Long-term Care Facilities

Test Nebraska
Necessary Personnel:

- 1 medical professional (preferred RN or similar) per testing station
- 1 intake person (if needed)
Necessary Materials:

- 1 computer per testing room with **Google Chrome Browser**
- Internet or WIFI access
- Test kits
- Tissues
- N-95 or KN-95 masks
- Disposable isolation gowns (level 1 or higher)
- Face shields
- Nitrile gloves in all necessary sizes
- Hair covers (optional)
- Shoe covers (optional)
- Hand sanitizer
- Disinfectant/Sanitizing wipes
Immediately before staff is administered the test, they will need to answer questions about their name, DOB, email, phone number, address, symptoms, and contact. This information must be unique to each staff member. The facility should use the facility email, phone number, and address when testing residents. In these instructions, patient is used for the person being tested. Registration must be completed using Google Chrome as the browser.

Assessment + Intake Form:
https://covid19testingne.co1.qualtrics.com/jfe/form/SV_cJa8ezYRQfZRCI?short_assessment=true
Consent Screening

At the beginning of the assessment you will be asked to accept taking the intake assessment. This reiterates the patient’s consent to be tested.

Please note: It is important that every person in your household fill out their own assessment. Upon completing the assessment you will be receiving follow up communications via text and email. If you encounter any technical difficulties while filling out this assessment please try refreshing your browser and if it still doesn’t work, try again later.

Thank you for doing your part in helping combat COVID-19 against the spread of COVID-19.

This assessment is provided by the State of Nebraska.

Accept

Decline
Patient Data Entry

- The following fields will repopulate each time after your first entry:
  - Patient Email
  - Patient Phone Number
  - Patient Address

- The following fields will need to be entered uniquely for each staff member:
  - First Name
  - Last Name
  - Date of Birth

For any questions, please call (402) 207-9377.
Inmate ID

- Please ignore the inmate ID question. Simply click the red button to move forward.
Symptoms

Below is a legally required screen. Please use this as a guide for asking patients if they are experiencing symptoms.

ATTENTION****If you are having difficulty breathing while you are at rest, or any of the following symptoms GO TO YOUR NEAREST MEDICAL FACILITY IMMEDIATELY or call 911.

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- Mental confusion
- Bluish lips or face

Patients should answer the above question truthfully, it will not impact their ability to receive a test. It is purely collected for data purposes.
## Close Contact

Patients should answer the above question truthfully, it will not impact their ability to receive a test. It is purely collected for data purposes.

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**Have you been around someone who tested positive for COVID-19 in the last two weeks? *  

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I have been around someone who tested positive</td>
</tr>
<tr>
<td>No, I have not been around someone who tested positive</td>
</tr>
<tr>
<td>I don’t know/Maybe I have been around someone who tested positive</td>
</tr>
</tbody>
</table>
This is a legally required screen. Please ask the patient if their responses have been truthful prior to submitting their response.
1. The Nurse ID should be the name of the medical professional performing the swab. This field will repopulate each time.

2. Please select “Long Term Care Facility” from the drop-down menu. This field will repopulate each time.

3. Please enter the name for your facility. This field will repopulate each time. The next field below the facility name is the facility ID. This is the license number of the facility and is a number that may contain letters and numbers or just numbers.

4. Do NOT modify the Patient ID field. This unique identification number ties the patient to their intake form. Please simply move forward to the next screen.
Type in the ID Number under the Test Kit QR Code.

Please enter the Test Kit ID.
NOTE: Make sure the Test Kit ID on the bag matches the Test Kit ID on the vial in the bag.

Test Kit ID
Test Kits

- Please check to make sure there is no leaking transport media. If there is leaking transport media, please throw the kit away and select a new kit.
- If your swab does not have an indicator line, it is likely hollow. Simply use the cap to apply pressure when breaking.
- Do not break swabs too high, forcing long swabs into vials will cause them to explode at the lab.
- Unused kits should always remain under 70 degrees.
- Used kits should be refrigerated or kept in a cooler with frozen ice gel packs or frozen ice packs. Kits should never be frozen.
- N-95 or KN-95 masks
- Disposable isolation gowns (level 1 or higher)
- Face shields
- Nitrile gloves in necessary sizes
Other Supplies

- 1 computer per testing room
- Internet or WIFI access
- Test kits
- Tissues
- Hand sanitizer
- Disinfectant/Sanitizing Wipes
Nasopharyngeal Swab

- Give the patient two tissues and ask them to blow their nose to clear nasal passages (have them keep the tissues).

- Receive the swab, taking care not to touch the tip to any surface or lay it down.
  - Hold the swab a few inches from the end. With the patient seated, request they tilt the head back 70 degrees. Ask the patient to close their eyes.
  - Gently insert swab into the nostril along with the septum floor of the nose extending straight back until the posterior nasopharynx is reached (distance from nostrils to external opening of ear).
  - Rotate the swab several times while the swab is in contact with the nasopharyngeal wall. Leave in place up to 10 seconds. Repeat in second nostril using the same swab to ensure accurate specimens.

- Place the swab into a viral transport medium and break off the swab at the indicator line (if no line, break so it fits into the test tube). Then replace the cap and screw on securely.

- Place the specimen kit into a cooler for transport.
Contact Information

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