



**Guidance for Registered Nurses performing sampling for COVID-19 in
Residential Care Facilities**

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Contents

1	Introduction	3
1.1	Context.....	3
1.2	Purpose	3
1.3	Scope of Guidance	3
1.4	Responsibilities	3
2	Education and Training	4
2.1	Competency	4
3	The Environment.....	5
4	Preparation for the Procedure.....	5
4.1	Procedure.....	6
4.2	Consent	10
5	Storage and Transportation of samples.....	10
6	Environmental Cleaning.....	10
7	Required Reading.....	10
8	References	11
	Appendix 1 Guidance on Accessing COVID-19 Resources on HSELand.....	12
	Appendix 2 Statement of understanding.....	14
	Appendix 3 Self- Assessment of Competence	15

Introduction

Context

People living in Long Term Residential Care Facilities (RCF e.g. nursing homes, disability and mental health) are vulnerable populations and have been identified by the World Health Organisation as being at a higher risk of adverse outcomes from COVID-19 and at higher risk of infection due to living in close proximity to others. Factors contributing to high risk of adverse outcomes may include age and the high prevalence of underlying medical conditions. Factors contributing to higher risk of infection may include high care support with the activities of daily living in collective high physical contact environments. The response to COVID-19 in RCF should be based on preparedness, early recognition, isolation, care and prevention of onward spread (Health Protection and Surveillance Centre (HPSC) (2020))

As part of this response sampling of all residents and staff for detection of COVID-19 in RCF has been implemented in some facilities as an emergency measure.

Purpose

- The purpose of this document is to guide registered nurses performing sampling in RCF for detection of Covid-19 in RCF's.
- This document was compiled on May 1st 2020 and is subject to change in view of emerging guidance and recommendations. Please refer to <https://www.hpsc.ie> and local guidance.
- Note this guidance should be used in association with any specific guidance on sample submission available from the testing laboratory. Please note that sample requirements may change.

Scope of Guidance

- This guidance applies to registered nurses performing sampling for detection of COVID-19 in RCF's.

Responsibilities

- The Director of Nursing (DON) or Person in Charge (PIC) is responsible for ensuring that all registered nurses have read and understand this document, and sign the "guidance read and understood" sheet to demonstrate this.(Appendix 1)

- All registered nurses performing this procedure are responsible for being familiar with this guidance.
- All registered nurses are responsible for adhering to this guidance.

Education and Training

- All registered nurses complete training in Hand Hygiene technique and Infection Prevention and Control programme on HSEland.
- All registered nurses view the video on Sample Collection on HSEland (for guidance on accessing HSEland programmes see Appendix 2)
- All registered nurses should also be familiar with relevant guidance and videos on the www.hpsc.ie website.
- Ideally Face-to-face training with all registered nurses on donning and doffing Personal Protective Equipment (PPE) will be delivered taking into account social distancing. Where this is not possible alternative “cascade training” will be delivered to key members of staff in each RCF who will then replicate this training to colleagues.
- All registered nurses are familiar with the HSE National Consent Policy 2019.
- All Staff are familiar HSE Data Protection Policy (2019) and HSE Privacy Notice (2019).

Competency

- A buddy system for donning and doffing PPE is recommended to ensure that the correct process is followed.
- Competency in sample collection is assessed by performing swabbing on a staff member volunteer.
- Competency on sample collection and packaging is assessed and documented.
- For those without previous experience taking such samples, observation of at least 2 sample collections is appropriate with subsequent self-assessment of competence (Appendix 3)
- For those with previous experience this may not be required.

The Environment

The following guidance on the environment where sampling for COVID 19 should occur has been developed by the HPSC (Guidance on COVID-19 v1.0 21.03.2020) and amendments have been added to provide an environment in a RCF which will minimise disruption and distress to the resident.

- Sampling of residents may be performed in conjunction with timing of other planned care
- Generally it will be appropriate for sampling of residents to be performed in the resident's bedroom.
- To the greatest extent possible, the testing should be performed in a setting that allows for all surfaces, particularly all contact surfaces to be readily cleaned and disinfected.
- The space should be large enough to ensure testing is performed at least 1 m away ideally 2m from other people and from other staff.
- Staff should follow good infection prevention and control practice in particular careful attention to hand hygiene, respiratory hygiene and cough etiquette and should use appropriate PPE as per national guidelines (please see link below).
https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf
- Note sample collection is not considered an aerosol generating procedure associated with increased risk of pathogen transmission and the duration of face to face contact with the person being tested is brief therefore a surgical mask is appropriate.

