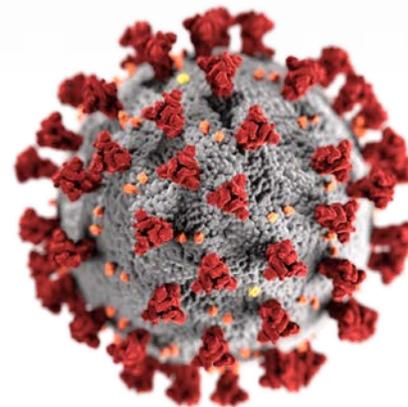


# COVID-19 Testing/Training 2020

DDA Nursing Unit



9/17/2020

# Objectives

# Transforming Lives

- Reasons for COVID-19 testing
- PPE basics
- Test kit
- How to collect a sample
- Paperwork
- What to do after the test.



## Define Public Health Task:

1. Washington law does not require a licensed health care provider to do the test as stated in the introduction to the COVID Testing Scope of Practice grid. It does state it may be delegable in specific settings with nurse delegation as identified on the grid.
2. Since this is not a nursing task, but a **public health task**, delegation may not be required but observation and training may be required per the above statement.

# COVID-19 Testing Public Health Task

COVID Testing Scope of Practice DOH

Transforming  
Lives

POLL 1

## COVID TESTING SCOPE OF PRACTICE – DOH

ARNPs

RNs

LPNs

Home Care Aides – training/delegation

Nursing Assistants Registered – training/delegation

Certified Nursing Assistants – training/delegation

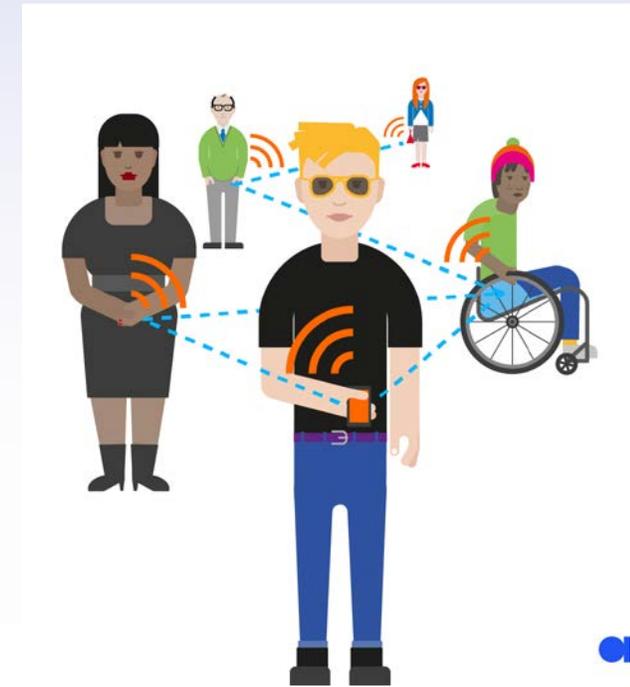


# Why COVID-19 Testing?

Order of the Secretary of Health 20-02

Transforming  
Lives

- Testing is important to establish a baseline of COVID-19 cases
- You can spread COVID-19 without knowing you have it.
- Long-term care workers are most likely to spread COVID-19 from outside the facility.
- Our clients are generally at a higher risk of having complications from COVID-19.
- Early recognition of an outbreak will help limit transmission
  - Grouped in dedicated rooms/units
  - Transferred to COVID facility/hospital



# The Why Behind Point Prevalence Testing

Transforming  
Lives

## Point Prevalence Survey

Testing a group of individuals at a single time, for example over one or two days

Why:

To identify individuals with asymptomatic/presymptomatic COVID-19 infections working or living in Community Residential Settings.

- DDA: Supported Living, Group Training Homes, Group Homes, and Companion Homes.

# Point Prevalence Testing

Transforming  
Lives

## WHO WILL BE TESTED? (recommendation)

- Direct Support Staff
  - Caregivers: NAR, CNA, HCA
- Clients
- *Staff do not need to be called in to be tested if they are off work.*

## TYPES OF TESTING?

- Everlywell
- DOH – Community Based Testing Site (CBTS)



**Goal date to completed testing: September 30<sup>th</sup> 2020- AT NO COST TO FACILITY**

# Testing Kits

	Everlywell	DOH Test
Who should use it?	Staff or clients <b>who have their own email address and can self-administer a nasal swab</b>	Staff or residents <b>who do not have their own personal email account or who cannot self collect their own specimen</b>
Who writes the order?	Physicians order is part of the kit.	The Provider can ask a medical provider, local health officer, or DDA Physician for an order.
Where is the sample sent?	To an <b>out of state lab.</b>	To an <b>in state lab.</b>
What type of test is this?	Nasal swab, from both nostrils	Nasal swab, from both nostrils
Who pays for the testing?	DOH	DOH

- ✓ Everlywell: self testing
- ✓ DOH: Nurse Delegator or Healthcare Provider

# Nurse Delegation

## For Medicaid residents:

- State will pay
- Home to utilize the nurse delegator normally used for the Medicaid client
- If home does not use nurse delegation they will need to contact DDA Case Resource Manager/Case Manager for nurse delegator and determine if nurse can assist in completing the tests

# Informed Consent

Transforming  
Lives

- Assure resident is given all information regarding type of testing:
  - how the test is done,
  - where the test is sent,
  - who receives the result,
  - Risk vs. benefit
  - and what happens if a test is positive.
- Home will want to document resident has been informed about testing and agreed or not to testing.
- Resident has the right to choose not to test.
- Involve residents representatives as needed.



