

Guidance and responses were provided based on information known on 9/3/2020 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

COVID-19 and LTC

September 3, 2020

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DEPT. OF HEALTH AND HUMAN SERVICES



**Infection Control Assessment
and Promotion Program**

Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator

If your question is not answered during the webinar, please either e-mail it to NE ICAP or call during our office hours to speak with one of our IPs

A transcript of the discussion will be made available on the ICAP website

<https://icap.nebraskamed.com/coronavirus/>

<https://icap.nebraskamed.com/covid-19-webinars/>

Panelists today are:

Dr. Salman Ashraf, MBBS

Kate Tyner, RN, BSN, CIC

Margaret Drake, MT(ASCP),CIC

Teri Fitzgerald, RN, BSN, CIC

Sarah Stream, MPH, CDA

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Lessons Learned from POC Rapid Antigen Testing

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Some thoughts from the field on POC COVID TESTING

- Number 1- Placement of instrument
- Do not run tests in a clean area- do not place next to your coffee maker or the candy on the counter!
 - Where do you keep lab specimens?
 - Dirty utility room
 - Separate room if possible
- Think BIOHAZARD
- Invest in timers- DO NOT use your personal cell phone
- Do not use the same PPE to run the tests and turn around and collect specimens
- Wear N95, goggles or faceshield, gown and gloves when handling specimens and extracting samples



POC DO's

Do:

- Maintain a log
 1. A log should contain the following-
 - Specimen #
 - Date and time test done
 - Name
 - ID
 - Result
 - Initials of person running test
 2. Log should also include:
 - Lot #
 - Open date of kit
 - Expiration of kit
 - Positive and Negative controls



BD Veritor COVID

30 Test Kit Lot Number _____ Expiration Date: ___/___/___ Date Opened: ___/___/___

Test ID	Batch Date/Time	Patient Name	DOB / Chart #	Patient Result (please circle one)	Testing Personnel Initials
		Positive Control			
		Negative Control			
1.				Positive Invalid Negative	
2.				Positive Invalid Negative	
3.				Positive Invalid Negative	
4.				Positive Invalid Negative	
5.				Positive Invalid Negative	
6.				Positive Invalid Negative	
7.				Positive Invalid Negative	
8.				Positive Invalid Negative	
9.				Positive Invalid Negative	



Quidel Sophia SARS Antigen FIA COVID

25 Test Kit Lot Number _____ Expiration Date: ___/___/___ Date Opened: ___/___/___

Test ID	Batch Date/Time	Patient Name	DOB / Chart #	Patient Result (please circle one)	Testing Personnel Initials
		Positive Control			
		Negative Control			
1				Positive Invalid Negative	
2				Positive Invalid Negative	
3				Positive Invalid Negative	
4				Positive Invalid Negative	
5				Positive Invalid Negative	
6				Positive Invalid Negative	
7				Positive Invalid Negative	
8				Positive Invalid Negative	
9				Positive Invalid Negative	



BD Veritor Unit



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BD Veritor Unit : On Site



Sofia Unit



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Sofia Unit: On Site



Nursing Home Project ECHO



**Infection Control Assessment
and Promotion Program**

Nursing Home Project ECHO

- 90 minutes per week of educational content in group settings through Zoom
- 16 weeks of mandatory course
- 32 weeks of 60 minute sessions optional after that
- 3 to 4 healthcare workers will participate in this training (e.g. medical director, nurses or other staff interested in getting involved in quality improvement process)
- LTCF will receive some funding to compensate for the staff time spent on training

Bringing Nursing Home Project ECHO to Nebraska

- ICAP team leaders are working with other colleagues at UNMC to establish Nursing Home Project Hub in Nebraska
- A multidisciplinary team will be established to assist our nursing home healthcare work force with their education

The goal is that **by the end of 16 week training:**

Each nursing home will have their own experts in COVID-19 prevention and mitigation

How to Reserve a Spot for Your Nursing Home?

