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COVID-19 Testing and Education at the Allen Family Center

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NUR 4153: Nursing Leadership in Community Engagement

Dr. Heidi Monroe

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The Mount Baker community is home to many families experiencing homelessness and housing instability. According to the Department of Community and Health Services, there is an estimate of 40,800 people in King County who experienced homelessness in 2020 (King County Department of Community, 2021). The Allen Family Center (AFC) is an inviting community resource, partnered with Mary's Place and Mercy Housing Northwest, that serves families by providing assistance with housing, medical care, and childcare; recently, the AFC began providing COVID-19 testing available to anyone in the Mount Baker community. After assessing the AFC, our group, which consists of Seattle Pacific University (SPU) nursing students, determined that the AFC staff would benefit from further education regarding COVID-19 testing. Our goal for this project was for the AFC and its staff to be well-equipped with the skills and knowledge to operate a COVID-19 testing location for the surrounding Mount Baker community.

Background

Throughout the COVID-19 pandemic, there has been an increase in people experiencing homelessness and therefore an increased need for easily accessible COVID-19 testing (King County Department of Health, 2022). According to the King County Department of Health, the homeless population is at a higher risk of becoming infected with COVID-19 and experiencing severe illness related to COVID-19 (King County Department of Health, 2022). Fortunately, the AFC was provided with a large number of Binax COVID-19 testing kits for use in the Mount Baker community. However, the knowledge deficit within the AFC staff regarding safe COVID-19 testing protocol and infection prevention was a barrier to their confidence in facilitating safe COVID-19 testing. In addition to the knowledge deficit, the AFC is also limited in its ability to function fully due to setbacks related to COVID-19.

Activities

Our project consisted of reviewing current COVID-19 literature and testing protocols in order to create an educational binder for staff and clients. Our initial windshield survey of the AFC revealed the need to tailor the existing Mary's Place testing protocols to their unique space. These modifications included a streamlined and comprehensive screening tool, adjustments to the Mary's Place protocol, and details on safe donning and doffing of personal protective equipment (PPE). Our symptom screening tool was developed using the Centers for Disease Control and Prevention (CDC) as a reference with the intention of being simple and comprehensive (CDC, 2020). We included questions relevant for the AFC such as the clients race, ethnicity, and if they were pregnant. For the modified Mary's Place protocol, we included details on the use of the AFC space and specific testing procedures for the staff to follow. Finally, we provided educational infographics and links to videos regarding PPE donning and doffing; staff were educated to perform hand hygiene, wear a mask, and don gloves in order to promote staff safety. These three elements comprise the core of our project and final deliverables.

One of our nursing diagnoses was a staff knowledge deficit regarding COVID-19 testing protocols and safety surrounding hand hygiene, disinfection, and testing flow. This led us to review research around proper testing protocols, sanitation, donning and doffing of PPE, and proper waste disposal to educate staff. We also compiled resources for the surrounding community such as sick day protocols, a vaccine locator, and additional locations to obtain a COVID-19 polymerase chain reaction (PCR) test. After a review of the research, we compiled relevant information into a binder and digital folder intended for use and distribution by the AFC staff. We met with the AFC staff in person to deliver these elements, assess their current testing protocol, and review our planned protocol. At this point, we were able to demonstrate all the necessary education we gathered. Meeting face-to-face provided the opportunity to answer questions directly, collaborate and brainstorm with staff on final edits to the protocol, and demonstrate any hands-on techniques, such as properly donning and doffing gloves.

Ultimately, these resources are intended for ongoing use to protect the health and safety of staff and the community they serve.

Outcomes

Our first outcome goal was to improve staff knowledge of safe COVID-19 testing practices. A limitation to this was the complexity and number of steps required to complete safe and effective COVID-19 testing. To avoid this limitation, we provided a step-by-step document explaining the testing procedures for each person involved in the testing process (See appendix). After visiting the AFC and providing in-person staff training, we found that our goal was met when the staff was able to explain and perform the testing process accurately.

