

# LTC TESTING

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## CATEGORIES OR BUCKETS

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- Point Prevalence / Baseline
  - 100% Staff and 100% Residents
- Active Monitoring
  - Outbreak, Cluster, Single
  - As determined by Medical Direction
- Sentinel Surveillance
  - 100% Staff and 10% Residents
    - Random / Targeted

## SCHEDULING REQUEST

- Active/Cluster/Outbreak team
  - [Covidtesting@dhhs.nh.gov](mailto:Covidtesting@dhhs.nh.gov)

- Sentential Surveillance team
  - [LTCFTesting@dhhs.nh.gov](mailto:LTCFTesting@dhhs.nh.gov)

EMAIL WILL GET SENT TO CORRECT TEAM

## SCHEDULING TEAM

- Email Reply from a team member
  - Excel Spreadsheet
    - Complete ASAP and Return
    - Key information on Medical Director and FAX number

Facility Name:		Facility address				Testing location information	
Street	City/ Town	State	Zipcode	How many:			
Facility Point of Contact				Staff	Indoor		
Name	Phone	Email		Residents			
Medical Director				Buildings	Outdoor		
Name	Phone	Fax		floors			
Medical Director Address (If different from site address)							
street	City/ Town	State	Zipcode				

\*\*\* Please be sure to separate the names for staff and residents. Fill out each column as applicable before returning\*\*\*

**Additional information:**

The start time for testing involving only staff will be 11:00am The start time for testing involving only Residents will be 10:00am

Capabilities of our teams:

If space allows for 6 tables at least 6 feet apart our teams are capable of testing 20 individuals roughly every 15 minutes.

For outdoor and drive-thru testing, our teams are capable of testing 1 individual every 5 minutes.

Remove any COVID positive or individual currently awaiting test results 24 hours prior to this facility's scheduled test date.

Information (fill out first) Staff Residents

## SCHEDULING TEAM

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- Completed Paperwork **MUST** be returned before team can schedule
  - Every staff and resident must get an electronic lab request generated, printed, and a specimen label created. (4 hours of data entry for every 100 test requests)
- Please **ENSURE** only confirmed staff are on line list
  - Unnecessary laboratory requisitions are created
  - Testing team size based on requisitions
  - Limited ability to add on staff – creates a significant backlog at laboratory which slows resulting process
  - ALL staff and residents in one file

## SCHEDULING TEAM

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- **CONSENT**
  - For Public Health Lab (Active Monitoring)
    - Consent form per staff (good for 1 year)
    - Allows test to be performed
    - Allows Public Health to release staff results to facility administration

## SCHEDULE

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- Team member will reach out to schedule
  - MMRS team, National Guard Team or Combination Team
- Typical Time
  - 10am Staff
  - 11am Resident
- Type of Testing
  - Nasopharyngeal or Oropharyngeal swabs

## SENTINEL SURVEILLANCE

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- Every 10 Days (7-12 days is acceptable range)
  - 100% Staff
  - 10% Residents
    - Random / Targeted
      - ☐ Residents who are most likely to acquire infection as determined by facility medical director
      - ☐ Non-vocal or advanced dementia residents
      - ☐ Residents who leave regularly and return to the facility (e.g., frequent clinical appointments or hemodialysis)
      - ☐ New residents to the facility
      - ☐ Residents who wander the unit or frequently interact with other staff and residents
      - ☐ Random sampling of 10% of general population
- Both Groups tested as close together as possible

## CRITERIA

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- Inclusion
  - All LTCFs, as well as assisted living facilities (ALF) that are structurally attached to a LTCF, will be eligible for participation
- Exclusion
  - Facilities in the Cluster or Outbreak (Active will be case by case)
  - Staff and Residents that do not need to be tested
    - Current Positive or previous Positive (PCR and Antibody)

## CONTRACTED VENDOR

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- Final Process
  - Preview
    - Coordination through the LTC Coordinating Office –
      - Sentential Surveillance team [LTCFTesting@dhhs.nh.gov](mailto:LTCFTesting@dhhs.nh.gov)
        - Center name and Address
        - Center's fax number and phone number
        - Main point of contact at center's email/phone
        - Ordering Provider's name
        - Kits needed at each site for staff/residents
    - Anterior Nares Kits will be mailed to facility
    - Facility will perform testing and return kits as directed
    - Online account access for faster results

## SCHEDULE

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10-Jun	11-Jun	12-Jun	13-Jun	14-Jun	15-Jun	16-Jun	17-Jun	18-Jun
SS	SHIP		TEST	TEST	SHIP			CALL

THANK YOU

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