

Mass Testing for COVID-19 in Congregate Settings

Contents

Supplies	1
Training.....	1
Before Event Activities	2
Sample Layout	3
Set Up Tips.....	3
Stations, Roles, and Responsibilities	4
After Event Activities	6

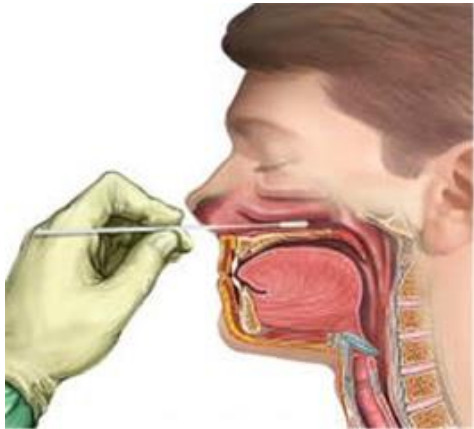
Supplies

- **PPE** – gown, gloves, goggles or face shield, N95 face mask, surgical face mask, brown paper bags (for reuse of N-95s and face shields as needed)
- **Sanitation and hygiene** – Large cleaning wipes, biohazard waste (red) trash bags & cans, regular trash bags & cans, touchless hand sanitizer dispensers
- **Temp check** – touchless digital thermometer, extra batteries
- **Registration** – folding chairs, folding table, clip board, laptops, power chargers, pens, markers, sticker labels (preprinted with space for date, name, date of birth, ID and blank labels as extras)
- **Interviews** – interview forms, folding chairs, clipboard, pens, tables (if available)
- **Test kit** – plastic bag, alcohol wipe, sterile swab, specimen collection vial with label prefilled with transport media, specimen collection bag with closable seal
- **Testing station** – table, biohazard waste (red) bag, regular trash bag, folding chair, scissors, extra alcohol wipes, 3 standing curtains/screens, tissue boxes, coolers, ice packs, brown paper, touchless hand sanitizer
- **Check out** – handout paper with follow-up and contact information
- **Other** – red duct tape to mark 6 feet apart for lines, cooler for holding ice packs, bottled water, tents, first aid kit, portable pulse oximeter, portable blood pressure machine, on-site refrigeration with temperature monitor

Training

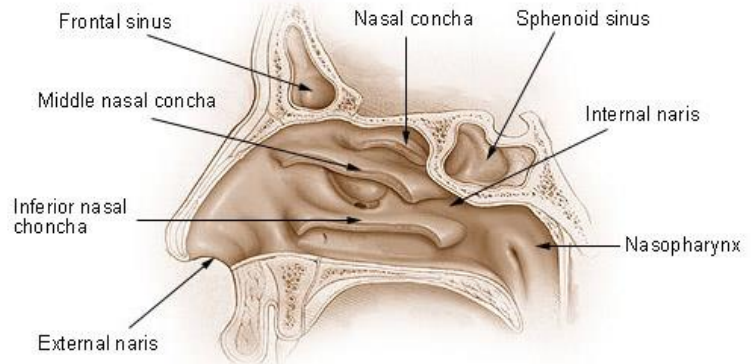
- [Donning and doffing PPE](#)
- Specimen collection – Establish and train staff on standardized collection procedures. Review videos on NS, OP, [NP](#). Rebrief teams before each event as needed, particularly if experiencing staff turnover.

- Review oral and nasal anatomy with particular attention to the angle of swab insertion

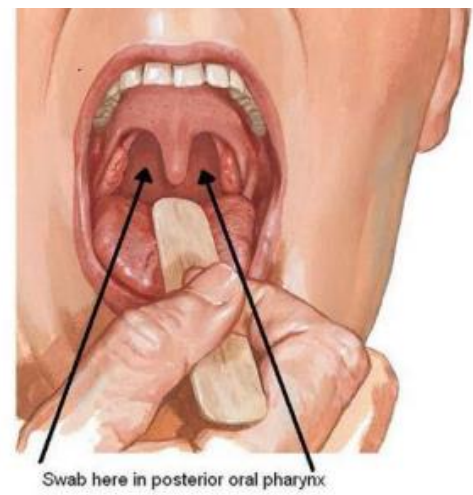
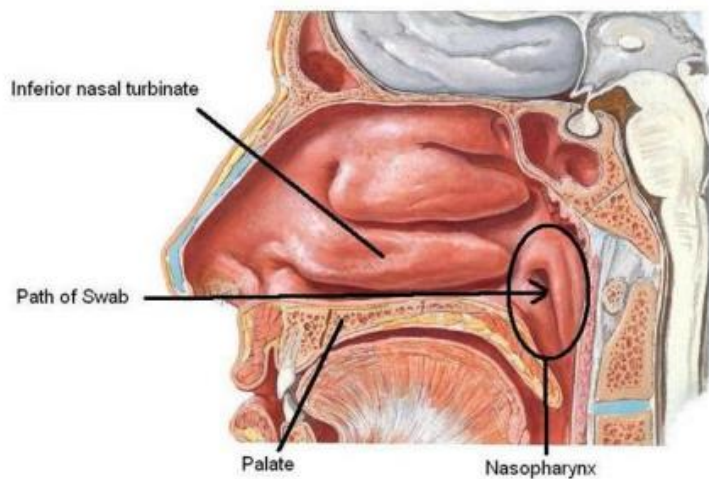


