

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

Abbreviated Registration

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_cJa8ezYYRQfZRCl?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.



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

English ▾

If ever there was a time in which the State of Nebraska needed the collective action of its citizens, that time would be now.

By participating in this optional assessment (in which you may opt out at any point), you are not only helping yourself, your family, and your community—you're helping to best mobilize vital resources in the fight against COVID-19.

In Nebraska, we value the role of limited government and recognize that asking citizens to provide personal information may be uncomfortable and concerning to some. However, users can be assured that their personal data will be used exclusively for the purpose of fighting COVID-19 and will be destroyed once the immediate threat of the virus subsides. **Your data will never be sold.**

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



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

English ▾

- 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

Personal Information (any field with a * is required)

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Email*	<input type="text" value="nsydneybright@gmail.c"/>
Confirm Email*	<input type="text" value="nsydneybright@gmail.c"/>
Cell Phone Number*	<input type="text" value="5023332281"/>
Confirm Cell Phone Number*	<input type="text" value="5023332281"/>
Date of Birth (mm/dd/yyyy)*	<input type="text"/>
Address 1*	<input type="text" value="3220 W Vandorn"/>
Address 2	<input type="text" value="null"/>
City*	<input type="text" value="Lincoln"/>
State*	<input type="text" value="Nebraska"/>
Zip Code*	<input type="text" value="68542"/>



Inmate ID

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



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

English ▾

(FOR CORRECTIONAL FACILITIES ONLY) Please enter the Inmate ID associated with the Patient:

Inmate ID



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



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

English ▾

Are you currently experiencing any symptoms? *

Yes, I currently have symptoms

No, I don't have any symptoms



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.



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

English 

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

Yes, I have been around someone who tested positive

No, I have not been around someone who tested positive

I don't know/Maybe I have been around someone who tested positive

Answering Truthfully

This is a legally required screen. Please ask the patient if their responses have been truthful prior to submitting their response.



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

English ▾

I have answered all the questions on this form truthfully. *

Yes, submit my response

No, do not submit my 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.

Update Nurse ID

Nurse ID

Sydney Bright

Testing Site

Correctional Facility

Please enter the name of the Long Term Care Facility (LTCF) or Correctional Facility (CF).

LTCF/CF Name

CCL

Please enter the Patient ID.

Patient ID

10Afax333sNP64kq



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.

PPE

- N-95 or KN-95 masks
- Disposable isolation gowns (level 1 or higher)
- Face shields
- Nitrile gloves in necessary sizes

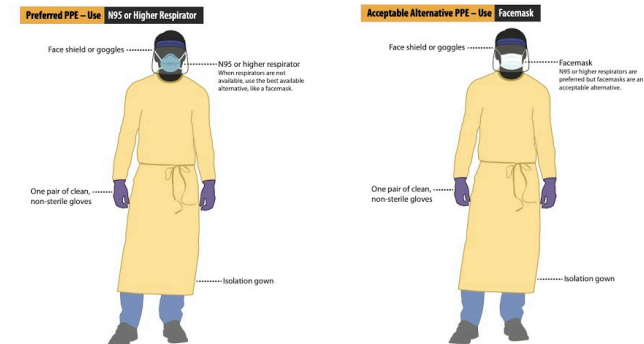
Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

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/face mask) 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.



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.

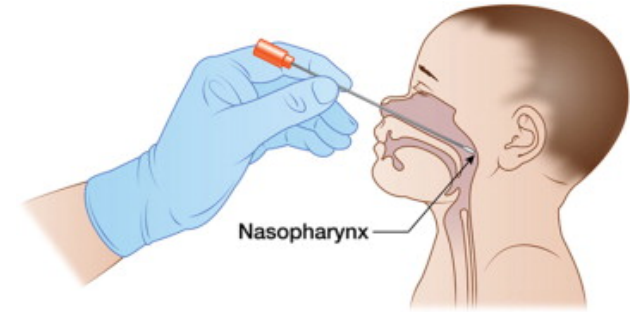
www.cdc.gov/coronavirus

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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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