The second outcome we achieved was updating the AFC COVID-19 testing protocol to be current with the CDC guidelines for testing. Mary's Place provided their established protocol for COVID-19 testing. We realized their protocol would need to be adapted to the AFC. We utilized the most up-to-date CDC information in order to update the protocol and make it specific to the AFC. A major limitation to this is the ever-changing nature of COVID-19 protocol as new information comes to light. To combat this limitation, we opted to provide a digital copy of our resources so as information is updated, the AFC can remain equipped with the most current information directly from the provided sources.

The final outcome we hoped to achieve is an increased access to efficient, safe testing for the Mount Baker community. At this time, the AFC is testing their staff weekly and any clients who walk up to the building requesting COVID-19 testing. While we were able to meet this goal by facilitating the agency to open a new testing site at the AFC, we recognize that there is a limitation in how many clients can be tested due to COVID-19's impact on the AFC's ability to function at full capacity. As the pandemic settles, our hope is that the resources provided to the AFC will be sufficient to support their testing process and reach the greater Mount Baker community.

Conclusion

The newly established AFC in Mount Baker, Seattle has been providing COVID-19 testing to their staff and the greater community. The staff voiced their concerns about their knowledge deficit related to best practice protocol to keep themselves and clients safe and healthy. To best support both the staff and the Mount Baker community, SPU nursing students developed an evidence-based COVID-19 testing protocol for the AFC and provided educational materials and training. Through these interventions, we equipped the AFC staff with the education needed to facilitate a functioning and safe COVID-19 testing site. The AFC staff reported feeling empowered with the knowledge and confidence to carry out COVID-19 testing in a community facing a higher risk of exposure. A limitation to our project is the short timeline we were granted to work with the AFC because it limits our ability to see the long-term impact of our interventions.

Our work to empower the staff with educational material and safe testing protocol proved to be valuable to those we worked with at the AFC and surrounding community. Seeing the staff react positively to our interventions and deliverables proved that establishing a safe and functioning testing site positively affected the community by leading to increased access to testing, community awareness, and improved staff knowledge.

References

CDC. (2020, June 29). CDC Facilities COVID-19 Screening. Centers for Disease Control and Prevention. https://www.cdc.gov/screening/index.html

King County Department of Community and Human Services. (2021). *Integrating data to better measure homelessness* [Infographic]. Kingcounty.gov. https://kingcounty.gov/~/media/depts/community-human-services/department/documents/KC_DCHS_Cross_Systems_Homelessness_Analysis_Brief_12_16_2021_FINAL.ashx?1

King County Department of Health. (2022, January). *Homelessness and Covid-19*. Homelessness and COVID-19 - King County. Retrieved February 23, 2022, from https://kingcounty.gov/depts/health/covid-19/data/homeless.aspx

Appendix

A copy of the step-by-step instructions provided to the AFC on how to go through the process of screening and testing.

Roles and Workflow

If there aren't clients showing up back-to-back, the roles of the screener & tester can be combined into 1 role

SCREENER

ITEMS TO PLACE ON SCREENING TABLE IN FOYER AREA:

- Gloves
- Cleaning wipes
- Swabs
- Info packet for clients
- Screening tool
- Name cards

PRIOR TO TESTING:

- Screener comes out to foyer area
- Complete screening tool & name card, give to tester
- Give client educational materials
    - Sick day protocol
    - QR codes for additional testing sites
- Provide client with swab and instruct on use.
    - Testing Education for Client
        - Client will insert swab ½ inch in nostril and circle the swab around in nostril 10 times. Repeat in other nostril.
        - Client will hand swab to tester
- Instruct client to enter bike room and complete swabbing

AFTER CLIENT TESTING IS COMPLETE AND CLIENT HAS EXITED BIKE ROOM:

- Don gloves
- Disinfect door handles (bike room door & main entrance door)
    - Allow time for disinfectant to dry (refer to sheet in binder regarding drying times for different types of disinfectants)
- Disinfect thermometer
- Doff gloves
- Sanitize hands

Roles and Workflow

TESTER

- Don gloves, don gown if available

- Retrieve screening tool and name card from screener, place info into Simple Report
- Obtain swab from client
- Instruct client to do the following:
    - Exit building, client will be contacted later about test result
    - If unable to contact via text/email, instruct the client to wait in the big play area/kitchen room until results are in (ensure that clients are spaced 6 feet apart if multiple clients are waiting in the big play area/kitchen room).
- Add reagent
- Set timer & write starting time on name card
- Doff gloves
- Hand hygiene

ONCE THE APPROPRIATE AMOUNT OF TIME HAS PASSED:

- Don gloves
- Dispose of test in designated trash can*
- Doff gloves
- Hand hygiene
- Enter test results into SimpleReport
- Don gloves
- Disinfect testing table
- Doff gloves
- Hand hygiene

*There will be a lidded garbage can with a sign specifying that it's for COVID-19 testing waste only. On days when the janitorial team is expected to show up, the trash will be tied up.