<https://www.ottawapublichealth.ca/en/professionals-and-partners/how-to-collect-a-nasopharyngeal--no--swab.aspx>

Nose and Nasal Cavities



<https://training.seer.cancer.gov/anatomy/respiratory/passages/nose.html>



https://www.aphl.org/programs/infectious_disease/Documents/Appropriate%20Collection%20and%20Handling%20Methods%20of%20Respiratory%20Specimens.pdf

- Review symptom screening or interviews (how to ask questions, information needed).

Before Event Activities

At least 1 day before event

- Visit the site to preview layout.
- Plan for both an outdoor (preferred) and an indoor (contingency) layout.
- Pilot the processes and flow before the live event. This could be a good opportunity to screen staff members.
- Discuss with laboratory the requirements for [storage and transportation](#) of specimens. Discuss the type of specimens to be collected and review the swabs and media that will be used to avoid

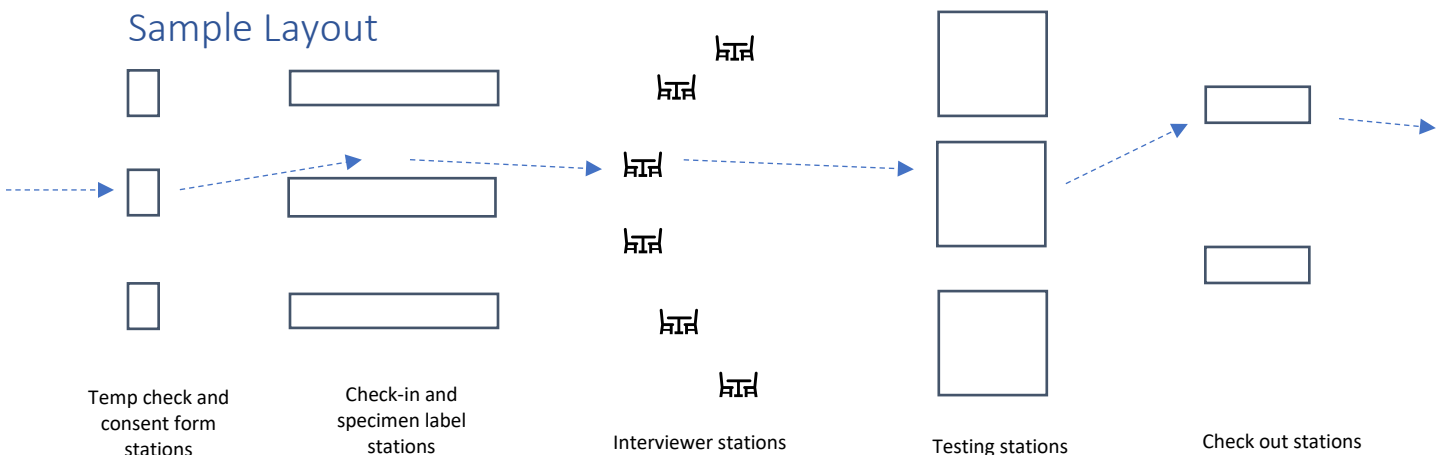
confusion. Consider whether a courier should be scheduled and inform them of the volume and number of specimens for transport.

- Develop a plan for disposing biohazard waste.
- Communicate with clients and staff. Discuss purpose, goals, expectations, logistics (timing, access to the site, parking), general COVID-19 information, and Q&A. Be mindful that any changes made to the process after this point (e.g., switching from OP to NP) can lead to frustration and mistrust.
- Communicate with team members and volunteers
- Develop an isolation plan for individuals who test positive, including a transportation plan.

Day of event, 1 hour before testing

- Offer education and answer questions of clients and staff (1-2 people).
- Conduct site assessment and provide technical assistance as requested (1-2 people).
- Set up stations (remaining team members).
- Brief interview and testing teams on roles, particularly if staff turnover.

Sample Layout



Set Up Tips

General tips

- Outdoor set ups are preferable to indoors whenever possible. Outdoors allows for social distancing and improved ventilation.
- If indoors have a clear plan regarding decontamination procedures and alternative sites for food if largest indoor space is a cafeteria.
- Try to keep client flow unidirectional.
- Place touchless hand sanitizers between each station, at a minimum at the entrance before the temperature check station and after leaving the testing station.
- Anticipate how to address mobility issues (wheelchairs, walkers, strollers) and language barriers.
- Process families together and consider extra space that might be needed.

- Coordinate with shelters so that the flow of clients is steady but not overwhelming to minimize crowding.