# Testing Requirements

Transforming  
Lives

## Required:

- Email address
- Physicians order
- Report findings



*POSITIVE FINDINGS MUST BE REPORTED TO RCS/CRU/DDA*

Coordinate outbreak testing with your local health jurisdiction

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

Washington State Department of Social and Health Services

# PPE Basics

# Transforming Lives

## Donning (putting on):

- ✓ GOWN
- ✓ MASK
- ✓ EYE PROTECTION
- ✓ GLOVES

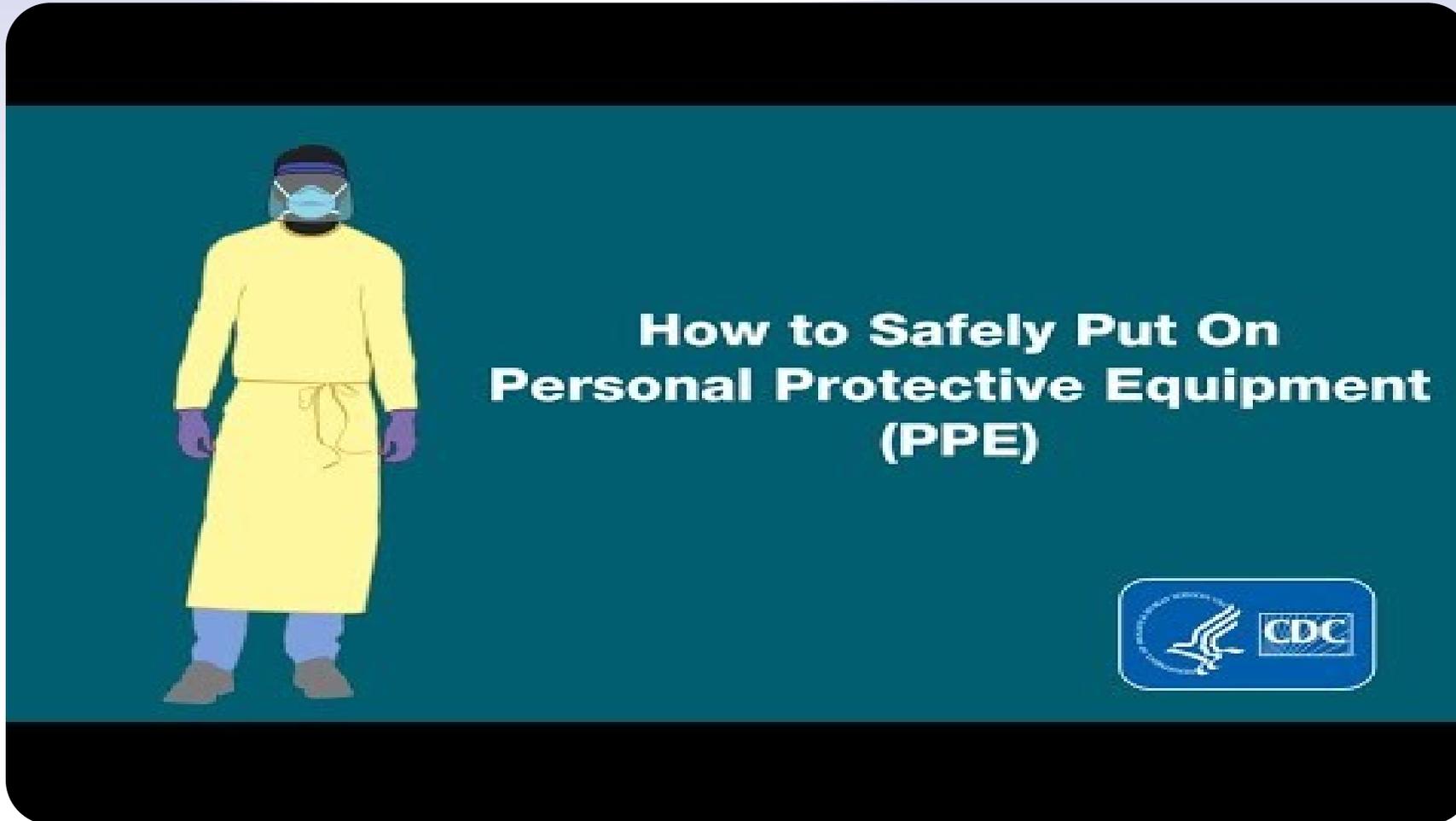
## Doffing (taking off):