ALLEN FAMILY CENTER

Covid-19 Testing Protocol

Information included in this binder is up-to-date as of March 2022

Roles and Workflow

If there aren't clients showing up back-to-back, the roles of the screener & tester can be combined into 1 role

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- Don gloves
- Disinfect door handles (bike room door & main entrance door)
    - Allow time for disinfectant to dry (refer to label on cleaning bottle/wipes you are using)
- Disinfect thermometer
- Doff gloves
- Sanitize hands

Roles and Workflow

TESTER

- Don gloves, don gown if available
- Retrieve screening tool and name card from screener, place info into Simple Report
- Obtain swab from client
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Abbott

BinaxNOW™ COVID-19 Ag CARD

Technical Support Advice Line
Further information can be obtained from your distributor, or by contacting Technical Support on:
US +1 800 257 9525 ts.scr@abbott.com

PROCEDURE CARD

For Use Under an Emergency Use Authorization (EUA) Only.

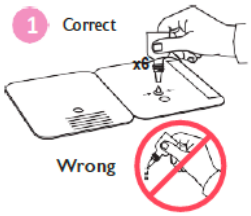
The BinaxNOW COVID-19 Ag Card is a lateral flow immunoassay for the qualitative detection of the nucleocapsid protein antigen to SARS-CoV-2 directly from anterior nasal (nares) swab specimens collected from individuals who are suspected of COVID-19 by their healthcare provider within seven days of the onset of symptoms.

IMPORTANT: See Product Insert, including QC section, for complete use instructions, warnings, precautions and limitations. **False negative results may occur if specimens are tested past 1 hour of collection. Specimens should be tested as quickly as possible after specimen collection.** Open the test card just prior to use, lay it flat, and perform assay as follows.

Part 1 - Sample Test Procedure

Patient Samples require 6 drops of Extraction Reagent.

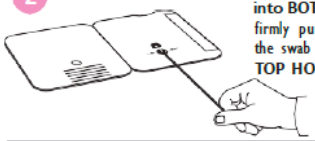
1 Correct



Wrong

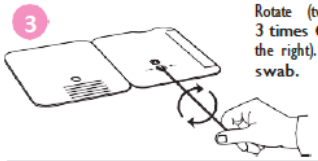
Hold Extraction Reagent bottle vertically. Hovering 1/2 inch above the TOP HOLE, slowly add 6 DROPS to the TOP HOLE of the swab well. DO NOT touch the card with the dropper tip while dispensing.

2



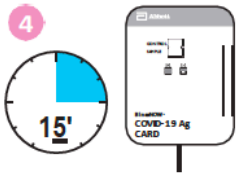
Insert sample or control swab into BOTTOM HOLE and firmly push upwards so that the swab tip is visible in the TOP HOLE.

3



Rotate (twirl) swab shaft 3 times CLOCKWISE (to the right). Do not remove swab.

4



Peel off adhesive liner from the right edge of the test card. Close and securely seal the card. Read result in the window 15 minutes after closing the card. In order to ensure proper test performance, it is important to read the result promptly at 15 minutes, and not before. Results should not be read after 30 minutes.

Used test cards should be discarded as Biohazard waste according to Federal, State and local regulatory requirements.

Part 2 - Result Interpretation

A **negative specimen** will give a single pink/purple colored Control Line in the top half of the window, indicating a negative result. This Control Line means that the detection part of the test was done correctly, but no COVID-19 antigen was detected. Negative results should be treated as presumptive and confirmation with a molecular assay, if necessary, for patient management, may be performed.

