



Covid-19 Testing Handbook for Assisted Living Facilities

June 16, 2020
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Preface

This handbook provides information to support COVID-19 testing in Assisted Living Facilities (ALFs) in King County. It is a resource to inform both for point-prevalence testing events (testing all residents and staff) and ongoing re-testing of staff or symptomatic residents. Please note that the Department of Health (DOH) recently posted a [Q&A for testing in Nursing Homes and Memory Care units](#). This handbook is meant to be used in conjunction with the DOH Q&A document and contains King County specific information.

On April 23, 2020, Public Health Seattle & King County (PHSKC) Health Officer Jeff Duchin issued a [memo](#) that long-term care facilities take all steps to identify infections early. This includes, when possible, testing all residents and staff of long-term care facilities on a voluntary basis even before a case has been confirmed in the facility in order to identify unrecognized cases and facilitate disease control measures.

Subsequently, on May 28, 2020 Washington State Department of Health Director John Wiesman issued an [order](#) for all ALFs with memory care units to offer and administer a baseline test of all ALF memory care residents and staff for COVID-19. The order clarifies that the responsibility for testing rests with facilities themselves, not their local health jurisdictions. The role of public health is to provide technical assistance and support.

Below are tips for getting ready for testing, completing testing and follow up activities. If you have questions about testing, contact Maureen Linehan, Program Manager, at n-mlinehan@kingcounty.gov.

1. Getting Ready for Testing

DETERMINE WHO WILL ORDER THE TESTS

- Determine who the ordering provider will be for tests for residents and staff. Orders may be secured from each person's primary care provider; however, this can be time-consuming. Alternate options for obtaining an order for all residents and staff may include:
 - A contracted clinician (such as MD/ARNP/PA).

- Pharmacists with whom your facility already has established relationship or another local pharmacist.
- Clinicians affiliated with Home Health Agencies, including those who have clients who live in your facility.
- Contact Department of Health if you need assistance finding an ordering provider at doh-cbts.imt@doh.wa.gov.

ESTABLISH CONTACT WITH LABORATORY

- For base-line point prevalence surveys ordered by the Secretary of Health, facilities are directed to send staff samples to UW Virology.
- If your facility does not have one already, set up an account with a lab. For UW Virology, set up an account through [UW lab link](#) or by calling them.

For all UW lab questions, contact Client Support Services (available 24/7):

Phone: (206) 520-4600 or 1 (800) 713-5198

Fax: (206) 520-4903

Email: commserv@uw.edu

- Download their [UW virology requisition form](#) and complete the fillable PDF form for each person tested. Add the ordering physician's name and have test results directed to your facility.
- Use standard label paper stock to capture information below and adhere to each vial. Prefilling the labels via computer software is preferred but labels can also be handwritten.
 - Please affix patient label vertically with the last name closer to the top end of the tube.
 - Label or tag each specimen in English with at least two of the following: patient name, date of birth and/or unique I.D. number corresponding to the request form.
 - Use dark, indelible ink. Be sure label or tag is secure.
- For staff, the cost of specimens sent to UW Virology will be covered by the state for this one-time point prevalence testing.
- When selecting a lab partner outside of the base-line testing order, consider the following:
 - Will the lab bill Medicare/Medicaid and other insurance programs?
 - Determine what type of test kits can be processed by your contracted lab. Make sure your test kits match the type that can be processed by your selected lab. If you have any questions, please contact your lab directly. *You may want to consider anterior nasal swab testing for residents with dementia or mental*

health conditions who may be unwilling to withstand a nasopharyngeal swab test.

- Will the lab company pick up the kits, or will you be responsible for getting them to the lab?
- What lab forms (virology requisitions) will need to be completed before testing, and what other documents will the lab need in order to complete the tests?
- What is their turnaround time for producing results?

SECURE SUPPLIES: Test Kits and Personal Protective Equipment (PPE)

- The State Department of Health will provide test kits and personal protective equipment (PPE) at no cost for one time point prevalence surveys required by the Secretary of Health Order. Please promptly notify DOH at doh-cbts.imt@doh.wa.gov if additional test kits or PPE are needed or if your facility did not receive supplies.
- For additional testing, or retesting, if feasible, order test kits through laboratories that your facility is already contracted with and PPE through regular distribution channels.
- If not feasible, order test kits and PPE through the King County Office of Emergency Management. Information about ordering test kits and PPE is available through this [link](#).
- Email the completed form to our Logistics Section (rcecc.logs@kingcounty.gov). Request what you need for the following week (Monday-Sunday) *by noon each Wednesday*.
- For PPE, assume the following:
 - For one tester: 1 gown, 1 N95, 1 face shield, 1 set of gloves per test (more if they get soiled)
 - For support staff: 1 surgical mask, 1 face shield, and 1 set of gloves (more if they get soiled)
 - Adequate hand sanitizer for cleaning hands between all patients

IDENTIFY WHO WILL PERFORM THE TESTING (Collect the Specimen)

- Determine if specimen collection can be completed by existing staff at your facility or corporate entity, or if your facility needs assistance from a partner to provide training and assistance. If working with a partner discuss specifics, including PPE availability for the testers (will you provide it or will the testing agency), length of time it will take to test all residents and staff, and what additional assistance will be needed to complete the testing.
- In King County, Public Health can connect you with a local fire departments or health system partner who may be willing to assist your facility with testing on a voluntary

basis. To connect with these partners, contact Maureen Linehan, Program Manager, at n-mlinehan@kingcounty.gov.