- ✓ GLOVES
- ✓ GOWN
- ✓ EYE PROTECTION
- ✓ MASK



# Donning PPE

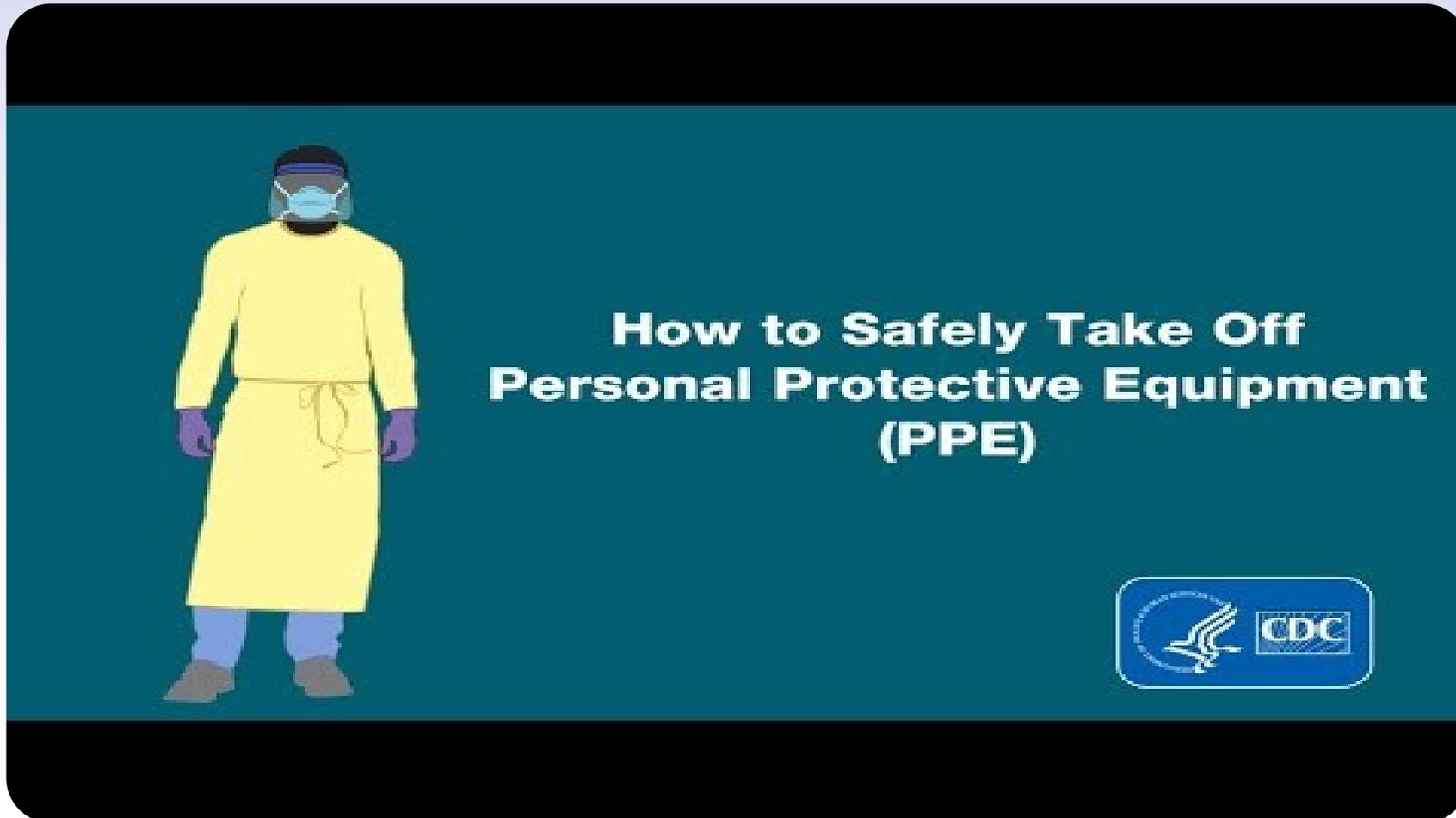
Transforming  
Lives



## Putting on PPE:

- ✓ **GOWN**
- ✓ **MASK (N-95 not required for asymptomatic testing)**
- ✓ **EYE PROTECTION**
- ✓ **GLOVES**

## Doffing PPE



### Taking off PPE:

- ✓ GLOVES
- ✓ GOWN
- ✓ EYE PROTECTION
- ✓ MASK

Hint – make sure you are not touching your face with dirty hands or gloves!



