Mass Testing of COVID-19 in Skilled Nursing Facilities

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I. Facility-wide Testing Guidance

1. Purpose of Tool Kit
As part of the California Department of Public Health (CDPH) requirement that all skilled nursing facilities (SNFs) in California submit an approved COVID-19 mitigation plan, CDPH requires SNFs in California to conduct baseline, surveillance, and response-driven testing of residents and health care personnel (HCP) for COVID-19. Baseline testing is necessary to detect cases quickly, stop transmission, and implement effective infection prevention and control actions. This document describes considerations for performing facility-wide testing among SNF residents and HCP.

2. General Information

A. Types of Testing
   - **Baseline Testing** of all SNF residents and HCP is to be implemented in facilities without a current positive case.
   - **Diagnostic Testing for Symptomatic Individuals** Residents or HCP with signs or symptoms consistent with COVID-19 should be tested immediately to identify current infection
   - **Screening Testing** of SNF residents and HCP in facilities without any positive COVID-19 cases: implement a minimum weekly screening testing of all HCPs.
   - **Surveillance Testing** of SNF residents and HCP is to be implemented in facilities without a positive case by testing 25% of all residents and HCP every 7 days, such that the SNF ensures that 100% of residents and staff are tested each month.
   - **Response-driven Testing** is to be implemented in facilities with a newly positive COVID-19 case: as soon as one (or more) case is identified in a facility, serial retesting of all residents and HCP who tested negative on initial testing should be performed every 7 days until no new cases are identified in two sequential rounds of testing; then the facility may resume the regular surveillance test schedule.

3. Planning for Mass Testing

A. Create a COVID-19 testing and coordination team.
   - Establish roles and responsibilities.
     - Assign laboratory liaisons to coordinate and communicate lab resources.
     - Assign a testing coordinator(s).
     - Assign daily symptom/temperature check screener.
   - Establish and review policies and procedures.
   - Establish testing guidelines for specimen collection and data collection.
   - Manage and improve clinical and environmental infection control measures.
B. Responsibility of COVID-19 Testing and Coordination Team

- Maintain situational awareness.
- Conduct daily/weekly briefing for facility staff, residents, and families.
- Oversee pre-and post-testing activities.
- Support and promote appropriate policies and procedures for infection prevention control measures.
- Troubleshoot common issues that arise, including technical and personnel challenges.
- Monitor and evaluate testing data for early detection of outbreaks and infection control measures on a:
  - Weekly basis - when there are no positive or suspected cases of COVID-19.
  - Daily basis - when there are at least 3 PUIs or 1 confirmed case.
- Continue with infection control training plans and just in time training for volunteers and new hires.
- Facilitate strategies to address challenges and gaps.
- Communicate data-driven policies and procedures to staff, residents, and families.

C. Responsibility of Testing Coordinator

- Create testing schedule.
- Order and prepare supplies.
- Plan for staffing, specimen collection, logistics, and personal protective equipment (PPE) needs.
- Assign a runner to triage challenges during testing.
- Prepare designated room or outdoor space for testing.
- Ensure privacy for both HCP and resident when testing.
- Perform specimen collection one HCP or resident at a time.
- Take precautions to limit exposure during specimen collection.
- Coordinate messaging of testing to families, staff, and management.
- Consult with COVID-19 testing and coordination team.

D. Responsibility of Lab Coordinator

- Work closely with the lab to determine acceptable test kits, logistics, and turnaround times.
- Procure testing resources, and train and prepare staff.
  - Take stock of swab, viral transport medium (VTM), and PPE inventory.
  - Coordinate with lab for specimen transport.
  - Procure necessary supplies. Submit a 213RR to resourcetracking@eoc.sccgov.org if unable to procure supplies.
- Provide appropriate training for specimen collection based on type of testing to be administered.
• Develop a line list to track COVID-19 testing and results of residents and HCP.
  o Include information needed by the lab including name and date of birth (DOB).
  o Include the room numbers of residents for staff to reference.

E. Responsibility of Daily Screening Coordinator
• Screen residents with temperature and symptom checks during daily vital signs checks.
• Screen HCP and/or visitors with temperature and symptom checks before entering the facility. If HCP work more than 10 hours per shift, re-screen mid shift.
• Consider education, resource needs, logistics, and documentation for conducting daily screening.


A. Resident Testing
• Use the line list with room numbers to map out an efficient workflow.
• Verify information on the line list and information on the specimen label with the correct resident.
• Ensure residents are in the room at the time of testing.
• Only the minimum required items for testing should be taken into a resident’s room.
• Pair up staff so one can collect specimen and the other can assist the resident if needed.
• Record who was tested, who was unable to be tested, and who refused to be tested.