- Consider how your organization will manage on-going testing. Other potential partners include:
 - Visiting doctors/nurse practitioners
 - Contracted nurses
 - Home health agencies
 - Pharmacists
 - Delegated caregivers
 - Post-acute program partners
 - Community health clinics
 - Contracted lab

PREPARE RESIDENTS AND STAFF FOR THE TESTING EVENT

- Explain the process and obtain consent to testing. Written consent is preferred but verbal consent is adequate. Please follow your organization's informed consent process. Obtain consent from the resident's durable power of attorney for healthcare or legal guardian if the person is not able to give consent. Use translators to explain to residents and staff, whose preferred language is not English, what to expect with testing.
- Request staff to come to testing event even if it is during their nonwork time. Have a plan to test staff who are not able to attend the testing event.

PREPARE FOR SPECIMEN COLLECTION

- Develop a response plan. Be ready with plans and procedures if a staff person or resident tests positive and review the [CDC guidance](#) for your response as needed.
- Testing each resident in their own room is recommended to preserve infection control protocols.
- For staff testing, identify a room or area no less than 15' x 20' with adequate ventilation, tables and chairs, lighting, and access to bathroom facilities. Other ideal locations for testing are well-ventilated, covered outdoor areas adjacent to the facility.
- Ensure the testing location does not require residents and/or staff to crowd together; social distancing should remain in place as well as everyone wearing masks/face coverings.
- Provide the following for testers:

- Hand hygiene stations, alcohol-based hand sanitizer
- Trash cans, liners
- Cooler to store samples

2. Conducting the Testing Event

ORGANIZE PAPERWORK

- Prepare a list of staff and residents who will be tested using the Public Health line list format. (Template is included in the resources section below)
- Ensure each person tested has a valid order for the test from a qualified medical practitioner.
- Ensure each person tested has a completed virology lab requisition form per specimen collected.
 - Organize virology forms alphabetically into two stacks—one for staff and one for residents.

SPECIMEN COLLECTION

- Identify an onsite point of contact (and/or translator, if needed) for each testing team. This is someone familiar with the residents and their personal needs (i.e. translation, mood management, etc). This person is ideal to assist with registration and/or, in cases of room to room operations, to work ahead of the team to prepare residents for testing.
- Coordinate the order of testing: off-going staff, on-coming staff, and residents so that as many people as possible can be tested in a practical timeframe. A break of at least 15 minutes must be schedule every 1.5 to 2 hours to allow for PPE change out. Please also ensure those conducting testing receive a lunch break.
- Specimen collection will be either nasopharyngeal (NP) swab or nasal swab. The NP method may collect a better sample, but nasal swab is also acceptable if the NP proves to be uncomfortable.
- Provide for waste collection of PPE and waste material from testing process.
- Track names of individuals tested on a line list. (link and instructions are below)
- Keep specimens cool and transport to lab within 72 hours.

3. Follow-Up After the Testing

RECEIVE AND REPORT RESULTS

- Results will be sent to the ordering provider or designee (which can be a staff member at the facility); this should be set up with the lab prior to submitting specimens.
- It is the responsibility of the ordering provider or designee to communicate results to individual residents and to staff who do not have access to their own results.
- The facility is required to report all (positive and negative) results via the provided linelist, to Public Health Seattle & King County through the [RedCap survey](#).
- Positive results should be reported to the Department of Social and Health Services (at 24/7 Hotline: 1-800-562-6078 or Online reporting: <https://www.dshs.wa.gov/altsa/residential-careservices/residential-care-services-online-incident-reporting> or Email: CRU@dshs.wa.gov or Fax: 360-725-2644).
- Implement your response plan, including cohorting residents ([CDC guidance](#)) and excluding any staff who test positive. Any staff with positive results should follow [CDC return to work guidelines](#) for health care workers.
- If any residents or staff test positive, the facility will receive a call from a Public Health disease investigator within 72 hours. The disease investigator will provide infection control guidance (including cohorting guidance) and offer additional testing as indicated. If you already have an assigned Public Health investigator, please contact them directly with any questions or call 206-477-3977.