Negative Result

Pink/Purple Control Line

A **positive specimen** will give two pink/purple colored lines. This means that COVID-19 antigen was detected. Specimens with low levels of antigen may give a faint Sample Line. Any visible pink/purple colored line is positive.

Positive Result

Pink/Purple Control Line

Pink/Purple Sample Line

If no lines are seen, or if just the Sample Line is seen, the assay is invalid. Invalid tests should be repeated.

Invalid Result

No Control Line

Blue Control Line Only

Sample Line Only

Blue Control Line
Sample Line

Procedure for External Quality Control Testing

External Controls require 8 drops of Extraction Reagent

1. Hold Extraction Reagent bottle vertically. Hovering 1/2 inch above the TOP HOLE, slowly add 8 DROPS to the TOP HOLE of the swab well. DO NOT touch the card with the dropper tip while dispensing.
2. Follow Steps 2 – 4 of the Test Procedure shown.

In the USA, this product has not been FDA cleared or approved but has been authorized by FDA under an EUA for use by authorized laboratories; use by laboratories certified under the CLIA, 42 U.S.C. §263a, that meet requirements to perform moderate, high or waived complexity tests. This test is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation. This product has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens. In the USA, the emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of the virus that causes COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

Abbott Diagnostics Scarborough, Inc.
10 Southgate Road
Scarborough, Maine 04074 USA
www.globalpointofcare.abbott

℞ Only
IVD

IN195001 Rev. 2 2022/02

Abbott
BinaxNOW
COVID-19 Ag

ProCard

Size:
5.5" x 8.0"

Printed Colors

CMYK

Incoming Inspection Colors
(For Reference Only)
Colors below are not used for printing

- PMS2995 U Primary Blue
- PMS2995 U Primary Blue 70%
- PMS224 U Magenta Pink
- PMS303 U Dark Blue
- PMS185 U Red
- PMS185 U Red 70%

PN: IN195001
Rev: 2

Date of Last Revision:
2.5 2022/2

Allen Family Center COVID-19 Screening Tool[1]

Name:_____ Date of birth:_____

Address_____ Phone number:_____

Temperature:_____

Have you had any of the symptoms in the list below in the past 48 hours?
IMPORTANT: *Check the box even if the symptom(s) are because of some other medical condition (Ex: A runny nose because of allergies).*

- ☐ fever or chills
- ☐ cough
- ☐ shortness of breath/difficulty breathing
- ☐ fatigue
- ☐ muscle or body aches
- ☐ headache
- ☐ new loss of taste or smell
- ☐ sore throat
- ☐ congestion or runny nose
- ☐ nausea or vomiting
- ☐ diarrhea

Have you had close contact with anyone you know that has tested positive for COVID- 19? *(Close contact includes being within 6 feet for 15 minutes or more over the course of 24 hours).*

- ☐ Yes
- ☐ No

Have you been vaccinated for COVID-19?

- ☐ Yes
- ☐ No

What is your race/ethnicity?

- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Hispanic or Latinx
- ☐ White or Caucasian
- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other/not listed:_____

Are you pregnant?

- ☐ Yes
- ☐ No

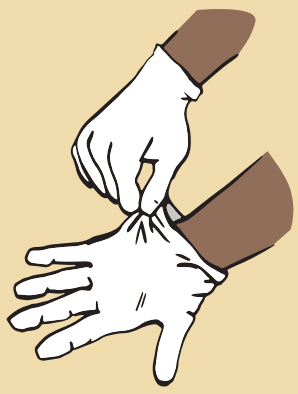
1. CDC. (2020, June 29). CDC Facilities COVID-19 Screening. Centers for Disease Control and Prevention. https://www.cdc.gov/screening/index.html

Name: **DOB:** **Time:**	**Name:** **DOB:** **Time:**
Name: **DOB:** **Time:**	**Name:** **DOB:** **Time:**

How to Remove Gloves

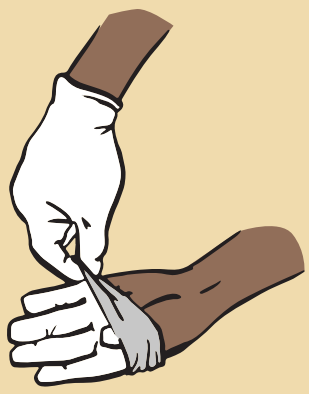
To protect yourself, use the following steps to take off gloves

1



Grasp the outside of one glove at the wrist. Do not touch your bare skin.

