

Post-Acute Regional Rapid Testing Program

Follow-up Information

What Should Our Facility Expect Regarding the Next Steps?

The Ohio Department of Health (ODH) Laboratory in Reynoldsburg will process the nasopharyngeal swab from your facility and report the results to the PARRT Program Call Center through a dedicated, Protected fax line. The estimated time to complete the COVID testing is currently between 24 and 28 hours depending on when the sample is received by the ODH Laboratory.

What Should Our Facility Do While We are Waiting for Results?

1. If not already done so, the suspected COVID case patient should be immediately placed in respiratory (droplet) isolation and facility staff should wear personal protective equipment (surgical mask, eye protection, gloves, gown, with optional items, including shoe and hair covers) while working with the suspected case patient. It is recommended that you reach out to your local health department to establish lines of communication which will be important if the COVID status of the patient is found to be positive.
2. It is recommended that clinical surveillance for other residents with possible typical (fever, cough, headache, shortness of breath) or subtle (altered mental status changes, decreased pulse oximetry readings of 3-5% from baseline) symptoms of COVID infection is heightened. Depending on staffing capabilities, some facilities institute every shift vital signs and clinical assessments (especially on the unit/floor/neighborhood) of the resident whose COVID status is pending.
3. Any additional suspected resident presentations should be reported as separate case(s) to the PARRT Program (generally the Ohio Department of Health would consider testing an additional 2 residents on the same unit/floor/neighborhood) to determine transmission within your facility. Different units, buildings or floors within your campus would be considered separate from the original index case(s) if they are cared for by different healthcare providers and would therefore managed as a separate potential outbreak necessitating up to 2 additional swab testing(s) of symptomatic patient(s).
4. It is strongly recommended that staff education of universal precautions and proper donning/doffing of PPE be reemphasized to all staff members
5. It is strongly recommended that the facility administrative team perform a 14-day look back of all staff and visitor interactions with the suspected case. It would be helpful to determine if anyone in this group of suspected case contacts have had any symptoms which could be attributed to COVID-19.
6. It is strongly recommended that the facility administration alert family members of the impacted resident and other residents indicating that a possible case of COVID-19 is currently under close investigation. It is generally preferable that the facility control the information being provided to family members as opposed to the press. A press statement should also be prepared in the event the patient is found to be positive.
7. Consider creating a specific COVID positive unit/floor/neighborhood in case the suspected case patient is found to be positive.
8. Sensitive advance care planning discussions regarding DNR status should be considered with the resident and/or DPOA-HC facilitated through the patient's physician, if possible.

What Should Our Facility Do If the Suspected Case Patient is Found to be COVID Positive?

1. Management of the COVID + patient should continue at the facility unless the patient appears to be decompensating, at which point transfer to the hospital should be considered depending on the patient's wishes regarding Advance Directives. Close monitoring for falling pulse oximetry readings, increased pulse rate, increased respiratory rate and hypotension should be performed. Facilities with adequate staffing have instituted every two-hour monitoring protocols of COVID-19 positive patients.
2. Notification of COVID + status to the Durable Power of Attorney for Health Care (DPOA-HC) and family is highly recommended. Precautions will be necessary if there is a need for future transport of the COVID-19 positive patient.
3. All patients on the same unit/floor/neighborhood should be placed in strict isolation with high index of suspicion for any signs/symptoms of COVID-19.
4. It is strongly recommended that the local hospital and EMS be notified that there is a COVID-19 positive patient at the facility.
5. The local health department (LHD) will be notified that there is a COVID + resident in your facility by the Ohio Department of Health; however it is recommended that you reach out to your point of contact at this point (established in advance as noted above) to discuss "next steps".
6. Your LHD may be able to assist you in obtaining additional PPE if it is through the local Emergency Medical Agency (EMA) to prevent facility clustering of COVID + cases.
7. The Ohio Department of Health and your LHD will likely want to swab test any staff members who have exhibited signs/symptoms of COVID-19.

What Should Our Facility Do if the Resident is Found to be COVID Negative?

1. Communication with family/DPOA-HC is important to help relieve anxiety regarding their loved one.
2. Communication with your staff is also critical to emphasize the need for meticulous infection prevention protocols (hand-washing, masking, physical distancing when possible) both at the facility and when they are at home.
3. It is important to continue monitoring the resident who was tested for signs and symptoms and continue use of masks and eye protection as a general recommendation for all patient encounters.
4. Education of families and patients regarding Advance Directives BEFORE a COVID infection occurs is recommended to allow them to thoughtfully consider how they would respond if they had to make decisions regarding transfer to the hospital, mechanical ventilation in the setting of severe respiratory distress, potential for long-standing respiratory consequences of advanced COVID disease and potential risk to health care workers in resuscitation efforts in the event of cardiac arrest. These are difficult but necessary considerations in light of the COVID pandemic and should be well-thought out in partnership with your medical director or patient's physician.

JMW – April 10, 2020