



## COVID-19 Swabbing Guide for Long Term Care Facilities (LTCFs) and Swabbing Teams

*\*\*\* This remains a rapidly evolving situation and guidelines are subject to change;  
current, as of March 27, 2020. \*\*\**

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### **Facilities in areas with sustained community transmission, including New York City, Long Island, Westchester County, or Rockland County:**

- Any febrile acute respiratory illness or clusters of acute respiratory illness (whether febrile or not) in LTCFs in New York City, Long Island, Westchester County, or Rockland County should be **presumed** to be COVID-19, unless diagnostic testing reveals otherwise. Testing of residents and healthcare personnel (HCP) with suspect COVID-19 should not delay additional infection control actions.
- All facilities in areas of the state with sustained community transmission of COVID-19, including New York City, Long Island, Westchester County, and Rockland County, with residents who have febrile acute respiratory illness or with clusters of acute respiratory illness, should follow the guidance from the New York State Department of Health (NYSDOH) advisory issued on March 13, 2020 for [COVID-19 Cases in Nursing Homes and Adult Care Facilities](#), in the section entitled “If there are confirmed cases of COVID-19 in a NH or ACF”.
- Facilities should continue to seek advice from their Regional Epidemiologists, as needed.

### **Facilities in areas without sustained community transmission should continue to pursue testing of residents and HCP with suspect COVID-19 to inform control strategies:**

- If you are part of a swabbing team, the decisions about which residents to swab will have already been made by the LTCF, in consultation with the Regional Epidemiologist. Get the list from your facility contact if you do not have it before arrival.

### **Deciding who to test**

- Consult with your Regional Epidemiologist.
- Identify residents with fever, influenza-like illness (ILI) (e.g. new or increased cough, shortness of breath, body aches), or other new symptoms that could be consistent with COVID-19 (e.g. unexplained malaise, sore throat, new altered mental status).
- Choose a sampling of residents who are most likely to have COVID-19 based on: symptoms; facility units with recent increased admissions to acute care; units with clustering of ILI or related symptoms; exposure to HCP or residents with confirmed/suspect COVID-19; and most vulnerable of patients. If ill residents are identified from multiple units or areas of the facility, consider a sampling plan that allows for representation from many units.
- In some situations, the LTCF may consider testing asymptomatic exposed residents. Discuss with your Regional Epidemiologist.

## Preparing for testing

- Obtain a census from the units for testing.
- Obtain the needed personal protective equipment (PPE).
- Obtain swabbing kits that include a vial with sterile liquid viral transport, molecular transport, or universal transport media (VTM, MTM, UTM), and either 1) a thin swab for NP collection or 2) two thick swabs - one for a nasal swab (not NP) and the other for an OP swab. The swabbing kit you have will depend on the testing protocol in place at the time, and the availability of different types of swabs. Be sure you understand the current swabbing protocol.
  - Use only the synthetic fiber swabs with plastic shafts from the kit. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.)
- Organize supplies and lists of residents to be tested.
- For convenience, consider using a rolling table with PPE, swabbing supplies, labelling supplies, hand hygiene supplies, specimen collection bags with biohazard labels to hold individual samples, and bags for disposal of waste.
- **Waste (including used PPE) generated during collection procedures is NOT regulated medical waste and can be disposed of in the regular trash. Do not use red bags. Dispose of trash appropriately within the facility. Swabbing teams should ask facility staff if they don't know what to do with it.**

## Personal Protective Equipment

- HCP who enter a resident's room with known or suspected COVID-19 (including all residents who are being swabbed) should use a N95 facemask, gown, gloves, and eye protection.
- Don PPE upon entering the patient care area where residents are to be swabbed. Do not don PPE outside the facility.
- Change PPE:
  - After swabbing a symptomatic person;
  - If wearer or another person thinks it might have become contaminated;
  - If swabbing a resident on contact precautions for other reasons than COVID-19 (e.g. *C. difficile* infection, MDROs);
  - When on break or leaving the patient care area/unit; or
  - When PPE is damaged, wet, or soiled.
  - Also:
    - **Change gloves and perform hand hygiene between each person swabbed;**
    - Change gown if extensive bodily contact with resident or environs (e.g. bed); and
    - Change N95 facemask if it becomes hard to breathe through.
- Doff PPE when leaving the patient care area/unit. Do not walk through non-patient care areas of the facility wearing PPE, and do not exit the facility wearing PPE.

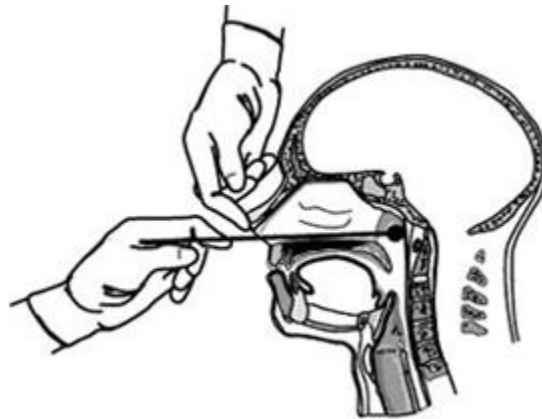
## Completing Wadsworth Center Infectious Disease Requisition (IDR) form

The following information is **critical** to ensure results are reported in a timely manner.