# Where do we get test kits?

Everlywell Testing Kit Timeline	DOH Testing Kit Timeline
1. DDA Nursing Unit Manager submits point of contact for agency to DOH	1. DDA Nursing Unit Manager submits point of contact for agency to DOH
2. DOH Customer Service Team contact POC at each agency to identify the total number of Everlywell kits needed, for self swabbing	2. DOH Customer Service Team contacts POC at each agency to identify the total number of DOH kits needed, for swabbing under general delegation.
3. Everlywell test kits will be processed through Everlywell lab	3. DOH will assign a laboratory for testing, on QRP form
4. Everlywell kit will be registered with a personal email address.	4. DOH kits will be registered through DOH website and QRP process.

**For ongoing testing needs, please contact: [DOH-CBTS.imt@doh.wa.gov](mailto:DOH-CBTS.imt@doh.wa.gov)**

# Where do we get PPE?

Transforming  
Lives

- **For DDA**, Your agency can contact DSHS-DDA Nursing Services Unit Manager (Doris Barret at [doris.barret@dshs.wa.gov](mailto:doris.barret@dshs.wa.gov)) to request the PPE needed to administer the test.
- PPE supplies will arrive in separate shipments;
  - Test kits will come from DOH or Everlywell
  - PPE supplies will be sent to the agency's regional/local administrative office.
- The supplies and specimen shipping costs, in the form of a pre-printed and prepaid shipping labels, will be covered by DOH.



# A Little about LABELS

# Transforming Lives



## 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.

Name	
DOB	
Date of Collection	Time collected

Specimens not properly labeled, sealed, and packaged cannot be processed.

8/14/2020 [https://wacdcdepartmentofhealth.powerappsportals.com/lab\\_form?tabformid=64403167-8ada-ea11-8f25-00039812aad](https://wacdcdepartmentofhealth.powerappsportals.com/lab_form?tabformid=64403167-8ada-ea11-8f25-00039812aad)



### COVID-19 Submission Form

<b>SUBMITTER</b>	
SUBMITTER NAME	SUBMITTER PHONE
TEST-Emily's Lab	
FAX #	
SUBMITTER ADDRESS	888-888-8888

---

<b>ORDERING CLINICIAN</b>		<b>SAMPLE INFORMATION</b>	
Dr. Flowers		CLINICIAN PHONE #	
PERSON FILLING FORM		777-777-7777	
Bob Ross			
DATE COLLECTED:	Diagnostic	NASOPHARYNGEAL	DATE OF ONSET:
8/14/2020	Specimen	SWAB	8/13/2020

---

<b>LAST NAME</b>		<b>PATIENT INFORMATION</b>	
Star		FIRST NAME	
ADDRESS		Patrick	
145 Dragon Lane		CITY	
COUNTY		Seattle	
King		STATE	
DATE OF BIRTH		WA	
8/19/1981		PATIENT PHONE #	
GENDER:		450-222-3333	
Male		CHART OR PATIENT ID NUMBER	
		SPECIMEN NUMBER	

---

<b>SUBSCRIBER NAME</b>		<b>LONG TERM CARE</b>	
		PATIENT RELATIONSHIP TO FACILITY	
		Employee	
<b>INSURANCE NAME</b>		<b>IS PATIENT INSURED</b>	
		GROUP #	

---

**FOR PHL USE ONLY**

Preliminary Results: PHL Comments:

Final Results:

Submitter Comments:

# Everlywell Test Kit

# Transforming Lives

- Kit will be registered to agency dashboard and to the individual.
- Must have a personal email address and phone number.



The collection kit includes everything that test-takers will need to collect and ship their samples



Washington State Department of Social and Health Services

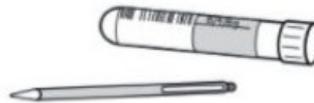
## Important Reminder

Be sure to complete these 3 steps before mailing your kit.

Register kit



Fill out kit ID  
sticker



Same day ship



Visit [www.everlywell.com/register](http://www.everlywell.com/register) and complete your registration.

The lab **can only** process your samples if you:

- Register your sample at [everlywell.com/register](http://everlywell.com/register)
- Fill out ID sticker and affix to your sample tube
- Ship samples the same day you collect

# Everlywell

## How to Transport the Sample

# Transforming Lives



1. Place the labeled sample in the biohazard bag.
  - Then place in the provided cardboard box.
  - Then put the box into the poly mailer bag.
2. Apply the pre-paid overnight UPS/Fed Ex shipping label to the poly mailer bag.
3. Work with your administrator and UPS/Fed Ex to schedule pick up on the same day of collection.