B. Employee Testing
• Encourage staff to self-collect using the newer swabbing technique such as anterior nares (nasal) swab.
• Verify information on the line list and information on the specimen label with the correct HCP.
• Conduct testing in designate area. This can be in an outdoor setting or in a designated room.
• Coordinate the date and time with HCP’s availability.
  o Consider grouping HCP to minimize wait times.
• Use only the minimum required items for testing.
  o If using nasopharyngeal (NP) swabs:
    ▪ HCP cannot self-collect and
    ▪ Specimen collection staff are required to put on full PPE.
  o If using anterior nares or mid-turbinate swabs:
    ▪ HCP can self-collect and
    ▪ Have an observer stand 6 ft. away with gloves and facemask.
5. Testing Logistics

A. Supplies for Day of Test
   - Ensure all supplies are in stock and prepared in advance of testing.
   - Remember to check that the test kits are compatible with the contracted lab.
   - Make supplies readily available for specimen collection.

B. PPE for Testing
   - For HCP self-collection: the observer should wear standard surgical mask, face shield or goggles, gloves. The observer should stand at 6ft distance and is only observing proper collection by the staff. Gloves should be changed after handling of each specimen.
   - For resident collection: whichever swabbing technique is used, the nurse should wear mask (ideally N95 if resident is a PUI), face shield or goggles, gown, and gloves. Gloves should be discarded after each resident; the other PPE can be worn in extended fashion until completion of tests. The equipment should be changed if it is contaminated or soiled.
   - For large volume testing (continuous multiple testing): N95, face shield, and gloves.
   - Gown and gloves
     - The PPE should be worn the entire shift, except to clean equipment and changes gloves. All PPE should be discarded after shift, except for reusable face shield that can be cleaned and reused.
     - Do not to lean on resident bed (e.g. bed rail) this will contaminate gown.
   - For specimen collection
     - Swab supplies:
       1) Sterile nasal swab (double swab pack, provided by lab; one swab used at a time; cap replaced in between)
       OR
       2) Sterile nasopharyngeal (NP) swab (single swab pack, provided by lab).
     - VTM provided by lab. Biohazard-labeled bag for specimen collection. (Two generic specimen labels per HCP obtained from the lab.)
     - Scissors and Kleenex/tissue.
     - Hospital-approved disinfectant wipes.
     - Hand sanitizer or hand washing station.
     - Trash can (if one is not available near the testing location).
     - Supply cart (as applicable).
     - Paper sign in sheet & pens.
     - Testing cooler with ice packs.
C. Specimen Handling
   • Set up room.
   • Check in HCP.
   • Create label for specimen tube.
   • Complete specimen collection.
   • Place specimen in VTM tube.
   • Ensure specimen is labeled using two (2) identifiers.
   • Place specimen inside biohazard-labeled bags.
   • Place specimen in refrigerator for courier pick up.

D. General Clean Up
   • Wipe down area (tables, chairs, etc.) of testing space following each test and at end of testing day.
   • Ensure area remains tidy with trash removal done as needed.
   • Order Environmental Services (EVS) Cleaning Services for end of day.
   • Practice standard hand-hygiene before and after each test and at end of day.
   • Follow existing clinical and environmental infection control guidelines.

6. Post-Testing Strategies

A. Immediate Actions:
   • Establish a medical baseline for residents and HCP.
   • Continue surveillance testing when facility does not have a positive case.
   • Monitor testing and daily screening data for early detection and quick response to outbreaks.
   • Propose data-informed policies and practices.
     o Such policies or practices can include improving hand hygiene compliance, complying with symptom and temperature screening, masking and other source control practices.
     o Improve and manage source control when “hot spots” are identified in the facility.
   • Consult with the COVID-19 testing and coordinating team on all the above.

B. Data Tracking
   • Maintain daily logs of daily symptom and temperature screening.
   • Maintain records of infection control training.
   • Track testing of residents and HCPs:
     o All positives
     o All negatives
     o Never been tested
     o Pending results
• Triage residents and HCP per lab results.

C. Expected Actions
• Report weekly COVID-19 test results to CDPH and County of Santa Clara Public Health Department (SCC PHD) through online reporting systems.
• Routinely test, track and report results (within 4 hours) to SCC PHD of PUIs or 1 confirmed case.
• Routinely monitor screening/surveillance testing and symptom/temperature tracking data.
• Strictly adhere to infection control practices and source control.
• Communicate essential information to facility staff, residents, and families.
• Review and update policies.

