With Thanks!
COVID-19 Universal Testing in Assisted Living Facilities (ALF)

Office of Communicable Disease Epidemiology
Washington State Department of Health (WA DOH)
August 11, 2020
Housekeeping

Attendees will be in listen only mode to start

Self-mute your lines when not speaking

Type questions into the question window

This educational webinar will be include Q & A

Participants from long-term care, regulatory, and public health

Session is being recorded
No confidential information presented or discussed
Introductions

- Charissa Fotinos, MD – Deputy Chief Medical Director at Health Care Authority

Washington State Department of Health Infection Prevention Team

Nurse Consultants/Epidemiologists

- Larissa Lewis, RN, BSN, MPHc, CIC
- Emily Schneider, MPH
- Sara Podczervinski, RN, MPH, CIC, FAPIC
- Patty Montgomery, RN, MPH, CIC
- Lisa Hannah, RN, BSN, CIC
- Dorothy MacEachern, MS, MPH, CIC
- Steffen Burney
## Agenda

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<th>Presenter</th>
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<td>Larissa</td>
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<td>Charissa</td>
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COVID-19’s Impact on Long-Term Care (LTC)

5,694 Cases
(10% of total)

898 Deaths
(56% of deaths)

COVID-19’s Impact on Long-Term Care (LTC)

LTC Associated Cases by Illness Onset Date

This epidemiologic curve shows the number of LTC associated cases over time by onset date. If onset date is not known, diagnosis date or report date are used. Since there may be reporting delays, data are incomplete for the most recent dates.

*If onset date is not known, diagnosis date or report date are used

Deaths with LTC Association by Illness Onset Date

This epidemiologic curve shows the number of deaths reported as having an association to long-term care by onset date. If onset date is not known, diagnosis date or report date are used. Since there may be reporting delays, data are incomplete for the most recent dates.

*If onset date is not known, diagnosis date or report date are used

Dear Assisted Living Facility Administrator:

This notice is to communicate the plan to move forward and support the completion of a point prevalence survey to identify any persons with asymptomatic COVID-19 infections working or living in assisted living facilities. The approach will be very similar to that used in the first phase of state supported testing for nursing facilities and ALFs with memory care units, with the benefit of being able to add lessons learned to this next round of testing. Like long-term care facilities, assisted living facilities are at risk for large scale outbreaks of COVID-19. Gaining an understanding of baseline rates of asymptomatic infection will help inform prevention and control efforts to limit transmission. The information will also be helpful in directing recommendations for ongoing surveillance testing of staff and help facilities develop the ability to perform large scale testing in the event an outbreak among staff or residents were to occur in the future.

We want to stress that, unlike the prior round of testing, this is not an order for testing, but rather an outline of recommendations for conducting the needed testing. We do urge every provider to follow these recommendations and to reach out to DOH-CRTs@dshs.wa.gov if you have questions or need technical assistance. We are asking every facility encompassed by these recommendations to make their best efforts to complete testing by September 11, 2020. Any facility that has performed testing of all staff and residents for COVID-19 on or after July 1 is exempt from this request. Similarly, if an entire facility was tested along with their memory care unit in the first round of ordered testing, repeat testing is not necessary. If a memory care unit was tested but other residents and staff in the facility were not during the first round, previously untested staff and residents should be tested at this time. As this work is completed, the Department of Health (DOH) will monitor the results to see the number of tests processed for staff and residents at each facility. If compliance with these recommendations should lag, we will return to the use of an order to direct the actions outlined below.

Therefore, DOH and the Department of Social and Health Services (DSHS) recommends the

Why Test?

Comprehensive testing of long-term care facility residents and staff will show the scope and magnitude of COVID-19 infections in these facilities and help inform COVID-19 prevention and control efforts to limit transmission among residents and staff.

How will these test results help?

- Provide an estimate of COVID-19 prevalence in facilities across the State
- Allocation of resources: PPE, testing supplies, technical assistance
- Identification of asymptomatic carriage among staff and residents.
- Transmission-based precautions and cohorting
- Closely monitor for symptoms, prevent poor outcomes
All assisted living facilities (ALF) not tested in during the first round must offer testing to residents and require staff testing.

A staff member is any employee, contractor, volunteer, or other personnel who provides health care, personal care, social, administrative, clerical, dietary, environmental, or any other kind of services in the facility.

Test kits and personal protective equipment (PPE) for administering tests provided to every facility at no cost.

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<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
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<th>Wednesday</th>
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Target completion date: 11 September 2020
## Who can collect specimens?