-OR-

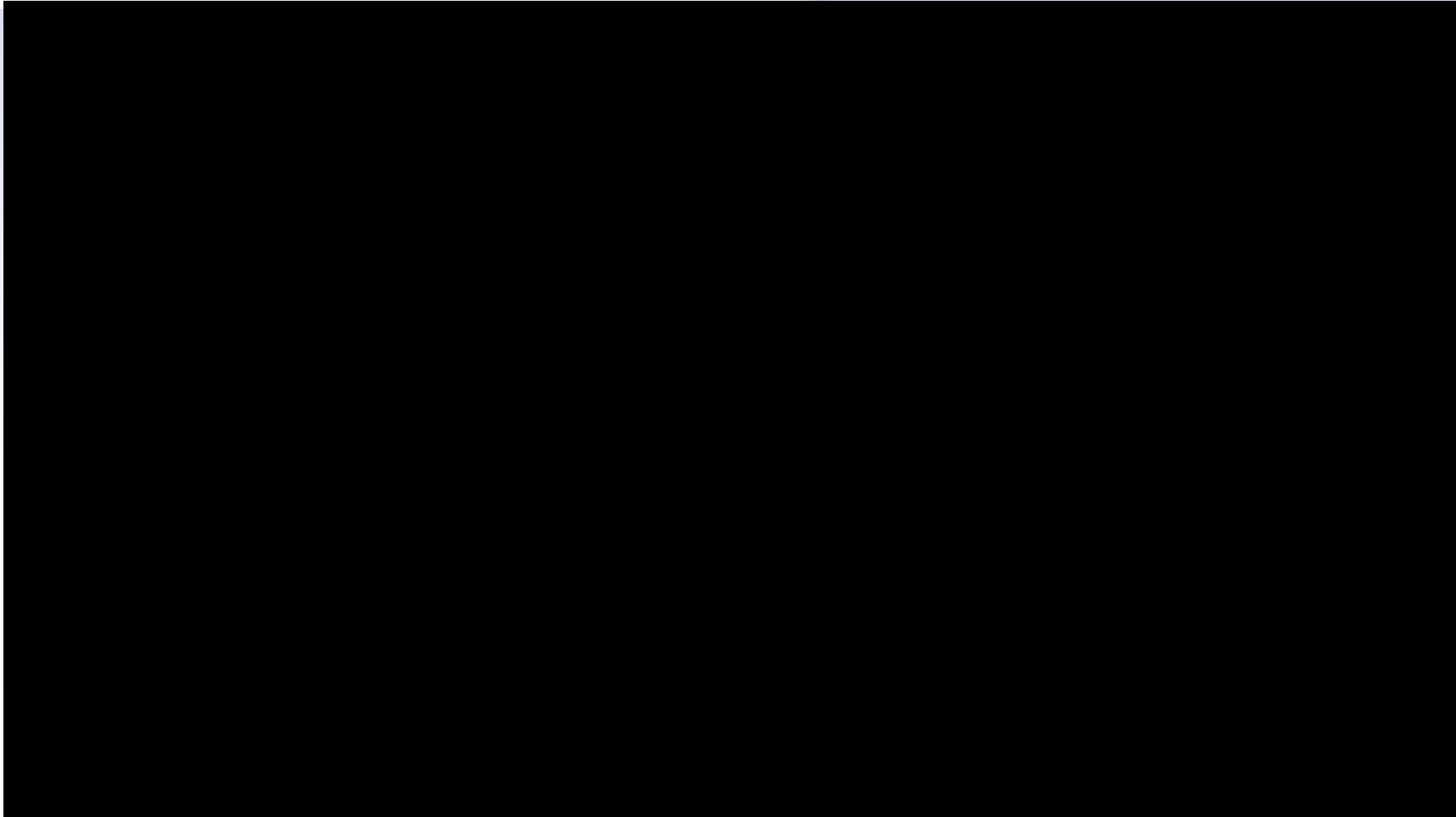
Samples can be dropped off at your nearest UPS/Fed Ex location.

*Be aware that store hours may vary,  
note the cutoff time prior to drop off.*

**RECOMMEND M-F ON OR BEFORE 4:30 PM PST. NO WEEKENDS.**

# How to collect a specimen

Transforming  
Lives

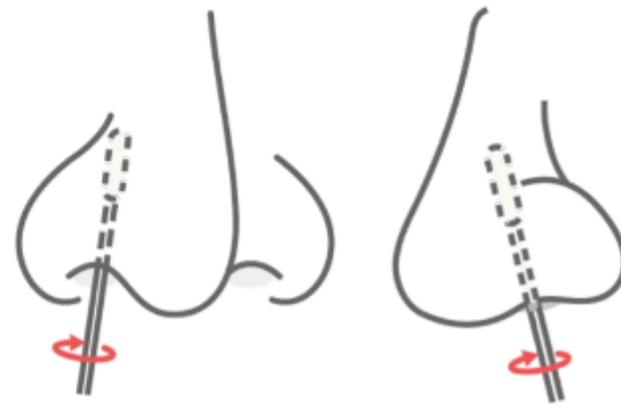


# Nasal Swab

Transforming  
Lives

## 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



# DOH Test Kits

Transforming  
Lives



## Testing supplies



Transport  
Bag



Specimen  
Bags



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



Absorbents



Parafilm



Swabs



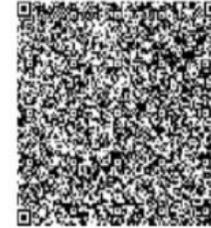
Instructions



QR Form  
(fill out and print)

## 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.



# Sample Submission

# Transforming Lives

## COVID-19 Sample Submission

Enter as much information as you can and click "Print Preview" at the bottom of the page to generate a printable form.

### Submitter

Submitter \*

Name of Person Completing This Form \*

Date Collected \*

Diagnostic/Serotyping/Confirmatory/Verification of Lab Results \*

Always Diagnostic!

Ordering Clinician \*

Clinician Phone \*

Date of Onset  
Of COVID-like symptoms

COVID-19 RT-PCR Specimen Type \*

Other

### Patient Information

Last Name \*

Middle Name

First Name \*

DOB \*

Patient Phone # (To get our type "BCR") \*

Chart or Patient ID Number

Specimen ID Number

Fields with \* required to print

Gender

Race

Patient Address

Patient Zip

Patient County \*

Other

State \*

Default

### Employer Information

Employer Name

Employer Address

Employer Phone

Occupation

List all known workplaces, separate with commas  
Long Term Care

Relationship to Long Term Care Facility \*

Is Patient Insured?

Print Preview

# QRP FORM

# Transforming Lives

The screenshot shows a web browser window displaying a COVID-19 Submission Form. The form is titled "COVID-19 Submission Form" and contains the following information:

- QR Code:** A QR code is located at the top left of the form.
- SUBMITTER:** HOGWARTZ CARE HOME, 123 HOGWARTS CASTLE RD ISSAQUAH HIGHLANDS, WA 98027. SUBMITTER PHONE: 206-418-5419.
- SAMPLE INFORMATION:** ORDERING CLINICIAN: Dr. Minerva McGonagall. CLINICIAN PHONE #: 206-123-5467. PERSON FILLING FORM: Hermione Granger. DATE COLLECTED: 7/10/2020. Diagnostic: Specimen. NASAL SWAB. DATE OF ONSET: 7/14/2020.
- PATIENT INFORMATION:** LAST NAME: Potter. FIRST NAME: Harry. MIDDLE NAME: James. ADDRESS: 123 Hogwarts Castle Rd, Platform 9 3/4, King County, WA. PATIENT PHONE #: 206-555-5555. DATE OF BIRTH: 7/31/1980. GENDER: Male. CHART OR PATIENT ID NUMBER: Employee Wand ID#123. SPECIMEN NUMBER: n/a.
- LONG TERM CARE:** SUBSCRIBER NAME: Harry Potter. PATIENT RELATIONSHIP TO FACILITY: Employee. INSURANCE NAME: Patronus. SUBSCRIBER ID #: SPELL12345678. IS PATIENT INSURED: Yes. GROUP #: Gryffindor.
- FOR PHL USE ONLY:** Preliminary Results: PHL Comments: Final Results: Submitter Comments:

At the bottom of the form, there are two buttons: "Print Form" and "New Submission".

Overlaid on the right side of the browser window is a print menu titled "Print" with "1 sheet of paper". The menu includes the following options:

- Destination: DOHPRPHL-MainHallC
- Pages: All
- Copies: 1
- Layout: Portrait
- Color: Color
- More settings: (dropdown arrow)

At the bottom of the print menu, there are two buttons: "Print" and "Cancel".

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.

See next slide for filling out a batch of forms.

# Efficiency of Sample Submission

# Transforming Lives

COVID-19 Submission Form

SUBMITTER	
SUBMITTER NAME	SUBMITTER PHONE
TEST-Emily's Lab	
SUBMITTER ADDRESS	FAX #
	666-666-6666

---

SAMPLE INFORMATION			
ORDERING CLINICIAN	CLINICIAN PHONE #		
Dr. Flowers	2064185585		
PERSON FILLING FORM			
Emily Schneider			
DATE COLLECTED	Diagnostic Specimen	NASAL SWAB	DATE OF ONSET
7/1/2020			

---

PATIENT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
Lovely	Luna		
ADDRESS	CITY	ZIP CODE	
1610 NE 150th St, MS K17-9	seattle	98125	
COUNTY	STATE	PATIENT PHONE #	
King	WA	206-678-2325	
DATE OF BIRTH	GENDER	CHART OR PATIENT ID NUMBER	SPECIMEN NUMBER
7/2/1993	Female		

---

LONG TERM CARE			
SUBSCRIBER NAME	PATIENT RELATIONSHIP TO FACILITY		
	Not Applicable		
INSURANCE NAME	SUBSCRIBER ID #	IS PATIENT INSURED	GROUP #

---

FOR PHL USE ONLY	
Preliminary Results:	PHL Comments:
Final Results:	
Submitter Comments:	

ATTENTION: Use the **Print Form** button below to print this form. Use the **New Submission** button to enter new submission information. **Never** using the back button will retain all of the information from the previous submission.

**Print Form** **New Submission**

- 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.