7. Tools
A. COVID-19 Line List
   A1. Sample Line List
B. Quick Preparation Check List
C. Weekly Reporting Questions
D. COVID-19 Symptoms List
E. Daily Symptoms and Temperature Check Tracker
F. Weekly Surveillance/Response Test Data Tracker
G. Infographic: Nasal Swab Specimen Collection and Labeling
H. Sample Completed Lab Requisition Form
I. Facility-wide Testing Guidance
A. COVID-19 Line List:

What is a line list? A table in which critical information from an outbreak is listed. Each column represents an important variable (e.g., unique identifier, name, age, gender) and each row represents a different case. A line list enables you to quickly summarize, visualize and analyze the key components of the outbreak.

Using Information from a line list:

- Spot maps can be used to plot locations such as resident rooms, onsite work location to identify potential outbreaks.
- Summarize and categorize demographic factors or potential risk factors such as occupation, worksite location. Summarizing data in this manner can assist in understanding the some of the variables for the outbreak.
  - Example 1: This week 64% of the new cases that were reported were among staff.
  - Example 2: After four weeks of surveillance testing, at least one new staff case each week.

Sample Spot Map from Line List Data:

Below is a floor map of a congregate living center. The red bubbles represent positive cases identified through a line list. From the map below, an administrator can infer the time of onset, location of resident rooms where possible outbreak is occurring. Additionally, a staffing line list may provide more information about job types/roles, resident room assignments at risk of exposures or transmission of an infectious disease. When the data is mapped out, center administration can make informed decisions on how to control and prevent future outbreaks.
<table>
<thead>
<tr>
<th>LTCF Resident Last Name</th>
<th>LTCF Resident First Name</th>
<th>DOB (MM/DD/YYYY)</th>
<th>Gender</th>
<th>Resident Status: New Admission/Active/Discharged/Hospitalized/Deceased</th>
<th>Room Number</th>
<th>Notes</th>
<th>Type of Specimen Collected: POC Antigen or rt-PCR</th>
<th>Collection Date (MM/DD/YYYY)</th>
<th>Collection Status: Completed/Refused</th>
<th>Test Result: Presumptive Positive, Presumptive Negative, PCR Positive, and PCR Negative</th>
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<td>LTCF Staff Last Name</td>
<td>LTCF Staff First Name</td>
<td>DOB (MM/DD/YYYY)</td>
<td>Gender</td>
<td>Contact Number (XXX-XXX-XXXX)</td>
<td>Employment Status: Active, on Leave, Inactive</td>
<td>Notes</td>
<td>Type of Specimen Collected: POC Antigen or rt-PCR</td>
<td>Collection Date (MM/DD/YY)</td>
<td>Collection status: completed/refused</td>
<td>Test Result: Presumptive Positive, Presumptive Negative, PCR Positive and PCR Negative</td>
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B. Quick Preparation Checklist

☐ Create testing schedule.
☐ Order supplies.
☐ Identify testing room (as applicable) and storage area for supplies.
☐ Gather supplies and set up testing room.
☐ Perform hand hygiene and don PPE.
☐ Testing Coordinator verifies required information on line list:
  • First and Last Name
  • Date of Birth
  • Cell Phone Number
  • Gender
  • Employee ID
  • Home Unit/Clinic/Department Job Classification
  • Date Last Tested
☐ Document, legibly, the following on the specimen labels:
  • Employee Name
  • Date of Birth
  • Date and Time Specimen Collected
  • HCP Initials
☐ In the presence of the HCP, place a specimen label on the specimen tube.
☐ Collect the specimen; ensure cap is placed on tube straight and tight.
☐ Place labeled specimen tube into the biohazard bag. Place this bag into second biohazard bag and seal. Place ticket in outside biohazard bag pocket.
☐ Ensure all bags are closed securely and properly sealed to prevent contamination.
☐ Place specimen into cooler for storage until daily testing is finished. Transfer to lab refrigerator after day’s testing is completed for courier pickup.
☐ Remove PPE as per above and perform hand hygiene.
  • Re-don PPE (surgical mask, face shield, gown, and gloves) if single test.
  • Re-don gloves if in large volume testing setting.
☐ Wipe down testing area (tables, chairs, etc.) after each test and at the end of the testing day.
☐ Call Environmental Health Services for cleaning at the end of the day.
☐ Re-order supplies.

The County of Santa Clara Public Health Department (SCC PHD), in addition to the California Department of Public Health (CDPH), will monitor COVID-19 surveillance testing at SNFs and other LTCFs.

Skilled nursing facilities must report PPE inventory and Surveillance Testing data on a weekly basis.