In order for reserving a spot for your nursing home UNMC ID Nursing Home Project ECHO team need following info:

Nursing Home Name:

Nursing Home Address:

Contact Person Name:

Contact Person Email:

Contact Person Phone Number:

Go to the following link on ICAP website to submit your nursing home info

<https://icap.nebraskamed.com/> or

You may open the survey in your web browser by clicking the link below:

[Nursing Home Project ECHO - Application to Reserve a Spot](#)

If the link above does not work, try copying the link below into your web browser:

<https://unmcredcap.unmc.edu/redcap/surveys/?s=4RRCXDAJLM>

Or email this information to Marissa Chaney at **MaChaney@nebraskamed.com**



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You can make a difference! Want to join our growing team of infection preventionists? Use this [link](#) today to apply for a position as an infection preventionist on the ICAP team!

Per the CDC, ALL U.S. healthcare facilities should be prepared for the arrival of patients with Coronavirus Disease 2019 (COVID-19). All healthcare facilities should ensure their staff are trained, equipped and capable of practices needed. We have compiled a resource list to help you in your preparations for Coronavirus.

Click this link to reserve your spot for the [Nursing Home Project ECHO](#)
Click this link to access the [Upcoming COVID-19 Webinar Invite for Outpatient and Small & Rural](#)



We are on Facebook!

Like and follow us for daily snippets and updates on critical information.

The image shows a screenshot of the Nebraska ICAP Facebook profile page. The profile picture is a circular logo with a red outline of Nebraska and the letters 'ICAP' in white. The name 'Nebraska ICAP' is displayed in bold, with the handle '@NebraskaICAP' and the category 'Educational Consultant' below it. A blue 'Learn More' button is visible on the right. The website 'icap.nebraskamed.com' is listed. Navigation tabs for 'Home', 'About', 'Videos', 'Live', and 'More' are shown. Below the navigation, there are buttons for 'Liked', 'Message', and a search icon. The 'About' section is expanded, showing a description of the program, supported by Nebraska Medicine, Nebraska DHHS, and the CDC. It lists team members as experienced infection preventionists, infectious disease trained medical directors, and professional educators. Engagement statistics show 3 likes and 5 followers. Contact information includes the website, phone number (402) 552-2881, a 'Send Message' button, and an email address 'sstream@nebraskamed.com'. The category 'Educational Consultant · Education' is also listed. A 'Create Post' section is visible with options for 'Photo/Video', 'Check in', and 'Tag Friends'. A recent post from Nebraska ICAP, dated 18 hours ago, features a photo of a healthcare worker wearing a white surgical mask and a blue lab coat. The post text asks if the user has seen the latest MMWR article about how hospitals can help slow the spread within their facility and provides a link.

Nebraska ICAP
@NebraskaICAP · Educational Consultant

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ICAP (Infection Control Assessment and Promotion Program) is supported by the Nebraska Medicine, Nebraska DHHS and the CDC. Our team includes experienced infection preventionists, infectious disease trained medical directors, and professional educators.

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5 people follow this

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(402) 552-2881

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sstream@nebraskamed.com

Educational Consultant · Education

Create Post

Photo/Video Check in Tag Friends

Nebraska ICAP
18h · 🌐

Have you seen the latest MMWR article about how hospitals can help slow the spread within their facility? Check it out here:



CE Offerings

Poll Question:

ICAP is working on being able to offer CE credits for participation in the LTCF webinar.
What type of CE do you need?

- A. Medical
- B. Nursing
- C. Other (Please specify type of CE credits in chat box)

Infection Prevention and Control Office Hours

Monday – Friday

8:00 AM – 10:00 AM Central Time

2:00 PM -4:00 PM Central Time

Call 402-552-2881

Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator, in the order they are received

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Margaret Drake, MT(ASCP),CIC

Teri Fitzgerald, RN, BSN, CIC

Sarah Stream, MPH, CDA

Moderated by Mounica Soma, MHA

Supported by Marissa Chaney and Margaret Deacy



Access the COVID-19 Webinar for LTCF – Recording 04.30.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.23.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.16.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.09.2020 [here](#)

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Access the COVID-19 Webinar for LTCF – Recording 03.12.2020 [here](#)



<https://icap.nebraskamed.com/resources/>

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Nebraska DHHS HAI-AR and Nebraska ICAP

Long-term Care Facility Webinar on COVID-19 9/03/2020

Question and Answer (recording time stamp 43:00)