## Triple Packaging is REQUIRED for Shipping Category B Specimens

### 1. Primary container

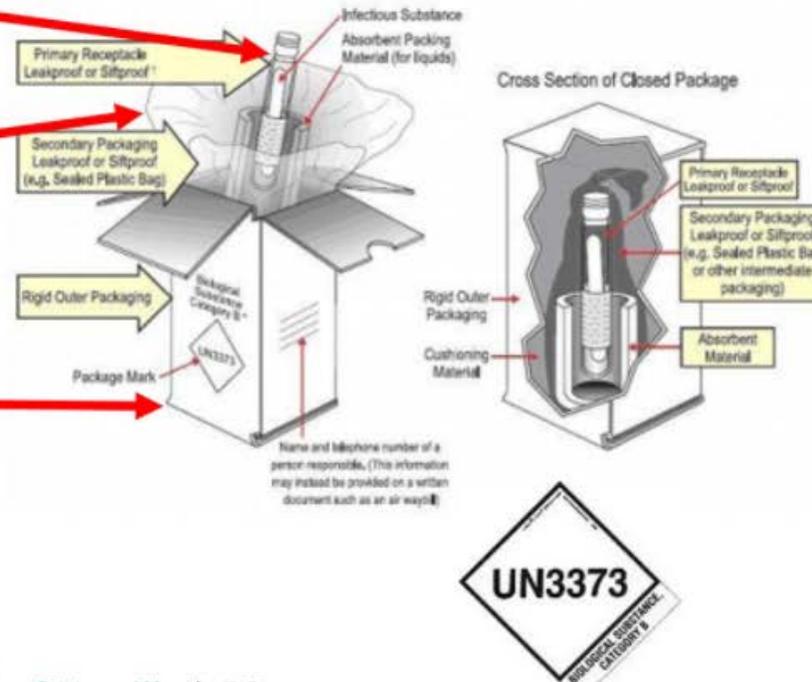
1. Watertight
2. Wrapped or sealed, parafilm preferred
3. Absorbent between primary and secondary containers

### 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



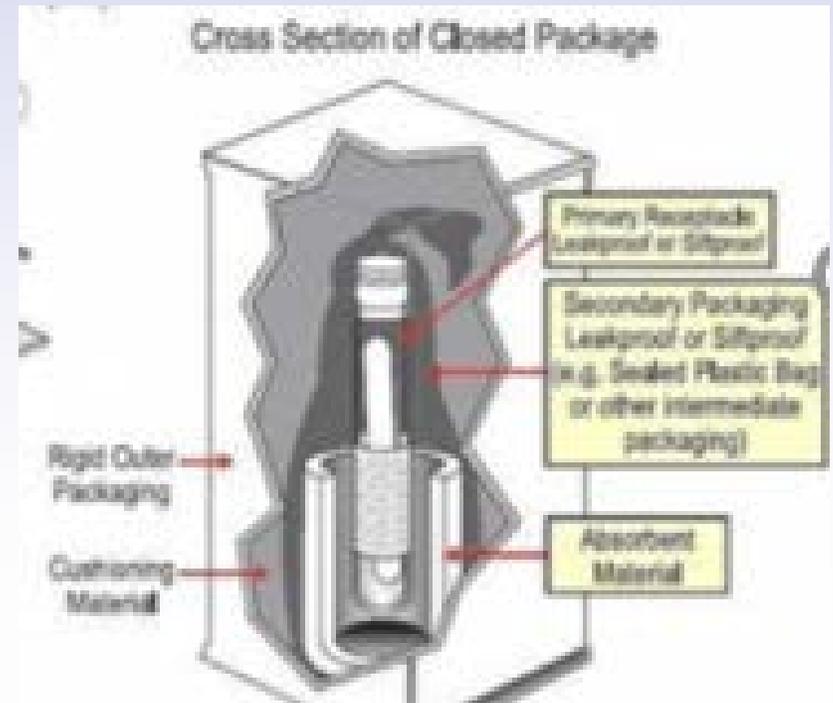
# DOH Kits

## How to Transport the Sample

# Transforming Lives

### Important Shipping Requirements

- **Category B-compliant packaging is required**
  - 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**
  - If arriving  $\geq 72$  hours after collection, freeze at  $\leq -70^{\circ}\text{C}$
- **Samples must be shipped cold on ice packs**
  - Styrofoam lined boxes are beneficial for keeping samples cold while in transit
  - If previously frozen, ship on dry ice
  - Samples that aren't shipped cold will not be tested



# Category B Shipping

Transforming  
Lives

- **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>



# Important Category B Shipping Notice

Transforming  
Lives

- While DOH will try to supply every facility that needs to have someone collect a resident sample with all the necessary shipping supplies, there is a National shortage of the Category B shippers. As a result we may not be able to provide every facility with one.
- If you do not get one please try the following:
  - Call the lab you are assigned to see if they have any to send
  - Use Everlywell for all staff and as many residents as possible
  - For smaller facilities, try to coordinate testing days with other agency locations so the specimens can be sent together
  - Try FedEx UN 3373 Pak, go to [fedex.com](https://www.fedex.com) or call 1.800.GoFedEx 1.800.463.3339 or look online for other suppliers of UN3373 (Category B) shippers



# How do I get the results?

Transforming  
Lives

## Everlywell Kits:

You will be contacted by Everlywell through your personal email or phone you gave at registration.