Preparation for the Procedure

- Testing is be ordered by the GP or Public Health Doctor
- Appropriate materials for sampling are available (See local arrangements)
- Inform resident of the purpose of the test and what the test involves.
- Obtain verbal informed consent from the resident and document in care plan.
- The resident may wish to know how soon they can expect a result.

- If the resident is not able to give informed consent or refuses please see Section on consent.
- Perform a risk assessment with particular reference to the ability of the resident to follow instructions.
- Ensure that the details on the request form correspond to the requirements of the testing laboratory using the appropriate request form. At a minimum the request form should include residents name, date of birth or other identifier and the name of the requesting doctor and contact number.
- Do not pre-label sample containers for multiple residents as this is likely to lead to errors.
- If in doubt confirm that the swab type available conforms to the requirements of the testing laboratory
- This procedure is best performed by one registered nurse but, individual assessed needs of residents may require two persons are present to meet those needs. Where possible the second person should aim at maintaining a proximity of more than 2m from the resident.
- Based on a risk assessment, if the resident is leaving their room to go to a designated area for testing they may be requested to wear a mask (if tolerated, and rationale understood) if they are coughing or sneezing in order to avoid droplet spread.

Procedure

- Procedure for COVID-19 testing is the same as for Influenza sampling.
- Explain to the resident and ensure resident is seated comfortably preferably in a chair that they are able to rest their head.
- Explain procedure again to resident and confirm understanding and verbal consent.
- The procedure should be performed using contact and droplet precautions regardless of symptoms.
- Perform hand hygiene and don PPE as per procedure : Long sleeved gown, disposable gloves, surgical facemask and eye protection- goggles or visor as supplied (see hpsc.ie for updated guidance <https://www.hpsc.ie/a->

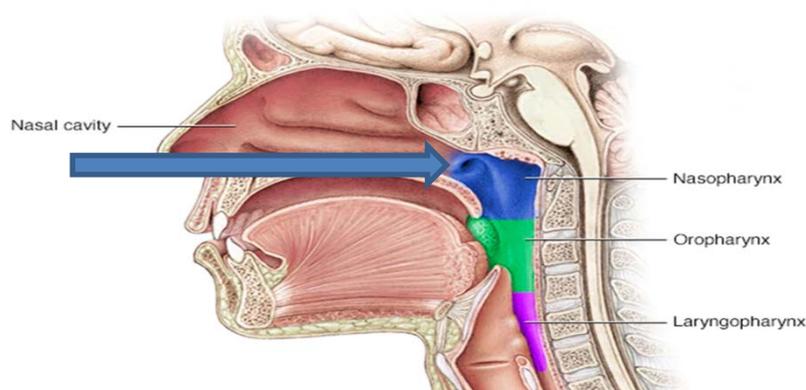
[z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/)

- If second person is present, perform hand hygiene and don PPE: plastic apron, surgical mask & gloves (see [hpsc.ie](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/) for updated guidance) <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/>
- Asks the resident to blow their nose into a tissue and disposes of it in Healthcare risk waste. Assist the resident to then perform hand hygiene.
- Confirm the details of the resident are correct on both the Laboratory form and the test tube.
- Open the test swab.
- Takes the swab in dominant hand and the tube in opposite hand. Loosen the lid for easy access.
- The resident is asked to rest their head gently back onto the chair and tilt their chin slightly forward.
- The resident is asked to open their mouth wide and to keep looking forward.
- Standing slightly to the side of the resident insert the swab into the resident's mouth and avoiding the teeth, tongue, uvula, side of cheek, swab the back of the oropharynx in circular motions.



- Remove the swab from the resident's mouth and inform them that you are going to insert the swab into their nose.

- Ask the resident if they have any difficulty with either nostril or any previous surgery.
- If so select the unaffected nostril.
- Insert the swab into the nostril sweeping the floor of the septum and insert as far as but no further than the red mark on the swab stick. (This should be approximately half way between the nostril and the ear).
- If you encounter difficulty with inserting the swab STOP and request further advice.



- Rotate the swab and gently remove.
- Place the swab all the way into the tube.
- Holding the swab shaft close to the rim of the tube and keeping the tube well away from your face break the swab stick and discard the end piece.
- Ensure that the lid is pressed down and securely tightened to prevent any leakage of the medium.
- Confirm that there are at least two resident identifiers on both the sample container and confirm that it matches the resident identifiers on the accompanying request form. Failure to label samples and mismatch in details on sample and request form are amongst the commonest reasons for sample rejection by laboratories.
- Ensure that a contact name and telephone number (mobile preferably) of the person to receive the results is clearly visible on the request form.
- Each sample needs to go into a specimen bag and the specimen bag or bags go into a box labelled bio hazard. Refer to ww.hpsc.ie for further guidance on

laboratorytesting.<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/laboratoryguidance/>

- Please note that specimens for COVID-19 testing have to be packaged separately from other laboratory samples.
- Remove gloves and perform hand hygiene.
- Perform hand hygiene and doff PPE as per www.hpsc.ie on donning and doffing of PPE guidance and place in Healthcare risk waste.
- Clean and disinfect all surfaces.
- Record procedure in residents care plan
- Perform hand hygiene and prepare for the next resident who requires testing

Where multiple staff and residents need to be tested on the same day the following is of note:

Residents in RCF's

- Each ward / unit/floor within the facility should be tested separately.
- This should to be planned and organised in a cohesive manner
- The nurse performing the test should perform hand hygiene and don appropriate PPE as outlined above.
- Where possible sampling should be performed first on residents who have no clinical features of COVID-19 and subsequently on those with clinical features of COVID-19
- Gowns and masks can be worn for sampling a number of residents on one ward/unit/floor provided they are not contaminated, but must be changed if contaminated or damaged. Gloves must be changed and hand hygiene performed between residents.
- Follow same process for next ward/unit within facility and so on.

Staff

- Ideally staff should be brought to a central point in a co-ordinated manner. This area should not be a resident care area or a space in which other work is being performed at the time.
- Sampling should be arranged so as to ensure that staff are not congregated for extended periods in a waiting area and they should be encouraged to maintain social distance
- It is reasonable to assume 5 minute appointments for each staff member.

- Nurse performing test wears appropriate PPE as outlined above, changing gloves and performing hand hygiene between each staff member being tested.
- Gowns and masks can be worn for sampling a number of staff in one session in one location provided they are not contaminated, but must be changed if contaminated or damaged. Gloves must be changed and hand hygiene performed between residents.
- PPE should be removed and hand hygiene performed if changing location or between sampling sessions.

Consent

The RCF staff should prepare a list of residents who they feel will be unable to take part and may become verbally or physically distressed as a result.

In some cases where clinical presentation suggests a diagnosis of COVID-19 and it is not possible to gain consent or where it would be too stressful for the person e.g. the Person living with dementia, the medical officer may decide not to refer for testing. In other circumstances where a resident refuses to have the procedure performed for whatever reason their will and preference is respected. The GP or Public Health Doctor is informed and decision documented in the residents record.

Storage and Transportation of samples

- Ensure that samples are dispatched to the testing laboratory as soon as possible. Confirm in advance with the testing laboratory how samples are being prioritised and the times where there is someone to receive samples.

Environmental Cleaning

Environmental Cleaning is performed as per Health Protection Surveillance Centre Guidance RCF

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/>

Required Reading

- Scope of Nursing and Midwifery Practice Framework available at:
<https://www.nmbi.ie/Standards-Guidance/Scope-of-Practice>

Scope of Nursing and Midwifery Practice Framework available at

<https://www.nmbi.ie/Standards-Guidance/Scope-of-Practice/Decision-Making-Flowchart>

- Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives available at:
<https://www.nmbi.ie/StandardsGuidance/Code>
- General Data Protection Regulation, HSELand eLearning Programme: The Fundamentals of GDPR available at [hseland.ie](https://www.hseland.ie)
- HPSC Guidance on COVID19
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers/>

References

Health Service Executive National Consent Policy 2019 available at:

<https://www.hse.ie/eng/about/who/gid/other-quality-improvement-programmes/consent/>

Health Service Executive, HSE Privacy Notice – Patients and Service Users (2019) available at: <https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-privacynotice-service-users.pdf>