The deadline for submission is every Friday at noon.

Instructions:

Instructions:

1. Resources needed to complete the survey:
   a) Weekly CDPH Surveillance Data
   b) Surveillance Report Tracker or weekly line list
   c) Weekly resident census data

2. How to complete the following survey:
   a) The reporting period will be from Friday to Thursday.
   b) The Weekly PPE Inventory survey has been amended to include weekly COVID-19 facility testing.
   c) Report testing for the reporting week only. This is the same information reported CDPH.
   d) Indicate if the information reported is Response-driven or Routine-Surveillance testing.
   e) Enter the resident census for the reporting week, and the total staff employed at your facility.
   f) Utilize the facility weekly line list to report refusals or pending results for the week. (This is not a cumulative number).
   g) Cumulative numbers are to be reported for questions 11-18.

COVID-19 Surveillance Testing Recommendations:

i. Serial Testing includes those who have tested negative or those who have never been tested for COVID-19.

ii. For persons who have ever had a COVID-19 positive test, keep a record of the date of the test, and exclude them from serial testing after that date.

Questionnaire
General Information

Q1. Enter the facility census for the reporting week.
Q2. Enter the total number of staff currently employed in the facility.

Testing Information

Q3. Is this mass testing in response to an outbreak (Response-driven) OR surveillance testing?
   Q3a. Response-driven / Routine surveillance

Q4. Is this the first round of response-driven testing or routine surveillance testing?
   Check box: ☐ Yes ☐ No

Q5. Enter the name of the laboratory that is conducting the testing.

Weekly Resident Testing

Q6. How many residents were planned to be tested this week?
   Q6a. Among them, how many residents refused testing?

Q7. Among the residents who tested this week:
   Q7a. How many residents tested positive?
   Q7b. How many residents tested negative?
   Q7c. How many residents had inconclusive or invalid test results?
   Q7d. How many residents with results pending?

Weekly Staff Testing

Q8. How many staff were planned to be tested this week?
Q9. Among them, how many staff refused testing?

Q10. Among the staff who tested this week:
   Q10a. How many staff tested positive?
   Q10b. How many staff tested negative?
   Q10c. How many staff had inconclusive or invalid test results?
   Q10d. How many staff with results pending?

Total Testing (Cumulative)

Q11. How many residents have never been tested at the time of reporting?
Q12. How many staff have never been tested at the time of reporting?

Q13. How many residents have tested positive at the time of reporting?

Q14. How many staff have tested positive at the time of reporting?

Q15. How many residents have tested negative till date excluding those who are pending?

Q16. How many staff have tested negative till date excluding those who are pending?

Q17. How many residents have undergone testing, but their results are pending at the time of reporting?

Q18. Were any new positive residents being reported in this week’s survey under 14-day observation? This includes cases whose results were received after patients were discharged/transferred from your facility.

   Check box: ☐ Yes  ☐ No

   If yes, how many? (numerical value)

Q19. How many staff have undergone testing, but their results are pending at the time of reporting?
Know the symptoms of COVID-19, which can include the following:

- Cough
- Fever
- Chills
- Muscle pain
- Shortness of breath or difficulty breathing*
- Sore throat
- New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

*Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.
**Symptoms Monitoring of Asymptomatic Healthcare Personnel (HCP) and Visitors**

**Instructions:** HCP and Visitor should check their temperature and complete this form daily. If temperature is above or equal to ≥99°F, or if symptoms of COVID-19 arise while at work they should keep their facemask on, inform their supervisor, and leave the workplace. **Mark Yes or No for any indicated symptoms reported by the employee.**

**COVID 19 Symptoms Check Daily Tracker**

<table>
<thead>
<tr>
<th>Name of Employee /Visitor</th>
<th>Employee ID#</th>
<th>Job Duties</th>
<th>Date</th>
<th>Time</th>
<th>Temp</th>
<th>Subjective Fever</th>
<th>Cough</th>
<th>Sore throat</th>
<th>Shortness of breath</th>
<th>Runny Nose</th>
<th>Chills</th>
<th>Muscle aches</th>
<th>Headache</th>
<th>Fatigue</th>
<th>Abdominal Pain</th>
<th>Nausea or Vomiting</th>
<th>Diarrhea</th>
<th>None</th>
<th>Other</th>
</tr>
</thead>
</table>
COVID-19 Specimen Collection

Nasal Swab Materials
- Sterile polyester swab (aluminum or plastic shaft preferred)
- Viral transport media tube (should contain 1-3 ML of sterile viral transport medium)

Procedures

Provider Collection Procedure

1. Tilt patient’s head back 70 degrees.
2. Insert swab less than one inch into nostril or until resistance is met at turbinates.
3. Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
4. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick.
   For swabs without a score line, break shaft 0.5” below rim of media transport tube.