## DOH Kits:

You will be contacted by the lab through the email or phone you provided on the QRP form.



**Notify your supervisor if you have a positive result.**

Residential providers **must** report **suspected or positive** COVID-19 cases through the following methods:



# Reporting Obligations

Transforming  
Lives

## 1) Residential Care Services' COVID Data Reporting Tool

Method: [Online COVID-19 survey](#)

Reason:

- To inform DSHS PPE stockpile supply needs
- Identify and prioritize the PPE dissemination.



# Reporting Obligations

Transforming  
Lives

## 2) Developmental Disabilities Administrations

Method: incident report to DDA.

Reason:

- DDA assesses the impact on our clients and allocates appropriate resources.
- DDA provides daily updates to the Secretary of DSHS and
- Responds to legislative and media inquiries about the prevalence of COVID-19 in our Community Residential programs.



# Reporting Obligations

Transforming  
Lives

## 3) Residential Care Services/Complaint Resolution Unit

Method: 1-800-562-6078 or make an [online report](#)

Reason:

- To ensure the investigative body is able to respond to Centers for Medicare & Medicaid Services direction to investigate infectious disease control practices.



**All confirmed COVID-19 cases within your programs must also be reported to the local health jurisdiction**

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

# Reporting Obligations

- Document all tests completed.
- Assure anyone tested receives results of their test.
- Test results are confidential and HIPAA protected:
  - For staff test - Info must be kept between the provider and the staff person in question
  - For resident test – If negative info needs to be between provider and resident. If positive, only those who need the info to care for the resident need the information

# Timeline Review

# Transforming Lives

Everlywell Testing Kit Timeline	DOH Testing Kit Timeline
1. DDA Nursing Unit Manager submits point of contact for agency to DOH	1. DDA Nursing Unit Manager submits point of contact for agency to DOH
2. DOH Customer Service Team contact POC at each agency to identify the total number of Everlywell kits needed, for self swabbing	2. DOH Customer Service Team contacts POC at each agency to identify the total number of DOH kits needed, for swabbing under general delegation.
3. Everlywell contacts POC with agency via email to register test kids on "Dashboard".	
4. DOH request Everlywell kits → kits arrive to the agency within one week.	3. DOH requests kits from factory → kits arrive to the agency within one week.
5. Agency delivers kits to individualized houses.	4. Agency delivers kits to individualized houses.
6. Individuals completing self testing and who have a personal email address will register their kit, per packaged directions.	5. DOH kits will be registered to facilities through the QRP process. ONLY ONE FACILITY EMAIL ADDRESS IS NEEDED, NOT PERSONAL EMAIL ADDRESS.
7. Physicians order is not required for Everlywell test	6. QRP form with physicians order placed in front pouch of specimen bag.
8. Perform self testing per packaged instructions and Everlywell video.	7. Staff perform testing under general delegation for clients who cannot self test, per DOH packaged directions.
9. Specimen is sent the same day as collected, via designated postal carrier (UPS or Fed Ex).	8. Specimen sent the same day, to designated lab. QRP code will have lab information.
10. Results typically arrive to personal email address and agency within 48 hours.	9. Results typically arrive to agency within 48 hours.

# Summary

Transforming  
Lives

1. Reviewed why testing is important.
2. Types of testing being done.
3. Required paperwork and documentation.
4. Who can do testing.
5. Where to get testing and PPE supplies.
6. How to collect the specimen and mail it.
7. What to do with the results.



# Question and Answer

Everlywell

Verbal consent

DOH

QRP Forms



Nasal Swab

Category B Shipping

COVID-19 Testing

Test Kits

CBTS

PPE

Public Health Task

# Resources

Transforming  
Lives

CDC Facts About COVID-19: <https://www.cdc.gov/>

Safe Start WA:

[https://www.governor.wa.gov/sites/default/files/SafeStartPhasedReopening.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.governor.wa.gov/sites/default/files/SafeStartPhasedReopening.pdf?utm_medium=email&utm_source=govdelivery)

WA State Local Health Departments and Jurisdictions:

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

# Regional DDA Nursing Team

Transforming  
Lives

Thank you for participating in the DDA COVID-19 Testing Presentation

If you have any questions related to the information previously presented, please reach out to one of the NCC's in your region.

Region 1 North: Lisa Ross (509) 342-8034

Region 1 South: Emma Parrish (360) 704-0456

Region 2: Becky Morton (206) 445-5636

Region 2/3: Erika Parada (253) 404-5557

Region 3 South: Amy Scott (360) 704-0942

**Nursing Services Unit Manager - Doris Barret (360) 870-2085**