4. Key Facility & Government Agency Roles

ASSISTED LIVING FACILITIES

- Identify clinician to order tests for residents
- Decide if testing full facility or only memory care, notify DOH
- Conduct testing (specimen collection)
- Send specimens to lab
- Facilitate reporting of results to residents and staff
- Report results to Local Health Jurisdiction and DSHS

PUBLIC HEALTH SEATTLE KING COUNTY

- Provide technical support
- Support facilities in connecting with a community partner to provide training and assist with specimen collection
- [King County Toolkit for Long-Term Care Providers](#)
- Support facilities in obtaining test kits and PPE if neither are available through regular distribution channels / supply chains
- Provide infection control assessment and guidance, including cohorting recommendations, and additional testing as indicated

DOH

- Distribute Test Kits, PPE to facilities
- Manage relationships with Labs
- Field questions on any of the above
- Provide remote technical assistance, including webinar on specimen collection
- Assist with staffing shortages - [Emergency Volunteer Health Practitioners](#)

DSHS

- Notify facilities regarding the DOH Order for testing:
 - Memory Care –
<https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/bh/020-027.pdf>
 - Skilled nursing -
<https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/nh/020-037.pdf>
- Address questions regarding consent and non-compliance
- Receive report on positives (residents and staff)
- If necessary, manage transfers for safe isolation

Resources

- [RedCap survey](#)
- Linelist template:



- Instructions for completing RedCap survey – Attachment 1
- [PHSKC infection control toolkit](#)
- DOH contact for questions, PPE and toolkits [-doh-cbts.imt@doh.wa.gov](mailto:doh-cbts.imt@doh.wa.gov).
- PHSKC Covid-19 Call Center for health care –206-477-3977
- PHSKC Covid-19 Call Center for non-medical questions – 206-296-1608
- [PHSKC Covid-19 website](#)
- [Department of Health Covid-19 information](#)
- [DSHS Covid-19 Information](#)

Redcap Survey Instructions

You cannot save this form and return at a later time. It must be completed in a single sitting.

You will be asked the following information to confirm your identity:

1. Name of submitter
2. Name of testing organization
3. Type of facility
 - a. Long-term care facility includes Adult Family homes
4. Facility name
5. Date of testing
6. Facility address and contact information
7. Services provided

Note: There is skip logic built into this survey --- some questions will not become visible until you select a testing organization and facility type.

COVID-19 Testing Resize font: [+] [-]

This form is for facilities to enter information about a testing event, once results have been collected. Please enter the following information.

Note. You **cannot** save this form and return at a later time. Please make sure you have all the information ready!

Name of submitter <small>* must provide value</small>	<input type="text" value="Test Tester"/>	Facility street address <small>* must provide value</small> <small>If mobile/street testing, please enter approximate location</small>	<input type="text" value="123 Sesame Street"/>
Name of testing organization: <small>* must provide value</small>	<input type="text" value="Kaiser"/>	Facility city <small>* must provide value</small>	<input type="text" value="Seattle"/>
Type of facility <small>* must provide value</small>	<input checked="" type="radio"/> Long-term Care Facility (any facility/services related to long term care/senior living) <input type="radio"/> Homeless Service Provider (any facility/services related to persons living homeless) <input type="radio"/> Correctional Facility <input type="radio"/> No facility (mobile/street testing) <small>reset</small>	Facility zip code <small>* must provide value</small>	<input type="text" value="99999"/>
Facility name where testing occurred <small>* must provide value</small> <small>If mobile/street testing, please describe approximate location</small>	<input type="text" value="Test Model Facility"/>	Is this facility located in King County, Washington?	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>reset</small>
Date of testing: <small>* must provide value</small>	<input type="text" value="05-22-2020"/> <small>Today</small> <small>W-D-Y</small>	Which services are provided by this facility?	<input type="checkbox"/> Skilled nursing facility/nursing home <input checked="" type="checkbox"/> Assisted living <input type="checkbox"/> Adult family home
Name of the ordering provider for residents	<input type="text" value="Dr. Provider Name"/>	Facility point of contact	<input type="text" value="Test Tester"/>
Name of the ordering provider for staff <small>If different ordering provider than for residents</small>	<input type="text"/>	Facility point of contact phone number	<input type="text" value="123 456 7890"/>

Continue scrolling down.

You will be asked a few short questions about the number individuals at the facility when the testing event occurred.

8. Total number of residents
9. Number of residents tested
10. Number of residents who tested positive or refused testing
11. Total number of staff
12. Number of staff tested
13. Number of staff who tested positive or refused testing

The next section is about the number of individuals at the facility at the time of testing.

Total number of residents/clients	80	Total number of employed staff	100
<small>Live/use/stay at facility daily</small>		Number of staff tested	100
Number of residents tested	70	<small>* must provide value</small>	
<small>* must provide value</small>		Number of staff who tested positive	5
Number of residents who tested positive	40	Number of staff who refused testing	0
Number of residents who refused testing	10	Were staff trained for future testing?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

[reset](#)

Please save your linelist-as an Excel document and upload the file.

Please report all persons who were tested

Please prepare the facility's line list according to this template.

Attachment: [Testing Line List Template.xlsx](#) (0.01 MB)

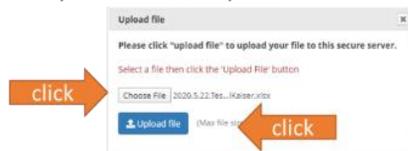
Please click "upload file" to upload your file to this secure server.

[click](#) [Upload file](#)

[Submit](#)

A new window will appear

Choose your Excel file and upload



You will now see your file name here. Click Submit



Word documents, scanned images, PDFs, or alternative file types will not be accepted.

Click submit.