Self Collection Procedure

1. Insert the tip of the swab into one nostril. The swab does not need to be inserted far – insert just until the tip of the swab is no longer visible. Rotate the swab in a circle around the entire inside edge of your nostril at least 3 times.
2. Take the swab out of your nostril. Using the same end of the swab repeat step #1.
3. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick.
   For swabs without a score line, break shaft 0.5” below rim of media transport tube.

Specimen Labeling
- Label must include individual’s name, date of birth, gender, collection date, site specimens
- Label the specimen on viral transport media tube and ensure cap on tube is tightly sealed. (Do not use a pencil or pen for labeling, as they can rub off or smear. Instead, use a bar code or permanent marker).

Packing
- Fill out paperwork in accordance with Santa Clara County guidelines.
- Include a frozen cold pack with the specimen(s).
- Refer to packing and shipping leaflet enclosed with sample

Storing
- Specimens should be immediately placed on refrigerant gel packs for transport to the public health laboratory.
- Keep specimens frozen prior to shipping.

Shipping
- Ship specimens for testing as soon as possible.
- For delayed specimen transport (>72h) specimens should be frozen at -94F or below or transported on dry ice.
- Ensure specimen will be received by the public health laboratory during normal business hours

For more information on COVID-19, visit: sccgov.org/coronavirus
Proper Labeling of Specimen

FIELDS TO INCLUDE

- Patient Name
- Date of Birth
- Sex
- Type
- Collection Date
- Specimen Collector Initials
<table>
<thead>
<tr>
<th>INFORMATION BELOW MUST BE PROVIDED BEFORE REQUISITION WILL BE PROCESSED</th>
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<tbody>
<tr>
<td><strong>Patient Name (Last) (First) (M)</strong></td>
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<tr>
<td><strong>Sex</strong></td>
</tr>
<tr>
<td><strong>Date of Birth (DOB)</strong></td>
</tr>
<tr>
<td><strong>Type of Specimen</strong></td>
</tr>
<tr>
<td><strong>Reason For Testing</strong></td>
</tr>
<tr>
<td><strong>Date Specimen Taken</strong></td>
</tr>
<tr>
<td><strong>Address Street City State Zip</strong></td>
</tr>
<tr>
<td><strong>Patient Telephone Number</strong></td>
</tr>
<tr>
<td><strong>Responsible Person Name</strong></td>
</tr>
<tr>
<td><strong>Responsible Party Relationship (circle one)</strong></td>
</tr>
<tr>
<td><strong>Bill to / Insurance Number</strong></td>
</tr>
<tr>
<td><strong>UPIN #</strong></td>
</tr>
<tr>
<td><strong>ICD-9 code (diagnosis code required)</strong></td>
</tr>
<tr>
<td><strong>Name (physician’s name)</strong></td>
</tr>
<tr>
<td><strong>Type of Test</strong></td>
</tr>
<tr>
<td><strong>Laboratory Use Only</strong></td>
</tr>
<tr>
<td><strong>Special Test Request(s)</strong></td>
</tr>
<tr>
<td><strong>Chemistry/Toxicology</strong></td>
</tr>
<tr>
<td><strong>Virology</strong></td>
</tr>
<tr>
<td><strong>Bacteriology</strong></td>
</tr>
<tr>
<td><strong>Parasitology</strong></td>
</tr>
<tr>
<td><strong>Mycology</strong></td>
</tr>
<tr>
<td><strong>Molecular Testing</strong></td>
</tr>
<tr>
<td><strong>Serology</strong></td>
</tr>
</tbody>
</table>

**Laboratory Use Only**

**Information Below Must Be Provided Before Requisition Will Be Processed**

- Patient Name (Last) (First) (M):
- Sex:
- Date of Birth (DOB):
- Type of Specimen:
- Reason For Testing:
- Date Specimen Taken:
- Address Street City State Zip:
- Patient Telephone Number:
- Responsible Person Name:
- Bill to / Insurance Number:
- UPIN #:
- ICD-9 code (diagnosis code required):
- Name (physician’s name):
- Type of Test:
- Special Test Request(s):
- Chemistry/Toxicology:
- Virology:
- Bacteriology:
- Parasitology:
- Serology:
- Mycology:
- Molecular Testing:
I. Facility-wide Testing Guidance

- CDC: Considerations for Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes
- CDPH AFL 20-53: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx