

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-96

TO: Hospitals and Outpatient Clinics,

FROM: Commissioner Deidre S. Gifford, MD, MPH 

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DATE: October 6, 2020

SUBJECT: **Connecticut Infection Control Guidelines for Temporary Indoor COVID-19 Testing Sites**

PLANNING

Test and Specimen Type: Determine the test method (nucleic acid, antigen) and the required type of specimen. Consider if individuals can collect their own specimen while being supervised by a trained observer that is more than 6-ft away while a healthcare provider is onsite.

Indoor Space: Consider the number of tests required and the available time for testing relative to the size and square footage of the testing venue accounting for 6-ft physical distancing requirements. Consider using a calculation for 12-foot distancing to account for individuals moving around the space and passing each other. General rule for estimating capacity in that case would be total square footage of room divided by 144. Additional capacity can be considered depending on how directional and controlled the movement of individuals inside the space will be.

Consider the feasibility of implementing infectious disease controls (i.e. ventilation) to prevent spread of COVID while testing.



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Testing Stations: Consider the size/layout and available ventilation/filtration of the indoor space to determine the preferred test station configuration - a separate room for each specimen collection station with HEPA filtration or a large single room with multiple closed- or open-area stations. HVAC/Airflow patterns (flows from clean area to contaminated area) should be considered using pressure differences to minimize exposures to contaminated air.

PPE: Determine the number of staff required and their proximity to the person being tested. For staff *not* directly involved in specimen collection, gloves and a surgical facemask are required. For staff directly involved in specimen collection or working within 6-ft of people being tested, an N95 respirator, gloves, gown, and face shield are required. If individuals are collecting their own specimen, a surgical mask and eye protection is required.

Staff Training: Develop a plan for training interview and testing teams on the proper use and disposal of PPE, hygiene and disinfecting protocols, procedure for symptom screening, proper specimen collection.

Communication Plans: Develop material for communicating who is eligible for testing, how to access test results and any limits on testing capacity. Develop a communication plan that addresses concerns regarding confidentiality and about test results. Consider different language requirements.

Waste Disposal: Develop a plan for disposing of biohazard waste (used specimen collection materials; soiled gloves, masks, gowns, etc.).

Safety: Coordinate a plan for contacting local EMS/911 and healthcare providers for events where individuals need medical attention. Additionally, consideration should be given to patient throughput with attention given to patient waiting areas. Also, emergency plans should include evacuation in the event of an incident, e.g. fire.

Suspected Cases: Develop a plan for isolating individuals with COVID-19-like symptoms.

INDOOR PHYSICAL SPACE

Location: Consider how to address mobility issues of individuals being tested and availability of spaces on the first floor of buildings.

Size: Consider the number of tests required to be completed each day and the time to complete each test. Determine the number of parallel tests that will have to be performed to gauge the size/square footage of the indoor spaces needed while maintaining 6-ft physical distancing. Consider using a calculation for 12-foot distancing to account for individuals moving around the space and passing each other. General rule for estimating capacity in that case would be total square footage of room divided by 144. Additional capacity can be considered depending on how directional and controlled the movement of individuals inside the space will be. The indoor space will ideally have multiple areas to separate stations and be sufficiently large to allow for one-way flow of people (with possible queues) between

stations while accommodating 6-ft physical distancing. A separate entrance and exit should be utilized to allow for one-way flow.

Specimen Collection: Utilize physical barriers to dedicate pathways to guide patients to the designated testing spaces. Designate separate spaces for each specimen collection station to reduce spread of COVID-19 from possible sneezing/coughing during specimen collection. These test stations can be separate rooms (with stand-alone HEPA filtration if central ventilation system is inadequate). Specimen collection can be performed in a normal examination room with the door closed. Alternatively, stations can be located in the same room with either an open-style setup where stations are separated by a minimum of 6-ft distance and physical barrier (i.e., curtain, plexiglass, etc.) or closed-style station consisting of fully-enclosed negative pressure testing pods. If the concern is cough or sneeze, would recommend three times the distance between stations in an “open floor” type setting (e.g. gymnasium or similar).

Storage Areas: Identify areas to store unused supplies away from specimen collection stations. These designed storage spaces will prevent contamination and reduce clutter in the testing space.