<table>
<thead>
<tr>
<th>Profession</th>
<th>Can Perform Nasopharyngeal Swab</th>
<th>Supervision Required</th>
<th>Can Perform Nasal Mid-Turbinate Swab</th>
<th>Supervision Required</th>
<th>Can Perform Nasal (Anterior Nares) Swab</th>
<th>Supervision Required</th>
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<td>Advanced Registered Nurse Practitioner</td>
<td>Yes</td>
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<td>Dentist</td>
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<td>Emergency Medical Services (EMS) Provider</td>
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<td>Home Care Aide</td>
<td>Yes, in specific settings*</td>
<td>Yes**</td>
<td>Yes, in specific settings*</td>
<td>Yes**</td>
<td>Yes, in specific settings*</td>
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<tr>
<td>Medical Assistant (MA) – Registered and Certified</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes</td>
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<td>Naturopathic Physician</td>
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<td>No</td>
<td>Yes</td>
<td>N/A</td>
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<td>Nurse – Licensed Practical (LPN)</td>
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<td>Yes*</td>
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<td>Yes*</td>
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<tr>
<td>Nurse – Registered (RN)</td>
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<tr>
<td>Nursing Assistant – Registered and Nursing Assistant – Certified</td>
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<td>Yes**</td>
<td>Yes, in specific settings*</td>
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<td>Yes, in specific settings*</td>
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<tr>
<td>Nursing Technician</td>
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<td>Occupational Therapist</td>
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<td>Pharmacist</td>
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<td>Pharmacy Intern</td>
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<tr>
<td>Pharmacy Technician</td>
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<tr>
<td>Physician - Allopathic (MD)</td>
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<td>No</td>
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<tr>
<td>Physician Assistant - Allopathic</td>
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<tr>
<td>Physician Assistant - Osteopathic</td>
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<tr>
<td>Physician – Osteopathic</td>
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<td>No</td>
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<tr>
<td>Respiratory Care Practitioner</td>
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<td>Yes</td>
<td>Yes*</td>
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<tr>
<td>Unlicensed School Employees (K-12)</td>
<td>Yes, in K-12 Public and Private Schools</td>
<td>Yes*</td>
<td>Yes, in K-12 Public and Private Schools</td>
<td>Yes*</td>
<td>Yes, in K-12 Public and Private Schools</td>
<td>Yes*</td>
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Enrolling in Quick Requisition Portal (QRP)

Each COVID-19 specimen must be accompanied with QR form in the supplied biohazard bag.

1. Statewide Testing Branch is currently calling and emailing facilities.
2. Will send an invite code via email to enroll in the QR portal
3. Enroll your facility in the QR portal.* (~5 minutes)
4. Your facility may have already enrolled previously.
5. Please ask your Administrator, Director of Nursing, Infection Control Specialist, etc. if you have an account and for the user name and password.
6. Log onto the portal to create forms. It takes some time. Recommended before you begin your collections.
Enrolling in Quick Requisition Portal (QRP)

Printed QR FORM with QR code (2-D Barcode)

The QR code captures ALL information you have typed in.

Each QR code is unique so do not modify the form after printing.

The form is received with the sample and scanned at the testing lab to ingest all the data instantly.

The specimen is now ready to begin the testing process!
Testing supplies

Transport Bag

Specimen Bags

Viral Transport Medium/Universal Transport Media (VTM/UTM)

Absorbents

Parafilm

Swabs

Instructions

QR Form (fill out and print)
Acceptable specimen sites

A **nasopharyngeal (NP)** specimen collected by a healthcare provider; or

An **oropharyngeal (OP)** specimen collected by a healthcare provider; or

A **nasal mid-turbinate swab** collected by a healthcare provider or by a supervised onsite self-collection (using a flocked tapered swab); or

An **anterior nares (nasal swab)** specimen collected by a healthcare provider or by onsite or home self-collection (using a flocked or spun polyester swab); or
Personal Protective Equipment for COVID-19 Specimen Collection

1. Gown
2. Gloves
3. Medical mask
4. Face shield or goggles
Acceptable Alternative PPE – Use Facemask

Face shield or goggles

Facemask
N95 or higher respirators are preferred but facemasks are an acceptable alternative.

One pair of clean, non-sterile gloves

Isolation gown

[Image of a medical staff member wearing PPE: facemask, face shield, gloves, and isolation gown]
Donning PPE

1. Identify and gather the proper PPE to don.
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.
   » Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   » Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on face shield or goggles. Face shields provide full face coverage.
6. Perform hand hygiene before putting on gloves.
7. HCP may now enter patient room.
Doffing PPE

1. Remove gloves.
2. Remove gown.
3. HCP may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator).
7. Do not touch the front of the respirator or facemask.
   » Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   » Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
8. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.
Extended Use of PPE

**Extended use** is the practice of wearing a piece of PPE for repeated close encounters with several different COVID-19 patients without removing between encounters.