Interview station

- Keep as much distance as possible between interviewers and between interviewer and client.
- Place interviewers and client across the table from each other.
- If tables are not available, position chairs at an angle to reduce face-to-face exposure.

Testing station

- Position curtains and chair to maximize privacy.
- Position patient so that if they cough or sneeze it is not in the direction of other people, passersby, or table.
- Cover ice packs with brown paper to protect specimen bags from condensation.
- Testing staff in full PPE should not leave the testing area to talk with other stations to prevent contamination.

Stations, Roles, and Responsibilities

Temperature check, consent form (1–2 people working in parallel)

PPE: gloves, surgical mask

- Instruct the client to sanitize hands and offer a surgical mask (depending on circumstances)
- Hand the client the consent form on a clipboard with a pen
- Client signs the form and returns
- Check and record client temperature on intake/interview form
- Add any other details to interview form (e.g., testing date, testing location)
- Hand interview form to client
- Direct client to the registration station

Registration & test kit labeling, conducted simultaneously (2–3 teams of 2 people: registrar + labeler. Roles can be combined if fewer staff)

PPE: gloves, surgical mask

Registrar

- Ask client for first and last name (with spelling), date of birth, and contact phone number
- Enter name, date of birth, and phone number into database and assign the client a unique ID

Labeler

- Ask client for the interview form
- Write date, first and last name, date of birth, specimen type (e.g., NP, NS, OP), and unique ID on label
- Write unique ID and date of birth on interview form
- Attach sticker label to the specimen collection vial

- Hand specimen bag and interview form to client and direct client to interview station

Interview and symptom screening (5-6 people)

PPE: gloves, surgical mask

- Ask client for the interview form
- Introduce yourself and complete the form with the client following the script
- Keep the form and direct the client to testing station

Quality Assurance (1 person)

PPE: gloves, surgical mask

- Collect interview forms periodically and review for completeness

Guide (1–2 people)

- Help direct clients between stations

Float (1 person)

- Troubleshoot issues that arise for any of the stations

Testing, conducted simultaneously (2-3 teams of 3 people each: bagger, sniper, swabber)

Note: If using a breakable swab, then 2-person teams are sufficient (snipper and swabber roles can be combined). The example below is for a mid-turbinate nasal swab collection.

Bagger, PPE: gloves, surgical mask. *This person stands just outside the testing station.*

- Receive bag from client
- Verify name and date of birth (ask client to read both aloud)
- Ask client to sit down
- Remove specimen collection bag and hand remaining bag with vial and swab to sniper
- Hold specimen collection bag open for sniper to drop vial into ensuring the vial touches only the inside of the bag
- Holding the outside of the bag, double check that the vial is closed tightly
- Seal the collection bag, removing as much excess air as possible
- Store vial and bag in cooler with frozen ice packs

Note: specimens should be transferred from small coolers to refrigeration unit after 30–40 specimens collected to maintain good temperature control

Snipper, PPE: gown, N95, surgical mask, face shield or goggles, gloves

- Cut swab after specimen has been collected
- Replace the vial lid and ensure lid is sealed tightly
- Drop vial into specimen collection bag held open by bagger
- Clean scissors with alcohol wipe, leave scissor blades open to air dry
- Remove gloves (every 4–5 clients)

- Sanitize hands (every 4–5 clients)
- Apply new gloves (every 4–5 clients)

Swabber, PPE: gown, N95, surgical mask, face shield or goggles, gloves

- Introduce yourself
- Hand tissue to client and instruct them to blow their nose and deposit in biohazard (red) waste bag
- Provide instructions to the client (sample script, adjust as needed whether conducting OP/NS/NP and whether self-collected or provider-collected: “Hi I’m [name], I’ll be doing your coronavirus test today. I’m going to be collecting a sample from your nose. I’ll be using this swab. I put it in about one inch, just until it gets uncomfortable. It might tickle or burn a little, but it shouldn’t be painful. It takes about 3-4 seconds on each side and then you’re done. Any questions?”)
- Collect specimen
- Insert swab with specimen into vial and either break off swab or have snipper cut the swab with scissors
- Instruct client to sanitize hands and go to check out
- Discard remaining swab in biohazard (red) waste bag
- Remove gloves (after every client)
- Sanitize hands (after every client)
- Apply new gloves (after every client)

Check out (1-2 people)

PPE: gloves, surgical mask

- Provide instructions on follow-up and how to get results

After Event Activities

- Use a buddy system for doffing PPE
- Consider strategies to optimize the supply of [PPE](#), including [N-95](#) respirators
- [Clean and disinfect](#) all tables, chairs, pens, clipboards, keyboards, thermometers with disinfecting wipes
- Breakdown stations and repack supplies
- Dispose of biohazard waste according to local policies
- Daily debrief with teams to review what went well and what could be improved
- Maintain proper storage, shipping, transportation of specimens
- Communicate results to clients – work with shelters and local health departments to determine plans for communication. Consider whether all test results will be communicated or only positive test results. If clients will be difficult to reach (no contact phone number) then provide a contact number with instructions on when to call with results.