

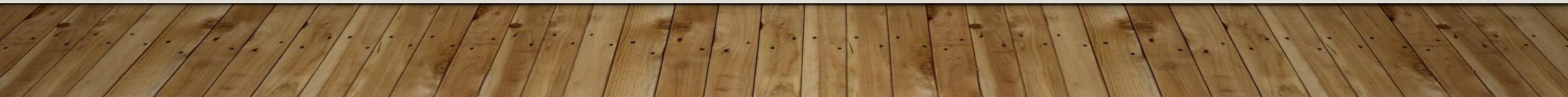
LTC TESTING

UPDATED 8/12/20

DHMC AND PUBLIC HEALTH LAB

- Coordination through the LTC Coordinating Office –
 - Sentential Surveillance team LTCFTesting@dhhs.nh.gov

LINE LIST

- Line list of staff and residents must be provided to LTCFTesting@DHHS.NH.GOV at least 72hrs prior to testing.
 - Facility must provide accurate number of anticipated tests to be performed on the assigned date of collection.
 - Do NOT perform CRSSP sampling on staff or residents outside of the assigned date. Samples received from facilities that sample outside of their assigned sampling period (48 hours) will not be accepted.
 - ALL required information must be provided. Do not use the facility address for staff members, as a home address must be provided per DHMC requirements.
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REQUISITIONS

- Completed laboratory requisitions will be Emailed or Mailed (if applicable) to the facility point of contact from the CRSSP team.
- Please use the pre-filled requisitions provided by the CRSSSP team for all staff and residents.
- Hand written requisition may be used for last minute additions, new employees, etc. Please keep the number of hand written requisitions to a minimum.

SAMPLE KITS

- Anterior nares kits will be delivered by courier or mailed to your facility prior to the assigned testing date- If you do not have your kits 24hrs prior to testing, contact the CRSSSP team.
- Do not use these kits for any testing outside of CRSSSP surveillance
- Symptomatic testing of residents and staff should follow your facilities normal protocol with Nasopharyngeal (NP) sampling.
- Dialysis, transfers, new admissions, etc. should be tested per normal protocol if outside assigned testing date. Do not send to PHL.

SAMPLING

- Email confirmation to LTCFTesting@DHHS.NH.GOV from your facility must occur before any testing to confirm the date, laboratory, fax number, and courier arrangements.
- Sampling of staff and residents shall follow the collection instructions provided with sampling kits.
- Ensure there is liquid medium in the sample tube. If there is no medium, DO NOT use the tube.
- Label every tube with First name, Last name, and DOB (JOHN DOE 1/1/1930). Label MUST match exactly what is on requisition (Doug vs Douglas will not be accepted).

SAMPLING (CONT)

- If the swab provided is too long for the tube, the swab must be cut with scissors or broken at the top before collecting the sample. It must fit in the tube and allow the cap to be tightened without touching the swab.
- Ensure that screw-top caps are threaded appropriately when closing the tube in order to prevent the sample from leaking. Caps that are askew will leak. Leaky tubes will NOT be processed and will be identified in the laboratory report as invalid.

SAMPLING (CONT)

- Please use an adhesive label (printed labels are preferred) or write directly on the tube (must be legible). If writing is not legible, tubes will NOT be processed and will be identified in the laboratory report as rejected.
- Completed vial with label shall be placed in the inner pouch of the sample bag. Requisitions shall be placed in the outer pouch and completely separated from vial. Vial leakage that contaminates the requisition form will result in an Invalid sample.

SAMPLING (CONT)

- Ensure that screw-top caps are threaded appropriately when closing the tube in order to prevent the sample from leaking. Caps that are askew will leak. Leaky tubes will NOT be processed and will be identified in the laboratory report as invalid.
- Please use an adhesive label (printed labels are preferred) or write directly on the tube (must be legible). If writing is not legible, tubes will NOT be processed and will be identified in the laboratory report as rejected.
- Completed vial with label shall be placed in the inner pouch of the sample bag. Requisitions shall be placed in the outer pouch and completely separated from vial. Vial leakage that contaminates the requisition form will result in an Invalid sample.

STORAGE

- Store specimens at 2-8°C (normal refrigerator operating temperature) until courier pick up.

COURIER

- Services are provided by a 3rd party contracted agency. Scheduled pick up will be arranged for the day FOLLOWING your assigned testing date. Samples must be packaged and ready for pick up by 7:00am.
- Courier times are NOT assigned and they will be determined by the contracted vendor schedule.
- ALL CRSSP courier scheduling shall be coordinated by the CRSSP program. DO NOT call the courier or laboratory

INVALID / REJECTED

- Facilities will be notified of rejected or invalid samples resulting from inadequate sample material, mismatched or missing information on labels, leaking specimens, etc.
- Facilities will be responsible to coordinate re-testing or hold until next cycle. Do NOT perform CRSSSP sampling on staff or residents outside of the assigned date.
- Facilities with multiple invalid samples will be contacted by the CRSSSP team for outreach education on collection techniques.
- Continued invalid samples may jeopardize participation in the state sponsored CRSSSP program

RESULTS

- Staff and resident results will be faxed to facility. Please ensure correct fax number has been provided and fax is working.
- Contact CRSSSP for missing results greater than 72hrs after courier pick up.
- *Note- Staff or residents that are part of the DHMC healthcare system, may receive individual results via the DHMC patient portal.'
- Positive results - Guidance will be provided based on the Public Health team findings. Continuation in the CRSSSP program will be determined on a case-by-case basis.
- * Please note, ANY sampling outside of CRSSSP (for targeted groups with exposure or during outbreak status), shall be performed using NP or OP swabs.

DHMC TRANSITION PERIOD

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- DO Not TEST without contacting LTC Team to Coordinate

FACILITY

Sample Schedule

8/10	8/11	8/12	8/13	8/14	8/15	8/16	8/17	8/18
Contact LTCF TEAM	KITS SHIPPED		TEST	ASSIGNED TEST DATE	Courier Pick up			Results

LAB may Alternate between DHMC and PHL from Cycle to Cycle.

Requisitions sent to facility will indicate which Laboratory