Kate Tyner

OK, we knew we would have a hot Q and A today. I'm trying to go through the questions and answers to pick those that we think would be most beneficial to the whole group. So, the first question will be one that I hope Margaret and Dr. Ashraf can help us with. **This person is preparing their policies and procedures for the point of care testing. The manufacturer instruction say nasal swabs are provided with the kit. What if a provider wants to do a nasopharyngeal specimen? Should they get a different swab, or should they not use this unit with an NP swab? How do you guys say that they should do that? I guess. First question. Should they, can they, run an NP swab on the POC unit?**

Margaret Drake

I think you're going to have to look at what the manufacturer says. If they say it's only for nasal, it's only for nasal. If they say you can run nasopharyngeal and nasal then you could definitely do nasopharyngeal. I think they want you to use the swabs that are in their kits. I think BD may say you could use either or. Stacy or Jerry Nevins, Rose Blumkin Jewish Home, do you remember seeing what it said the specimen was for BD?

Jerry Nevins, Rose Blumkin Jewish Home

Yeah. This is Jerry. BD actually says you have to use the swabs that are included in their kit. Not to use anything else. And that's also part of the training when you do the training online.

Kate Tyner

All right, so that's really helpful. So, for this, it sounds like sticking with the anterior nasal swabs. Okay, so if you have a provider who wants a nasopharyngeal specimen, it sounds like that would have to be sent for a PCR test.

One of the other questions: **Do nurses have to be the one that completes the point of care test? Or can other health care providers perform the test?**

Margaret Drake

That is based on what CLEA says on point of care testing. And I'm not sure I know the total regulation. So it's someone who is certified, or someone that CLEA says, and I would have to look up those regs and get back to you.

Kate Tyner

That might be a good question for regulatory. What I would say is, in most instances, I believe it is nurses who have to be comped out to collect the specimen. I'm aware of Laboratory Scientists like

Margaret are able to collect this investment, and I believe Pharmacists are also able to collect the specimen. But, that is one that I don't think you can have a nursing aid or a CNA or an administrator do the specimen collection. What they do to, like, process the test or put it on the analyzer, I think those are different questions. I think to myself, "Um, you know, can a CNA run a glucometer test?" They can. They just have to be comped out to do it. I think it's the collection part that you have to have more of a trained provider to do - is my opinion on that. But, for a solid answer, I would recommend that attendee reach out to regulatory.

The next question we have is: **Can a specimen sit for more than 15 minutes?** We've talked about this a lot at ICAP. Margaret, do you want to give your opinion on that?

Margaret Drake

My opinion is, if it's says test after 15 minutes, you test after 15 minutes, that's once it's loaded in the cassette. Now, once you collect the swab, there is a little, BD says it should be tested within an hour after it's collected. And Sophia had something in there about 48 hours. But I think it said, look at the storage. It may have said refrigerated. It's in their big manual, not their small cards, that sort of show how to do the testing. But, for the very best results: you collect the swab and you run it according to their direction. So you collect, you're going to be putting it in your solution. You're going to be putting it on your cartridge 15 minutes later, it needs to be read.

Kate Tyner

And so, We've talked in the past webinars about how the antigen, the rapid test is a little less sensitive than the PCR test. Right? The Test Nebraska is going to be the gold standard test, so we're already sacrificing some sensitivity on this test. And so, as a group, we really talked about that to use the antigen we will really push facilities to follow the directions as close as possible. The numbers that they cite for sensitivity and specificity are run under perfect conditions. And so, we don't want you to veer very far from those very good testing conditions. And so, that means letting the specimens sit for 15 minutes, period and then running the test and really trying to run your processes as close to that 15 minutes as possible. Um, the other part that Margaret had made me aware of this, you know, the test can pop out is invalid, right? We know that the test kits, they cost money. We think that the supply chain is, you know, a little bit, compromised that, we need to be careful with our test kits. So, in fear of having an invalid result, I would be very careful with not letting that specimen sit for more than 15 minutes, and I would compare it to a glucometer. You know that you can't let that blood sit on a test strip for a very long time before you put it into the meter or it won't read. And so, I think it's a similar. It's a point of care device. It's meant to be run in real time.

