact?

A: This standing order, and the provision under Executive Order 147 addressing it, is specific to COVID-19 testing. The expansion to cover influenza testing and COVID-19 testing done together as part of a multiplex PCR assay testing for a variety of viruses would require a new standing order and could be explored.

Q: Can a minor consent for testing?

A: Minors with decisional capacity may consent for testing under G.S. 90-21.5. Testing for COVID-19 (a novel coronavirus) is considered a medical health service for the diagnosis of a reportable disease.

Q: What should providers do if they are unable to reach patients to provide results within 24 hours, as required by the standing order?

A: If calling to contact patients regarding lab results, which is especially important with positive results, agencies may find that the phone number is no longer valid or is a wrong number or the person does not answer the phone. This results in an inability to meet the 24 hour deadline outlined in the standing order document. Until or unless the State Standing Order is modified, it is acceptable that an attempt to report the test result to the patient is made and documented by a trained representative of the testing site as soon as possible, but no more than 24 hours after receiving result.

Q: Does the 24 hour timeframe to report test results to patients include when a result comes back in the evening, on the weekend, or during a holiday?

A: It is ideal if an attempt to report the result is made and documented within 24 hours, especially for sites that may be operating in the evenings or weekends to increase access. However, until or unless the State Standing Order is modified, it is acceptable that an attempt to report the test result to the patient is made or made available by the testing site (for example in an online patient portal) no more than 24 hours of non-holiday Monday through Friday routine business operating hours after receiving result.

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Q: Should health departments and other agencies mail the laboratory results if unable to reach the case by phone or text?

A: Agencies should follow local policies/procedures.

Q: How can agencies meet the requirement to provide information on resources such as access to shelter or food?

A: Agencies may use a variety of resources, including 2-1-1 and NCCARE360. These resources can be helpful in assisting individuals to connect with and access services, especially electronically, that are needed for adherence to control measures.

Specific to Local Health Departments

Q: Do LHDs have to manually enter negative labs received from providers locally, i.e. not through the DHHS/DPH electronic reporting paths?

A: No. Although reporting of all results is required, negative and positive, we recognize that public health agencies do not have sufficient staff and resources to manually enter all negative results received into NCEDSS. Efforts are underway to ensure that all laboratories performing tests for SARS-CoV-2 can submit results electronically.

Q: The required data reporting demographic information is either not being collected or is not being electronically reported to DHHS, adding an additional burden to manual data entry at the local health department. Will this also be a requirement of the vendors who have applied to provide testing in the community?

A: Yes. The data reporting requirements are new pursuant to new state and federal laws and will apply to testing sites, ordering providers, labs, etc.