

# Testing COVID-19

Licensed Nurse Staff Training  
(12.29.2020)

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# Objectives

Upon completion of this presentation, participants should be able to:

1. Verbalize the reasons COVID-19 testing is done in the facility
2. Describe the types of COVID-19 testing
3. Identify PPE necessary for testing
4. Verbalize immediate follow-up for positive COVID-19 test results

# Definitions

- Antigen Testing
- Screening Testing
- Surveillance Testing

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



# Definitions

- **Antibody Testing:** Testing from a blood test that looks for antibodies that develop several days to weeks after infection. This is not a diagnostic test.
- **Antigen Testing:** “Antigen tests are immunoassays that detect the presence of a specific viral antigen, which implies current viral infection”.
- **Point of Care Testing** “is diagnostic testing that is performed at or near the site of resident care.”
- **The RT-PCR** (reverse transcription polymerase chain reaction) molecular test detects the COVID-19 genetic material.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf>

# WHY TESTING FOR COVID-19 IS ESSENTIAL



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# Staff Testing

Staff 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



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# CMS

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

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

\*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>



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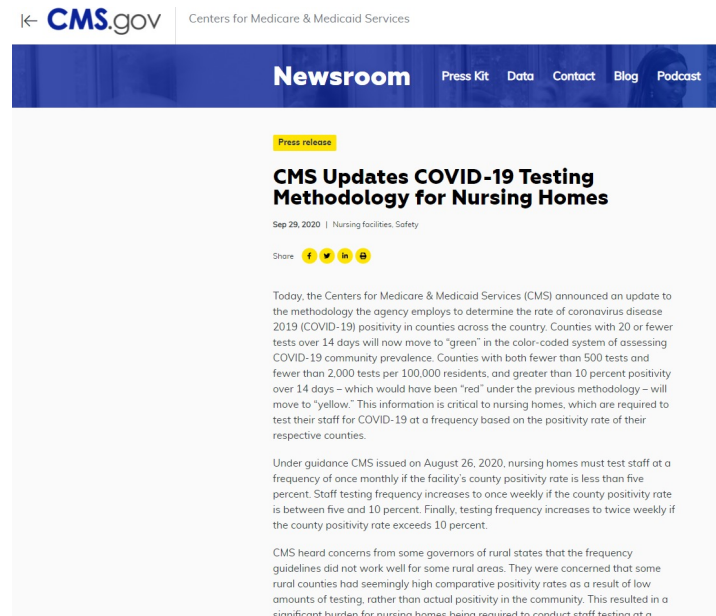
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# CMS Update - Testing for Rural Areas

“Counties with 20 or fewer tests over 14 days will now move to “green” in the color-coded system of assessing COVID-19 community prevalence. Counties with both fewer than 500 tests and fewer than 2,000 tests per 100,000 residents, and greater than 10 percent positivity over 14 days – which would have been “red” under the previous methodology – will move to “yellow.”

<https://www.cms.gov/newsroom/press-releases/cms-updates-covid-19-testing-methodology-nursing-homes>



# Rapid Antigen Testing

- FDA granted emergency use authorization for antigen testing that can identify COVID-19 (SARS-CoV-2).
- Can be used at point-of-care
- Results can be obtained in about 15 minutes
- Generally less sensitive than viral testing that detects nucleic acid using reverse transcription polymerase chain reaction (RT-PCR)
- Perform best when individual is tested in the early stages of COVID-19 infection (Viral load is generally at it's highest)
- 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

# Gold Standard

The “gold standard” for clinical diagnostic detection of SARS-CoV-2 remains RT-PCR.

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



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# Screening



“When used for **screening testing** in congregate settings, test results for SARS-CoV-2 should be considered presumptive”

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



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# Summary Table

**Table 1. Testing Strategies for SARS-CoV-2**

	Diagnostic	Screening	Surveillance
Symptomatic or Known or Suspected Exposure	Yes	No	N/A
Asymptomatic without Known or Suspected Exposure	No	Yes	N/A
Characterize Incidence and Prevalence in the Community	N/A	N/A	Yes
Results may be Returned to Individuals	Yes	Yes	No

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

# Reporting

"HHS has determined that nursing homes must report point-of-care testing through NHSN."



<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>



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# Specimen Collection

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

Search  COVID-19

**COVID-19**

CASES ARE RISING. ACT NOW!

WEAR A MASK. STAY 6 FEET APART. AVOID CROWDS.

Your Health ▾ Community, Work & School ▾ Healthcare Workers & Labs ▾ Health Depts ▾ Cases & Data ▾ More ▾

Laboratories

Resources for Labs

- Test for Flu & COVID-19
- Test for COVID-19 Only
- Calculating Percent Positivity
- Point-of-Care Testing
- Using Antigen Tests
- Using Antibody Tests
- Reporting Lab Data
- Biosafety for Specimen Handling
- Guidance for Lab Workplace Safety
- Pooling Procedures
- Specimen Collection**
- Lab Publications
- Antibody Testing Interim Guidelines

CDC Lab Work +

Lab FAQs

LABORATORIES

## Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19

Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)

Updated Dec. 21, 2020 [Print](#)

On This Page

- Specimen Type and Priority [Respiratory Specimens](#)
- Collecting and Handling Specimens Safely [Storage](#)
- Handling Bulk-Packaged Sterile Swabs Properly [Shipping](#)
- General Guidelines [Additional Resources](#)

### Summary of Recent Changes

Updates as of December 18, 2020

As of December 18, 2020

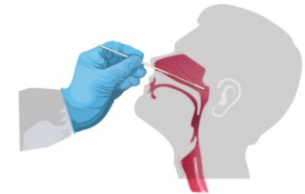
- Clarification on the use of sterile swabs for upper respiratory specimen collection to preserve patient safety and specimen integrity.