We have a question here about: **How do we go about ordering more tests for our machines?** So we know Teri Fitzgerald had been on the call with Connie Vogt yesterday that the state is not able to help people with ordering their testing supplies for point of care. These will have to go through your usual supply chain. So, wherever you're usually ordering your patient care supplies, you will use that supply chain to order additional point of care supplies.

Dr. Ashraf

So I will say that we have some Panelist who may have already looked into that process of buying additional strips. Can anyone of them share their experiences so far?

Kate Tyner

Good idea.

Staci Roehr, Brookestone Village

All right, this is Stacey, Brookestone Village. They're out of supplies for the BD Veritor as they sent out 14 million of them. So we do have it on order, and we have a copy of that to show that we have tried to order it. They're expecting maybe late September before they can fill our BD Veritors. They sent us about 570. So by next week, we will be out.

Kate Tyner

I like what you said about the documentation process. That was helpful. Stacey.

Dr. Ashraf

Is there any bit on Sofia by any facility that you know, anyone? Michele. Have any information?

Margaret Drake

Michele, Have you tried to or reorder any test kits?

Michele Dein, Old Mill Rehab,

No, I did go online when you register and you can see the option to reorder. But I haven't tried to do that yet. I was planning to do that either today or tomorrow.

Kate Tyner

We have one of the questions from the audience. Was we had showed those log forms. Um, and the question says: **Where are the forms that were required to use for testing?** You are not required to use the ICAP logging system. You are required to document your testing process, period end of story. That's a CLEA requirement. ICAP has just made those logs to try to make this a little easier for people. And remember, we had Toni Goldstein from MPHL on the call last week. She helped us with some logs. Those are the ones that are currently. The ones that we showed in the picture are not loaded to the website just yet, but we will get those loaded today. And, when we send our transcript, we'll have a [link in the transcript](#). Right to the testing logs.

Margaret Drake

There is an excel spreadsheet that the regulatory people have put out. That is probably what you're thinking of, that you have to log things on that sheet. And that came out from Connie's group, right? Regulatory?

Kate Tyner

Yeah. And that's for reporting positives and negatives, right?

Margaret Drake

Right. And that may be what they're asking about to. I mean, you any time we run a test, you've got to keep a record of it. You've got to keep a log of it. So you need a copy for your facility and you need

something to send to regulatory. Whether those were the same one or not is sort up to you. But, you really should be having a place where you can put the date you ran the test, the time you ran the test, and the initials of the person who ran the test.

Dr. Ashraf

And the lot number, correct?

Margaret Drake

A lot number. Yes. So that's the reason I showed the one form I did, and then reporting's another issue to the state. There is an Excel spreadsheet right now that you're supposed to be using. That's supposed to go not only to the state but also to your local health department.

Kate Tyner

And that form, Ishrat Kamal-Ahmed, who has joined us on calls in the past, she's the point person for questions about that reporting to DHHS in long term care. And, in the transcript, we can put Ishrat's email address. [ishrat.kamal-ahmed@nebraska.gov] A lot of people on the call had probably already reached out to Ishrat. She's helped a lot with testing results and things like that.

Dr. Ashraf

We're trying to work with the regulatory, folks and colleagues. Basically, to see whether they can actually include all this information on that sheet also. So maybe the facilities can just use one, where they can record everything. So, the same things that we are recording on this, if they are on that excel sheet, than may not be needed to duplicated. If we are able to get it done, then that will be great. Otherwise, I think you may still have to keep those records for your own purposes.

Kate Tyner

We have one audience member who has a question about: **Does it actually take 15 minutes for each test?** And so, to clarify, each test needs to set up for 15 minutes, but you can have essentially multiple tests waiting to go into the analyzer. So you can either do the timing of for 15 minutes on the analyzer. Or you can time it yourself with a timer off the analyzer and just sequentially run many tests.

Margaret Drake

You could speed that up a little bit. The 1st, 15 minutes is 15 minutes, because you set up your first test, you've got to time it for 15 minutes, okay. If you collect it, put it in the tube and you start another cassette running. You set a new timer, it may be you can read that next one a minute or so after the first one goes in. If you are doing the immediate read, I think it only takes like about 30 seconds or so for the instrument to read. So then, you pull it out and you can put the next one in. So, that's how you speed up the process. But, each cassette is going to have to sit for 15 minutes. If you do where you let the machine time it down, you are going to do 15 minutes. You're going to have to wait 15 minutes for the machine to read it. You put your next one in and you are waiting 15 minutes. So the only way to speed up the process is to do the immediate read and you're going to need multiple timers and keeping track of each cassette, that it's been 15 minutes for that cassette and it's ready to go in. I hope that's making sense.