Health Protection Surveillance Centre [COVID-19 Interim assessment, testing and outbreak guidance for residents in Residential Facilities and Long Term Care Facilities \(LTCF\)](#)

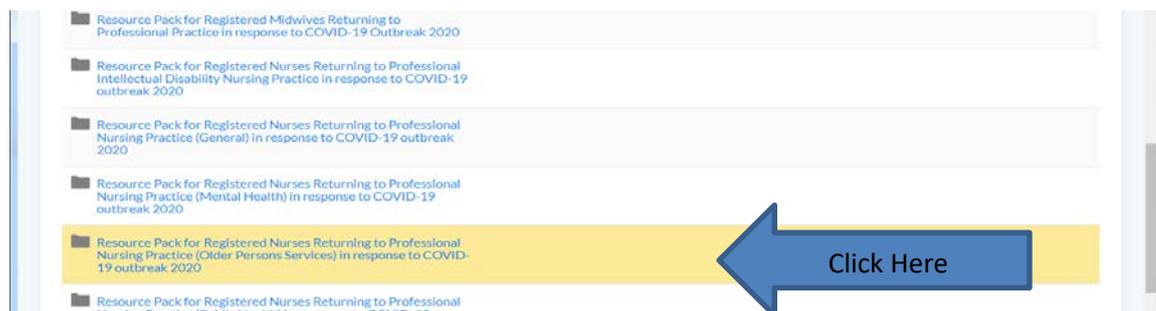
Health Service Executive Data Protection Policy (2019) available at:

<https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-data-protection-policy.pdf>

Health Protection Surveillance Centre Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units V3.2
17/04/20

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectio>

- Click on Resource pack for Registered Nurses and Registered Nurses Returning to Professional Nursing Practice (Older Person Services)



On Catalogue Content Page click on Infection Prevention & Control to access all Infection Prevention and Control eLearning programmes plus links to Health Protection Surveillance Webpage

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/videoresources/>

Catalogue Content	
Results 1 - 18 of 18	
Title	Learning Type
1. Introduction- Resource Pack for Registered Nurses Returning to Professional Nursing Practice	Online
2. COVID 19 Overview	Online
Communication	Programme
COVID19 Last offices	Online
COVID-19 Specific Guideline for Residential Care	Online
Cultural Diversity	Programme
Frailty	Programme
Health & Safety	Programme
Infection Prevention and Control	Programme
Irish Healthcare System	Programme

While you are there you will see a variety of other resources which are aimed at enabling you to provide safe, high quality, compassionate, person centred, evidence-based care to residents in your facility. So please do come back.

Appendix 2 Statement of understanding

I have read and understood the Guidance for Registered Nurses performing COVID 19 Sampling in Residential Care Facilities

Name of Residence	Staff Name (Print)	Signature	NMBI PIN	Date

	Critical Element	Date	Competent	Not Competent
Professional and legal requirements	I can discuss the role and function of clinical practice in the context of NMBI guidelines in relation to: 1. The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. 2. Scope of Nursing and Midwifery Practice Framework			
	I can accurately and comprehensively record my practice in accordance with NMBI Guidance on Recording Clinical practice (2015)			
	I can obtain and document consent in line with the National Consent Policy (2019)			
COVID -19 Infection, Prevention & Control Measures	I am familiar with the most up to date COVID-19 Interim assessment, testing and outbreak guidance for residents in Residential Facilities and Long Term Care Facilities (LTCF)			
	I have successfully completed and have been certified in Hand Hygiene			
	I have received instruction and can don and doff PPE as per guideline			
	I dispose of all used equipment in accordance with standard precautions and local policies			
	I am aware of laboratory requirements for packaging of sample			
Procedure	I have viewed the video on sampling collection for COVID-19			

	I practice considering the residents rights to privacy and confidentiality in line with the HSE Policy on Data Protection (2019) and HSE Privacy Notice (2019)			
	I have performed sampling for COVID-19 under direct supervision on a minimum of two occasions.			
	I am familiar with the content of the “Guidance for Registered Nurses performing sampling for COVID-19”.			
	I am aware of local arrangements on Storage and Transportation			

I have sufficient theoretical knowledge and practice to undertake Sampling for COVID-19 independently, and I acknowledge my responsibility to maintain my own competence in line with the Scope of Nursing & Midwifery Practice

Nurse's Signature: _____

Date: _____