## I. Respiratory Specimens

### A. Upper respiratory tract

#### Nasopharyngeal specimen collection /Oropharyngeal (throat) specimen collection

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 may inhibit molecular tests. CDC is now recommending collecting only the NP specimen, although OP specimen remain an acceptable specimen type. If both NP and OP specimens are collected, they should be combined in a single tube to maximize test sensitivity and limit use of testing resources.



*Instructions for collecting an NP specimen:* Tilt patient's head back 70 degrees. Gently and slowly insert a 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.

For a visual guide, see the [Nasopharyngeal \(NP\) Specimen Collection Steps Infographic](#). [PDF – 13 MB].

*OP specimen:* 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) specimen

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 parallel to the palate (not upwards) until resistance is met at turbinates. Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.

For a visual guide, see the [Nasal mid-turbinate \(NMT\) Specimen Collection Steps Infographic](#). [PDF – 16 MB].

#### Anterior nasal (nares) specimen

Using a flocked or spun polyester swab, insert the entire absorbent tip of the swab (usually 1/2 to 3/4 of an inch (1 to 1.5 cm) inside the nostril and firmly sample the nasal wall by rotating the swab in a circular path against the nasal wall at least 4 times. Take approximately 15 seconds to collect the sample. Be sure to collect any nasal drainage that may be present on the swab. Sample both nostrils with same swab.

For a visual guide, see the [How To Collect Your Anterior Nasal Swab Sample For Covid-19 Testing Infographic](#). [PDF – 16 MB].

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

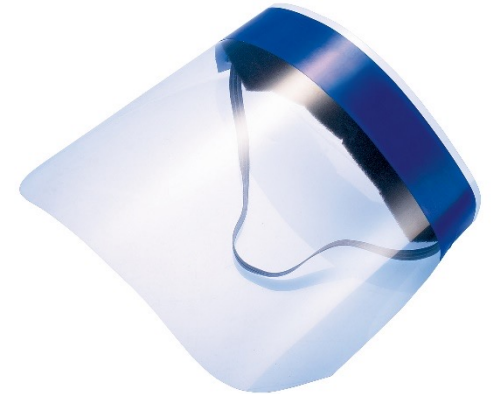


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# PPE for Specimen Collection



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# Nasal Swab

1. Gather supplies
2. Don PPE
3. Use sterile swab provided in packet
4. Insert swab at least ½ inch inside the nostril
5. Firmly sample the nasal membrane, rotating swab
6. Leave in place for at least 15 seconds
7. Sample both nostrils with same swab

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



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# Nasopharyngeal 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

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

# Oropharyngeal (throat) Swab

1. Insert swab into the posterior pharynx and tonsillar areas.
2. Rub swab over both tonsillar pillars and posterior oropharynx and
3. avoid touching the tongue, teeth, and gums

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

# Anterior Nasal Swab

1. Use a flocked tapered swab.
2. Insert the entire absorbent TIP of the swab inside the nostril (1/2-3/4 of an inch)
3. Firmly sample the nasal wall by rotating swab in a circular motion against the nasal wall at least 4 times
4. This should take approximately 15 seconds to collect the sample
5. Collect any nasal drainage that may be present on swab
6. Both nostrils can be sampled with the same swab

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



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# Specific Testing Device

- Add specific manufacture device instructions here
- Quidel - <https://togetheragain.quidel.com/>
- BD Veritor System - <https://www.bdveritor.com/>
- Abbott Binax Now - <https://www.globalpointofcare.abbott/en/support/product-installation-training/navica-brand/navica-binaxnow-ag-training.html>

# Follow-up with Test Results

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

# Cleaning and Disinfecting



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# In Summary



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# References and Resources

- Centers for Disease Control and Prevention. Interim Guidance for Rapid Antigen Testing for SARS-CoV-2. Updated Sept. 4, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html#table1>
- Centers for Disease Control and Prevention. CLIA Home: <https://www.cdc.gov/clia/index.html>
- Centers for Disease Control and Prevention: Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19, Updated Nov. 4, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>
- United States Health & Human Services. COVID-19 Pandemic Response, Laboratory Data Reporting: Cares Act Section 18115: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>



# References and Resources

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# References and Resources

- Centers for Disease Control and Prevention. Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes. May 19, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html>
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- Centers for Disease Control and Prevention. COVID-19 Testing Overview. Updated Dec. 7, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>
- Centers for Disease Control and Prevention. Guidance for SARS-CoV-2 Point-of-Care Testing. Updated Dec. 26, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/lab/point-of-care-testing.html>
- Centers for Medicare & Medicaid Services: QSO-20-38-NH, 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 COVID19 Focused Survey Tool. August 26, 2020: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>

# References and Resources

- Centers for Medicare & Medicaid Services: QSO-20-37-CLIA, NH, Interim Final Rule (IFC), CMS-3401-IFC, Updating Requirements for Reporting of SARS-CoV-2 Test Results by Clinical Laboratory Improvement Amendments of 1988 (CLIA) Laboratories, and Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency. August 26, 2020:  
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- United States Food & Drug Administration. Coronavirus Testing Basics. <https://www.fda.gov/consumers/consumer-updates/coronavirus-testing-basics>
- United States Food & Drug Administration. FAQs on Testing for SARS-CoV-2: <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/faqs-testing-sars-cov-2#general-screening-asymptomatic>

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