Kate Tyner

Yeah, it makes pretty good sense, Margaret. You know, it has to develop in the cartridge for 15 minutes, right? And then, when you put it onto the machine or the analyzer, it takes 30 seconds to read. It's how they do that. I think that walk away mode, because we have some people asking, you know, consider that these rapid units are often used in clinics, so you can imagine if you had a patient like one patient at a time where you were putting a test on the machine and then that assistant needed to walk away. That's where that really makes a lot of sense. When you're trying to do big groups of people. It really seems like that immediate read is the the more efficient way to go is what we're hearing from people, and we have lots of comments and questions in here. A lot of frustration about how much time this is taking, how much staff it takes, that it's maybe not the most practical thing. So I just want to acknowledge that we hear you. We didn't make the rule. We're just trying to share information about how to comply with the rule. So, we hear you. We definitely hear you.

Dr. Ashraf

And also, what we're trying to do is trying to bring the experience of the people who have done theirs so that, you know, if you can learn something out, that would be great. Just trying to help you get as much information as possible to make your best decision for your facility.

Kate Tyner

We have one more. Another question here: **Can Test Nebraska be used, if a rapid test machine is not yet available in the facility?** The answer is yes. Yes, that's a great and so, especially for our local health department colleagues. There's a lot of facilities who don't have their point of care testing machine in place yet or haven't gotten staff trained up yet on that. And so, we're really in this transition period where we're seeing a little bit of everything. So, we still will be using the Test Nebraska method for those buildings that don't have the machine in place. And ICAP is really glad to, kind of, shepherd people through the process and kind of helped facilitate that communication.

It's 12:57. We have one question. You know, somebody astounded Staci, that you can process 120 tests in four hours. How many machines do you have to see if she just popped off? I know the answer to that. They have one machine at Brookestone.

Staci Roehr, Brookestone Village

Yes, I'm here. Yes, we have one machine. We've been doing a lot of testing prior to having this antigen tester. So, we have, as a nurse leadership team, we work quickly and efficiently to get it done, and we don't do the walk away. We do batches, so we have timers that sit for 15 minutes, and then as a 15 minute mark hits, we do the three second countdown and then log in three second countdown. So if you are able to do it much quicker that way.

Kate Tyner

That's really helpful.

And I think I probably have time for one more question. **I have a couple questions in the queue about staff self-administering the test.** So do any of the Panelists have experienced with that? Did anybody

since it's a, anterior nares swab? Just a swab, um, can staff do it themselves? Have you tried that? Sounds like no.

Margaret Drake

My concern with that is that you make sure they know how to collect. I mean, it says it should be both nares. So you have to bring it up there, roll it around, talk about picking out enough of the, you know, the cells and not being real mucoid. You can't have a lot of mucus on your swab. You're going to interfere with your test as well, so I mean, like any lab test, it's only as good as the sample that you get.

Kate Tyner

Yeah, so one of the audience members says that CDC says people can self-collect, but I think it's the competency issue that you might run into, is you know, when you do specimen collection, you do a competency evaluation to make sure the person doing the test collection method is competent and able to do that. Um, this is where you might have trouble showing that the people who did the test themselves were competent to do the test.

Dr. Ashraf

I think there's no problem in people doing self-test. I think the problem becomes, you know, if they didn't do it right and you end up getting an invalid test result, you spend your time and money there to get, you know, here's a \$28 on a test result, so you spend your time and money for something that came back to you, as you know, invalid or something. So just we have to be careful on that.

Kate Tyner

Okay, so with that, we are really at the hour. I really, so much, appreciate Staci and Michele and Jerry for joining us on the call. Um, you know, your pictures are worth 1000 words in your experience are just, I think really helpful for us to understand how to operationalize these things. So thank you guys for joining. With that, any questions that we didn't get to people are welcome to call us during our office hours. Remember, our office hours are now 8 to 10 a.m. and 2 to 4 p.m. 4025522881

Thank you, everybody for joining today.