- favored over re-use because it is expected to involve less risk of contact transmission during donning and doffing
- HCP should avoid touching PPE while in use. If PPE is touched, perform hand hygiene before and after
- Any PPE that is torn, damaged, or wet must be discarded immediately
Re-use of PPE

**Re-use** is the practice of wearing a piece of PPE by one healthcare worker (HCW) for multiple encounters, removing it after each encounter, without cleaning or laundering between encounters

- PPE may only be reused by the same HCW. PPE should not be shared between HCW
- PPE should only be reused to care for patients known or suspected of having the same infection.
- Any PPE that is torn, damaged, or wet must be discarded immediately and not re-used
3 Types of Specimen Collection

1. Nasopharyngeal (NP)
2. Mid-turbinate nasal
3. Anterior nasal
Specimen Collection
3 Types of Specimen Collection: NASOPHARYNGEAL

- Use a narrow synthetic fiber swab with plastic shaft.
- Insert swab into nostril parallel to the palate.
- Swab should reach depth equal to distance from nostrils to outer opening of the ear. Leave swab in place for several seconds to absorb secretions.
- Slowly remove swab while rotating it.
- Place swab immediately into a sterile tube containing 2-3 ml of viral transport media (VTM).
Types of Specimen Collection: MID-TURBINA TE NASAL

1. Use a flocked taper swab
2. Tilt head back and gently insert into one nostril
3. Gently twist the handle in a circular motion for 15 seconds
4. Gently insert the same swab into the other nostril, twist the handle in a circular motion for 15 seconds

3 Types of Specimen Collection: ANTERIOR NASAL

1. Use a flocked or spun polyester swab with plastic shaft
2. Gently insert the entire soft tip of the swab into one nostril until you feel slight resistance and rub it in a circle around the nostril 4 times
3. Gently insert the same swab into the other nostril and rub it around the same way

COVID-19 Upper Respiratory Tract Sample Collection Kit
Nasopharyngeal Swab

Ziploc specimen bag
Nasopharyngeal swab (NP)

UTM-RT Transport medium for:
Upper Respiratory Tract & Nasopharynx

Sterile container, Universal Transport Media (UTM)
Quarantine and Isolation

Use standard precautions with ALL residents

**Quarantine:**
New admissions/readmissions and residents with potential exposure to known COVID case(s) should be placed in observation/quarantine for 14 days from the last exposure.

**Isolation:**
Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of SARS-CoV-2 testing.
Exclusion from Work

14-day exclusion
Asymptomatic HCW who have had a prolonged close contact with someone with confirmed COVID-19 if the HCW:
• Was not wearing a medical mask or respirator
• Was not wearing eye protection and the person with COVID-19 was not wearing a mask or face covering
• Was not wearing ALL PPE: gown, gloves, eye protection, respirator during an aerosol-generating procedure


Refer to CDC’s Strategy to Mitigate Healthcare Personnel Staffing for exceptions
The Microbiology Laboratory Test Menu is a Vital Resource

- **Bookmark and frequently reference the Microbiology Laboratory Test Menu**
  - Search or scroll to “COVID-19”
    - Press the + for more information on submission requirements

- [https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu)

COVID 19- Quick Requisition Portal (**QRP**): Plan ahead! Register here, and fill out your forms **before** sample collection. It takes some time.

- [https://wadepartmentofhealth.powerappsportals.com/](https://wadepartmentofhealth.powerappsportals.com/)
Fill out label completely

- Label must EXACTLY match spelling of FIRST, LAST, and D.O.B. on QRP requisition form.
- Do not abbreviate names – it will delay testing. The lab will call you or may outright reject the specimen if there is a mismatch.
- Preprint labels and QRP forms ahead of time when possible.
Important Shipping Requirements

• **Category B-compliant packaging is required**
  o Improper packaging can result in safety concerns, testing delays, and/or sample rejection

• **Samples must be kept refrigerated (2-8°C) between collection and shipping, up to 72 hours**
  o If arriving ≥ 72 hours after collection, freeze at ≤ -70°C

• **Samples must be shipped cold on ice packs**
  o Styrofoam lined boxes are beneficial for keeping samples cold while in transit
  o If previously frozen, ship on dry ice
  o Samples that aren’t shipped cold will not be tested
Category B Shipping

• **CATEGORY B:** An infectious substance not in a form generally capable of causing permanent disability or life-threatening or fatal disease in otherwise healthy humans or animals when exposure to it occurs. This includes Category B infectious substances transported for diagnostic or investigational purposes.