Cleaning and Disinfecting: Utilize furniture and supplies that are made from non-porous materials to facilitate effective disinfection. High touch surfaces and supplies shared with individuals being tested should be disinfected between uses. Work areas and any surfaces less than 6 feet from open specimen collection stations should be disinfected at minimum hourly. If any surface is visibly soiled, or in proximity to uncovered cough/sneeze should also be disinfected. Surfaces and supplies in the specimen collection area should additionally be cleaned and disinfected (using products on the EPA, List N) between shifts.

Ventilation and Filtration: Prioritize use of indoor spaces that are equipped with a properly maintained and balanced HVAC system that meets or exceeds ASHRAE 62.1 standards. Building operators should consider contracting with a professional HVAC engineering firm to inspect and commission their central HVAC system prior to operation of indoor spaces as testing facilities. Outdoor air supplied by the HVAC should be increased to the extent possible and MERV13 or higher rated filters should be utilized for recirculated air. Airflow patterns should be balanced to prevent stagnation and short circulating of air and maintaining negative pressure in testing spaces and other critical rooms (e.g. treatment or isolation rooms) in relation to common areas. Considering using portable HEPA air purifiers or local exhaust ventilation (fume extractor units) for supplemental filtration/ventilation when sufficient ventilation parameters cannot be achieved with the existing central system.

Security and Access: Confirm the space can be locked when not in use.

TESTING WORKFLOW

Check-in Station/Registration: This station should be outside or in a separate area from specimen collection. The points of entry to the facility should be monitored and limited. Check-in staff will ensure that people arriving to be tested are wearing a facemask and their hands are sanitized; masks (if needed) and sanitizer should be provided. Verify identity, distribute/collect signed consent forms and prepare test kit labels

Testing Station: Staff will describe the procedure and either conduct or observe/verbally guide the specimen collection. Staff will assist with bagging and transporting the collected specimens. [NOTE: may want to include additional instructions for staff who will observe self-collection. Patient taking their own sample can be directed to face in a particular direction (e.g. toward a wall or otherwise away from a common area) and the staff member can observe at a 90 degree or “blind spot” angle to avoid exposure to an inadvertent/unmasked sneeze or cough).

Check-out Station: Following specimen collection, individuals will receive exit educational material and instructions on how to obtain test results.

STAFFING CONSIDERATIONS

Preparation for Testing: Consider staff for the following roles:

- 1) Consent form and test kit labeling (check-in station/registration); and
- 2) Guides to direct people between stations/exit and troubleshoot issues.

Specimen Collection by Staff: Staff will be needed for the following testing roles:

- 1) Swabber to collect specimen; and
- 2) Bagger to assist swabber after specimen is collected.

Specimen Collection by Individual being tested: Staff will be needed for the following roles:

- 1) Observer to supervise and instruct proper sample collection; and
- 2) Bagger to seal bag for storage.

INFECTION CONTROL SUPPLIES

Personal Protective Equipment (PPE): For staff, a respiratory or facemask (N95 equivalent or higher-level), gloves, gowns, eye protection (goggles or face shield covering the front and sides of the face) are required. For people being tested, a face mask is required. Respirator or face mask with exhalation valves should not be used (individuals presenting with face masks with exhalation valves can be provided a surgical mask to go over their existing mask)

Sanitation and Hygiene: Cleaning supplies and disinfectants (EPA-registered, List N) supplies; bags/boxes for biohazard waste (red); bags/cans for general waste bags; dispensers with alcohol-based hand rub with 60%-95% alcohol. Access to potable water, soap, and paper towels. Supplies for cleaning any spills of transport media or biological specimens.

Testing Stations: For fully enclosed specimen collection stations, testing pods at negative pressure (with HEPA air filtration if existing HVAC systems are inadequate) are highly recommended. For open-area stations, local exhaust ventilation (fume extractor units) or stand-alone HEPA filtration units are recommended if adequate ventilation cannot be achieved with central HVAC system components.

OTHER SUPPLIES

General Supplies: Signage to post visual alerts (e.g., signs, posters) at the entrance and in strategic places (for example at each test station) and to provide instructions and remind patients of safety principles; general purpose tape appropriate to mark 6 feet distancing and direct flow, signs to direct flow one way; cooler and ice packs (or refrigerator with power access); first aid kit; locking cabinet to store testing materials.

Supplies for the On-Site Medical Team: Portable pulse oximeter; portable oxygen supply; portable blood pressure cuff/monitor; non-contact digital thermometers with extra batteries.