- Fill out a Wadsworth Center IDR **for each patient**. The IDR **must** include:
  - Full name (**NOT** initials);
  - Resident's address and county of residence (this should be the nursing home address);
  - Name of the facility;
  - Specimen type (i.e. "NP" for nasopharyngeal, OR "OP" for oropharyngeal and "nasal");
  - Test ordered (COVID-19);
  - Facility's ordering physician with contact information;
  - NYSDOH Outbreak Number: OMS202015920 under Outbreak Number; and
  - Ensure that "COVID-19" testing is listed next to the "Viral" testing checkbox.
- Each specimen tube **MUST** contain resident's name, DOB, date sample collected, and type of sample collected (i.e. "NP" OR "OP/nasal"). A system using sticker labels may be useful.
- Ensure the IDR forms that accompany each sample are placed **outside the biohazard bag** either in the outer pocket of the biohazard bag or outside the bag, if no pocket is available. The IDR form must **NOT** come in contact with the specimen tube.

### Collection of samples

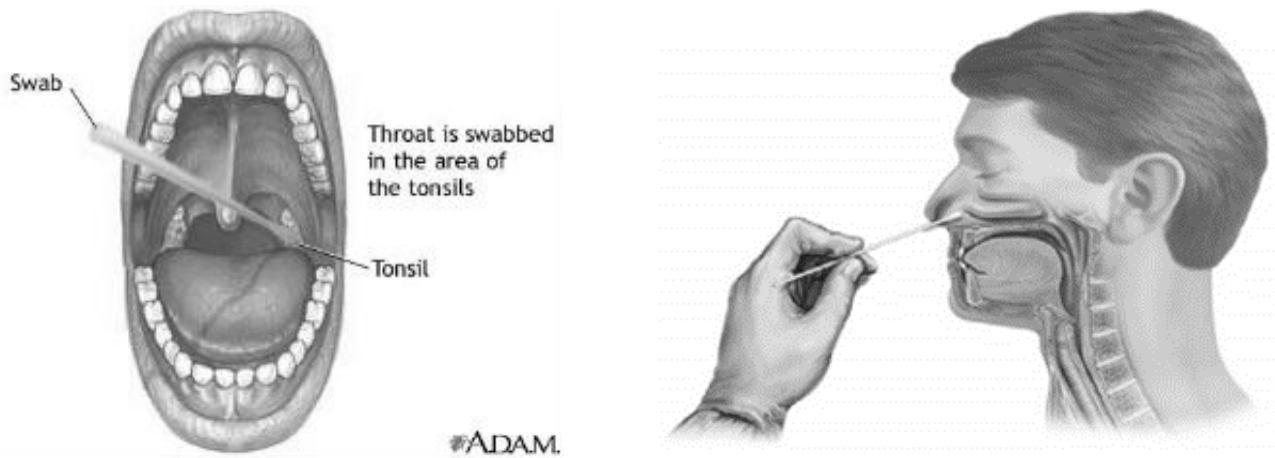
- Don PPE.
- Bring appropriate swab and the **prelabelled** vial containing transport media into the resident room.
- If collecting NP specimen: Use the thin swab to collect a deep nasopharyngeal specimen from the resident.
  - Place the swab in the vial with transport media and break the swab shaft at the perforation indicated by the mark on the shaft.



Adapted from CDC Images/More detailed description nasopharyngeal sampling from CDC Images--  
<https://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection.html>

- If collecting OP and nasal specimens:
  - Use the first thick swab to collect an OP specimen by swabbing the posterior pharynx.
    - Place the swab in the vial with transport media and break the swab shaft at the perforation indicated by the mark on the shaft.
  - Use the second thick swab to collect a nasal specimen by swabbing the nasal wall less than one inch into the anterior nostril, repeating in other nostril using the same swab.

- Place the swab in the same vial with transport media as the previously collected OP specimen and break the swab shaft at the perforation indicated by the mark on the shaft.



- Close the top **securely** to assure there is no leaking to avoid sample rejection.
- Place the closed vial with transport media and swab(s) in a specimen bag marked as biohazard.
- Doff (remove) gloves in the resident's room after each collection is completed.
- Be aware that PPE recommendations might vary based on current CDC and NYSDOH guidance and PPE availability.

### Packing and transportation

- Place a single specimen vial in a watertight secondary container (e.g. plastic biohazard bag) with absorbent material.
- Place secondary container in shipping box.
- Use a sturdy cardboard box with a Styrofoam insert to ensure cold temperature is maintained.
  - Storage: If there will be a delay in transporting, the swab should be refrigerated at 4°C (2-8°C) in the biohazard bag.
  - If no transportation delay is anticipated, swabs in biohazard bags can be placed directly in the shipping box.
  - Packaging: Pack the box with 2-3 frozen gel packs; samples must remain cold during entire duration of shipment. Do NOT use wet ice or dry ice.
- The Styrofoam boxes should NOT be packed with more samples than will allow the top of the box to fit firmly in place (usually 8-12 specimens in biohazard bags).
- If samples are going to Wadsworth Center, then label the outside "LTCF" to indicate these are collected at the appropriate type of congregate setting.
- Please save, or ask the facility to save, a line listing of residents for whom swabs were collected and tally of number as reference for tracking samples and assuring receipt of all results. Be sure to remove residents for whom swabbing was planned but not completed from the list, so it remains accurate.

## Prevention and control measures and follow-up

- **DO NOT** wait for testing results before implementing infection prevention and control measures.
- Timing for results may vary. Please assure that a main contact name and several ways to contact the facility (24/7) are available (including emergency cell numbers) as the timing of sample results is unpredictable.

*\*\*\* The above steps for specimen collection are illustrative and may not be comprehensive. This guide does not replace clinical judgement. Processes and forms/requirements may vary based on specific laboratories' guidelines. \*\*\**