

# COVID-19

# Stopping the Spread

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**ECHO National Nursing Home  
COVID-19 Action Network**



# Presenters



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# Key Essential Steps

- Identify a TEAM to Plan Your Process
  - Review State and Federal Guidance
  - Develop YOUR System
    - Policies and Procedures
    - Supplies
    - Education
    - Monitoring



# Stopping the Spread-Screening

- Actively Take a Temperature to assess for fever\*\*
- Signs/Symptom Check
  - Fever or Chills
  - Cough
  - Shortness of Breath or Difficulty Breathing
  - Fatigue
  - Muscle or Body Aches
  - Headache
  - New loss of Taste or Smell
  - Sore Throat
  - Congestion or Runny Nose
  - Nausea or Vomiting
  - Diarrhea
- Any exposure to someone with COVID-19 in last 14 days



# Stopping the Spread-Testing

- Diagnostic Testing
- Screening Testing
- Surveillance Testing

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html#table1>



# Rapid Antigen Testing

- Can be used at point-of-care
- Results can be obtained in about 15 minutes
- Can be used for screening in high-risk settings (i.e. LTC facilities)
- **Allows for prompt implementation of Infection Prevention and Control measures to prevent transmission**



# Employee Testing

- Staff with signs/symptoms of COVID-19
- Asymptomatic staff with known or suspected exposure
- Asymptomatic staff according to routine testing by community COVID-19 positivity rate
- Staff who have been diagnosed with COVID-19 to determine if no longer infectious (in some cases)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>

# Testing Summary

Table 1 Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs and symptoms must be tested	Residents with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff that previously tested negative until no new cases are identified*	Test all residents that previously tested negative until no new cases are identified*
Routine Testing	According to Table 2 above	Not recommended, unless the resident leaves the facility routinely

<https://www.cms.gov/files/document/qso-20-38-nh.pdf>



# CMS

**Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level**

<b>Community COVID-19 Activity</b>	<b>County Positivity Rate in the past week</b>	<b>Minimum Testing Frequency</b>
<b>Low</b>	<b>&lt;5%</b>	<b>Once a month</b>
<b>Medium</b>	<b>5% - 10%</b>	<b>Once a week*</b>
<b>High</b>	<b>&gt;10%</b>	<b>Twice a week*</b>

**\*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.**

<https://www.cms.gov/files/document/qso-20-38-nh.pdf>

# Specimen Collection

**Summary of Recent Changes**

**Revisions were made on May 22, 2020 to reflect the following:**

- Change in specimen shipping address.

**Revisions were made on May 5, 2020 to reflect the following:**

- Add guidance on properly handling bulk-packaged sterile swabs for specimen collection.

**Revisions were made on April 29, 2020 to reflect the following:**

- Update guidance on viral transport medium (VTM) to note that some point-of-care tests advise against its use.
- Remove preference for NP swabs.
- Update guidance for use of personal protective equipment while obtaining specimens.

**Revisions were made on April 14, 2020 to reflect the following:**

- Clarify specimen collection procedures for all swab types and align with other respiratory disease specimen collection guidelines.

## General Guidelines

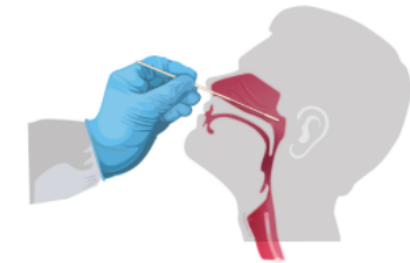
Proper collection of specimens is the most important step in the laboratory diagnosis of infectious diseases. A specimen that is not collected correctly may lead to false negative test results. The following specimen collection guidelines follow standard recommended procedures. For more information, including illustrations and step-by-step guidance, see the CDC [Influenza Specimen Collection](#) instructions. Note that these instructions are applicable for respiratory viruses in general, and not specific for only influenza virus.

## I. Respiratory Specimens

### A. Upper respiratory tract

#### Nasopharyngeal swab/Oropharyngeal (Throat) swab

Use only synthetic fiber swabs with plastic or wire shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. CDC is now recommending collecting only the NP swab, although OP swabs remain an acceptable specimen type. If both NP and OP swabs are collected, they should be combined in a single tube to maximize test sensitivity and limit use of testing resources.



**NP swab:** Insert minitip swab with a flexible shaft (wire or plastic) through the nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient, indicating contact with the nasopharynx. Swab should reach depth equal to distance from nostrils to outer opening of the ear. Gently rub and roll the swab. Leave swab in place for several seconds to absorb secretions. Slowly remove swab while rotating it. Specimens can be collected from both sides using the same swab, but it is not necessary to collect specimens from both sides if the minitip is saturated with fluid from the first collection. If a deviated septum or blockage create difficulty in obtaining the specimen from one nostril, use the same swab to obtain the specimen from the other nostril.

**OP swab:** Insert swab into the posterior pharynx and tonsillar areas. Rub swab over both tonsillar pillars and posterior oropharynx and avoid touching the tongue, teeth, and gums.

#### Nasal mid-turbinate (NMT) swab, also called Deep Nasal Swab

Use a flocked tapered swab. Tilt patient's head back 70 degrees. While gently rotating the swab, insert swab less than one inch (about 2 cm) into nostril (until resistance is met at turbinates). Rotate the swab several times against nasal wall and

<https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

# Follow-up with Test Results

1. Immediate placement decision for resident
2. Employee: Send home immediately
3. Notifications
4. Retesting
5. Facility Plan



# Stopping the Spread

- Resident Placement
  - Dedicated space for residents confirmed with COVID-19
  - Quarantine Space
- New Admissions/Readmissions

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



# Stopping the Spread

- Additional Measures
  - Consistent Assignment/Dedicated Staff
  - PPE Use
  - Hand Hygiene
  - Cleaning and Disinfection
  - And more!



# Summary



# References and Resources

- Centers for Disease Control and Prevention. Preparing for COVID-19 in Nursing Homes. June 25, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Centers for Disease Control and Prevention. Responding to Coronavirus (COVID-19) in Nursing Homes. April 30, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
- Centers for Medicare & Medicaid Services. Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool, 08.26.20: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- Centers for Medicare & Medicaid Services. COVID-19 Long-Term Care Facility guidance. April 2, 2020: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>