• DOH resources:
  - https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/Shipping
  - https://www.doh.wa.gov/Portals/1/Documents/Pubs/302-024-CategoryBShipping.pdf
Triple Packaging is REQUIRED for Shipping Category B Specimens

1. Primary container
   1. Watertight
   2. Wrapped or sealed, parafilm preferred
   3. Absorbent between primary and secondary containers

2. Secondary container
   1. Watertight
   2. Not required to be rigid

3. Outer packaging
   1. Rigid and constructed of sturdy fiberboard, plastic or other solid materials
   2. UN3373 sticker + name and contact information for person responsible on the outside of package
Closely follow the Category B Checklist

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<th>Category B Checklist</th>
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<tr>
<td>- Packaging and documents are prepared by a person with awareness of category B shipping requirements</td>
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<tr>
<td>- Triple packaging system is employed with primary specimen container, secondary packaging, and outer packaging according to IATA and DOT requirements</td>
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<tr>
<td>- Primary container sealed (with Parafilm™ or heat-shrink wrap, or other sealant) such that it is guaranteed not to leak and the cap cannot loosen</td>
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<tr>
<td>- Primary container is accompanied by cushioning material and cellulose absorbent</td>
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<td>- Secondary container pressure-resistant to 95 kPa</td>
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<tr>
<td>- Contents are listed on requisition or sample submission form or otherwise listed outside of secondary packaging</td>
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<tr>
<td>- Secondary packaging is secure inside outer packaging, with extra cushioning if necessary</td>
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<td>- Paperwork is protected from condensation from chemical ice packs, if used</td>
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<tr>
<td>- If dry ice is used, proper dry ice shipping protocols have been referenced and followed</td>
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<tr>
<td>- Outer packaging is rigid and in good condition</td>
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<tr>
<td>- UN3373 hazard diamond and “Biological Substance, Category B” labels are present on outer package and not touching the edge of any side</td>
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<tr>
<td>- Responsible person name, address, phone number are listed on outer packaging</td>
</tr>
<tr>
<td>- Consignee and Shipper name, address, and telephone number are listed on outer packaging</td>
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<tr>
<td>- All old or non-applicable labels are removed or covered</td>
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https://www.doh.wa.gov/Portals/1/Documents/Pubs/302-024-CategoryBShipping.pdf
COVID Quick Requisition Portal (QRP)

--Purpose--

- QRP gives access to a COVID-19 test requisition form.
  - QR Form embeds all filled-in data for scanning at the lab.
  - Accepted at WA Public Health Lab, NW Pathology Lab, Altas Genomics, and Altius Institute as of August 2020.

- Bookmark QRP https://wadepartmentofhealth.powerappsportals.com/

- Don’t use Internet Explorer (loss of functionality)!
  - Supported browsers are Google Chrome, Mozilla Firefox or Edge Chromium.

- Each facility has just one account for submitting and reporting.
  - Username and password should be generic and shared with all facility users.

- Please fill out all applicable fields to the best of your ability.
  - For employees, Patient Phone and Patient Address (where they live) is vital to timely contact tracing of COVID positive individuals.

- Multiple computers can be logged into your account at one time.

- No patient data is sent over the internet, QRP generates a printed requisition with a QR-code.
  - Do not try to alter text on a printed form. The QR code will still have the original data. You must complete a new form to make any changes.

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Completing the QR Form

- Check that all the information is correct and matches the label on the specimen.
  - Incorrect info?
    - Press the browser “back” button and correct the field(s)
    - Note some demographic information is not printed to the form but only captured in the barcode
Efficient completion of QR Forms

- Need to complete more forms?
  - Do not Press the “New Submission” button
    - This will erase all the fields, leading to duplicate work 😞
  - Press the browser “back” button
    - This will preserve everything you entered for the previous form
  - Change all the patient-specific information.
  - Repeat printing process.
Printing

Select proper printer and click  

- IF you can’t print right now: chose Destination: save to PDF

Once printed
- Pair form with the correct patient sample
- Place form in the outer pocket of the biohazard bag.
References

Washington State Department of Health COVID-19 Resources:

Healthcare Providers:

LTC:
https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/HealthcareProviders/LongTermCareFacilities

Centers for Disease Control and Prevention:

Contact your local public health jurisdiction:
Local Health Jurisdictions:
https://www.doh.wa.gov/Emergencies/Coronavirus/Resources
Questions?