

# CORONAVIRUS OUTBREAK



## COVID-19 Guidance

### Guidance for COVID-19 Testing in Skilled Nursing Facilities

Currently, most states have mandated skilled nursing facilities to allow the local department of health to conduct onsite testing. While not common, California and New York allow EMTs and paramedics to work in skilled nursing facilities to address staffing shortages.

Each state issued waivers to allow this as it is outside of the scope of practice for employees. Additionally, each department needs to complete an assessment to determine what will be required to adapt medical protocol, adding to the scope of practice. This can usually be accomplished through emergency waivers submitted to the state for approval. Paramedic salaries should be covered through available COVID-19 funding so that this pandemic does not put further financial burdens on the fire department.

#### Types of Tests

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Nursing home testing may involve molecular testing for SARS-CoV-2, the virus causing COVID-19. This requires either swabs (nasal, nasopharyngeal or oral) or saliva tests. Swab testing requires either the state or local medical director to issue a waiver to allow swab testing to be part of the paramedic's scope of practice. Saliva testing might not require a waiver and is much safer for paramedics performing the testing. This is the preferred approach, if available.

The samples need to be sent to testing laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a that meet requirements to perform high or moderate complexity tests or have a Certificate of Waiver in the case of point-of-care tests. In general terms, the CLIA regulations establish quality standards for laboratory **testing** performed on specimens from humans, such as blood, body fluid and tissue, for the purpose of diagnosis, prevention or treatment of disease, or assessment of health.

Serological Point of Contact Testing is another option for testing and is in the current scope of practice as it is similar to drawing labs or conducting a BGL (dexti-stick, blood sugar). The department agency will need to ensure it has Clinical Laboratory Improvement Amendments (CLIA) and may have to add this type of testing to the list of what it is able to perform.

### **Training**

To avoid false or incomplete testing, the local medical director will need to provide training for the specific test to be conducted. Training should include a written and skill competency test to ensure the provider is fully competent to perform these tests. Written protocols for each department will need to be developed to include the following:

- Training/education on testing, equipment, patient management, chain of custody, paperwork, consent, required signatures, refusals, patient safety, provider safety.
- Proper Personal Protective Equipment
  - Donning
  - Doffing
  - Decontamination
- Engineering Controls
- Device and Collection Management
- Delivery to Lab
- Paperwork/Coding/Billing

### **Minimum PPE:**

- N95 respirator (fit tested)
- Impervious gown
- Exam gloves
- Eye protection (goggles or full-face shield)
- Shoe-coverings: Booties (because members are going into a hot spot)

**If members will be conducting multiple tests and moving from room to room, they may want to consider elevating the PPE to the following:**

- Air Purifying Respirator (APR) or Powered Air Purifying Respirator (PAPR)
- Tyvek/Tychem or Level C HazMat suit.

### **Exposure Reporting**

When conducting testing at a skilled nursing facility, it is important to document the exposures according to your exposure control plan.

Fire departments should seek the guidance from their local public health departments on coordinating with the skilled nursing facilities for how the testing will be performed, specimens collected and shipped to the lab.



**For more information, visit [www.iaff.org/coronavirus](http://www.iaff.org/coronavirus)**