



Preparing for testing

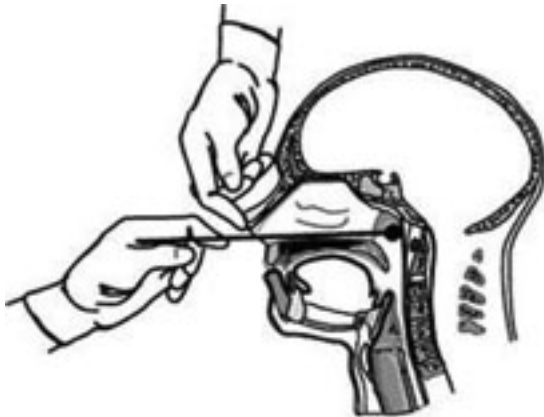
- Obtain a census from the units for testing.
- Obtain the needed personal protective equipment (PPE).
- Obtain swabbing kits that include a vial with sterile liquid viral transport, molecular transport, or universal transport media (VTM, MTM, UTM), and either 1) a thin swab for NP collection or 2) two 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 laboratory being used, and the availability of different types of swabs. Be sure you understand the current swabbing protocol and the requirements of the lab you're using.
 - 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:
 - Change after swabbing a symptomatic person;
 - If wearer or another person thinks it might have become contaminated;
 - Change gown 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.
- Change gown if extensive bodily contact with resident or environs (e.g. bed)
- Change N95 facemask if it becomes hard to breathe through.
- **Change gloves and perform hand hygiene between each person swabbed**
- Doff PPE when leaving the patient care area/unit. Do not walk through non-patient care areas of the facility wearing PPE (except you will wear a facemask throughout the facility), and do not exit the facility wearing PPE.

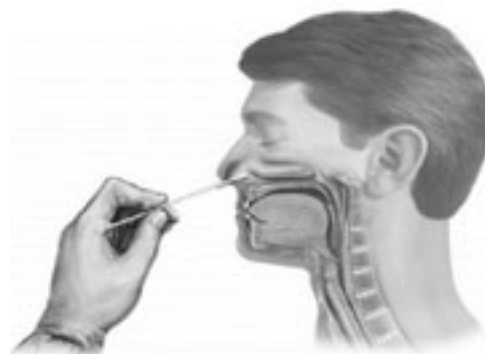
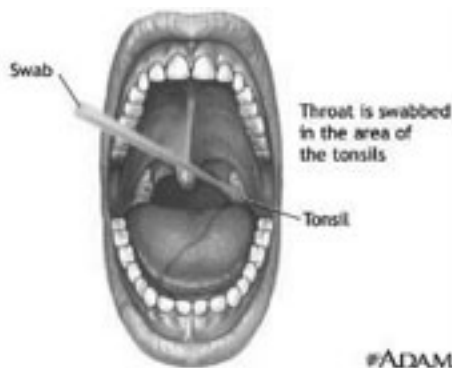
Collection of samples

- 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.

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

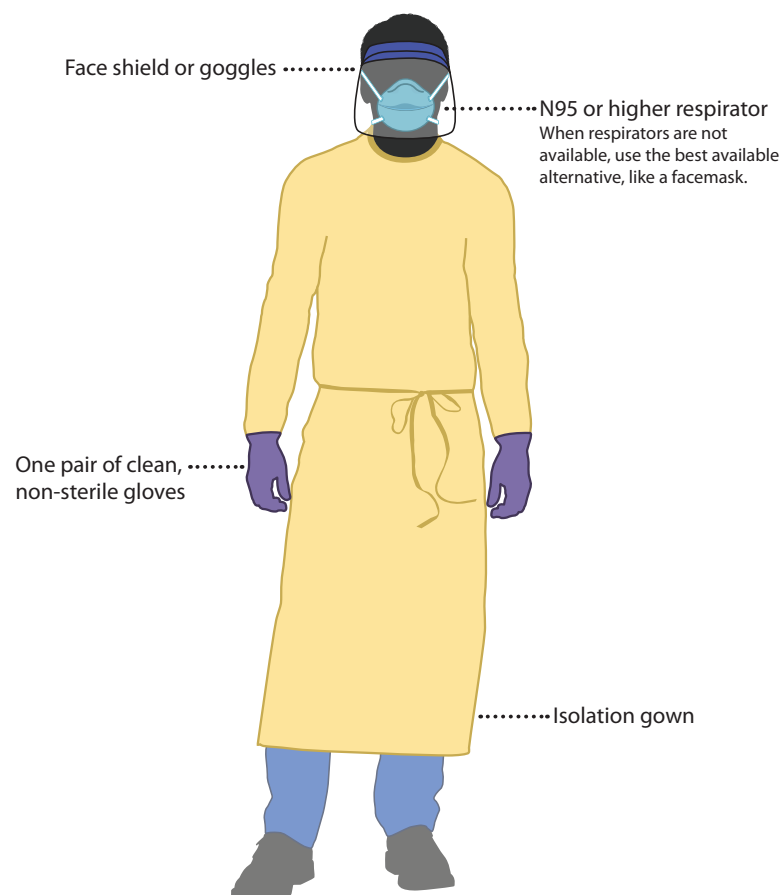
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

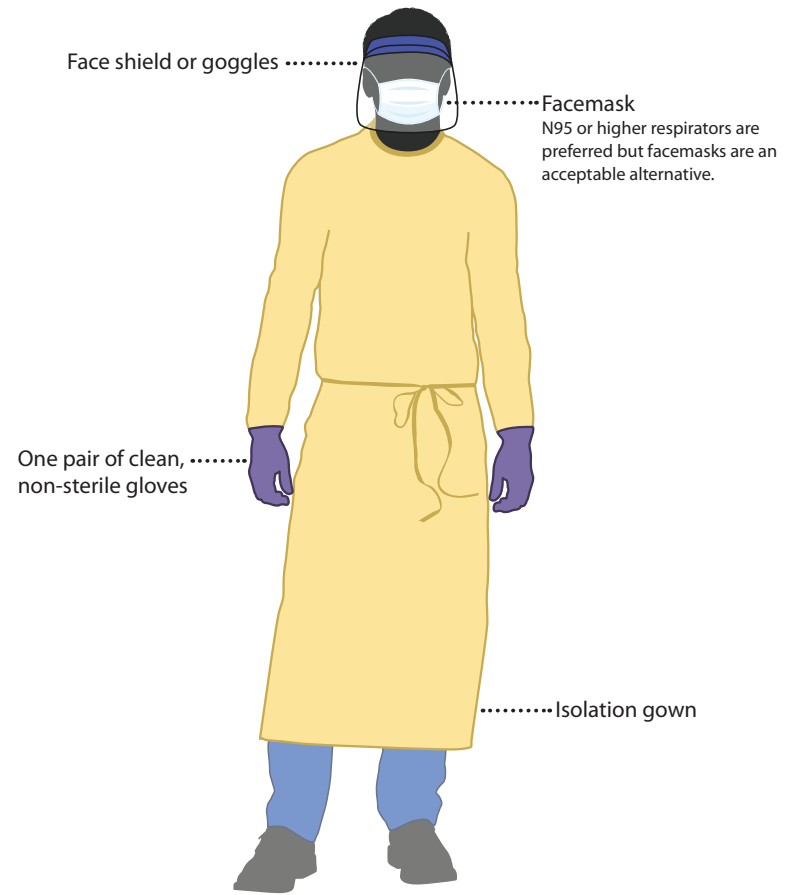
Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).**
If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
 - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).***
Do not touch the front of the respirator or facemask.
 - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.



*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

www.cdc.gov/coronavirus