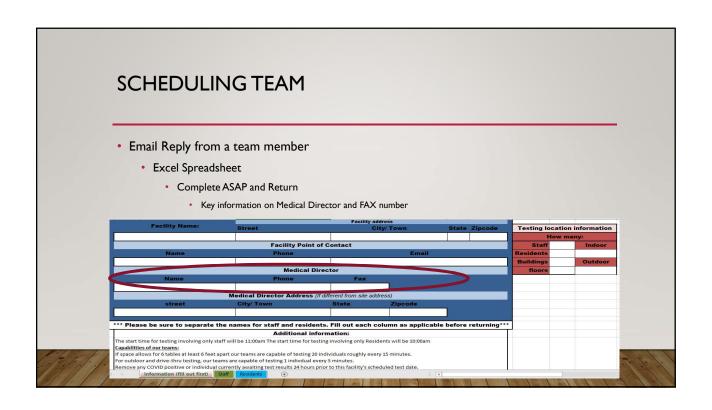
LTCTESTING

CATEGORIES OR BUCKETS

- 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 • Sentential Surveillance team • LTCFTesting@dhhs.nh.gov EMAIL WILL GET SENT TO CORRECT TEAM



SCHEDULING TEAM

- 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

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

SCHEDULE

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



SENTINEL SURVEILLANCE

• Every 10 Days (7-12 days is acceptable range)

100% Staff

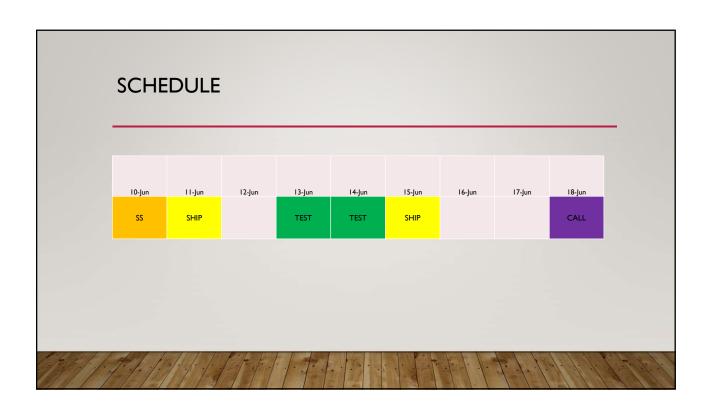
10% Residents

- Random / Targeted
 - $\bullet \quad \Box \;$ Residents who are most likely to acquire infection as determined by facility medical director
 - Non-vocal or advanced dementia residents
 - \bullet Residents who leave regularly and return to the facility (e.g., frequent clinical appointments or hemodialysis)
 - ullet New residents to the facility
 - ullet 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

- 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)

• Final Process • Preview • Coordination through the LTC Coordinating Office — • Sentential Surveillance team 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 • Anteior Nares Kits will be mailed to facility • Facility will perform testing and return kits as directed • Online account access for faster results



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