2

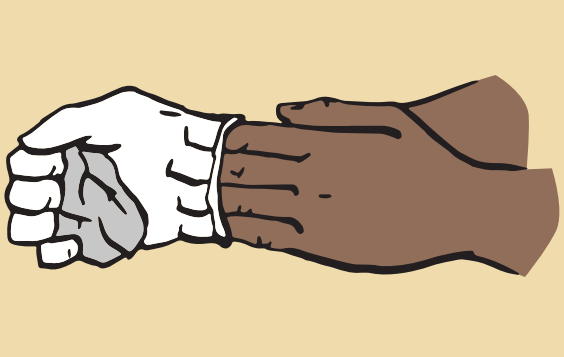


Peel the glove away from your body, pulling it inside out.

3

Hold the glove you just removed in your gloved hand.

4



Peel off the second glove by putting your fingers inside the glove at the top of your wrist.

5

Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.

6

Dispose of the gloves safely. Do not reuse the gloves.

7

Clean your hands immediately after removing gloves.

CDC, 2022 https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf

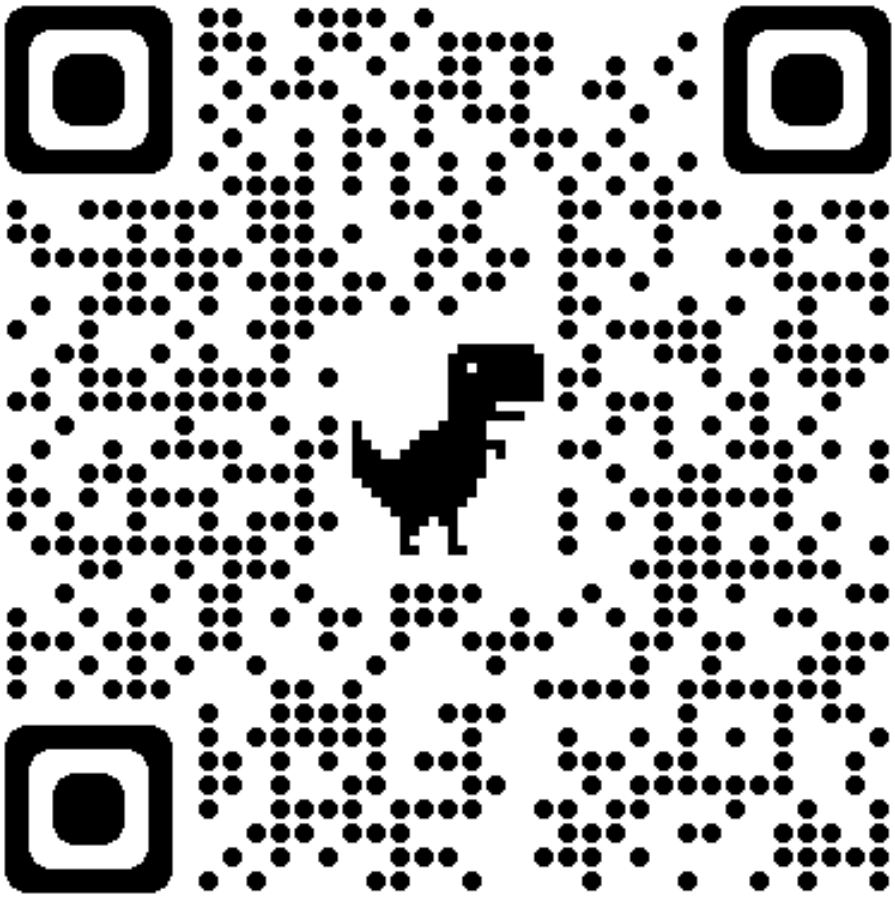
Adapted from Workers' Compensation Board of B.C.

CS 254759-A

Putting on PPE (Donning) Demonstration Video

Removing PPE (Doffing) Demonstration Video

Covid-19 Frequently Asked Questions for those Experiencing Homelessness



When You Are Sick

Accessible version: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

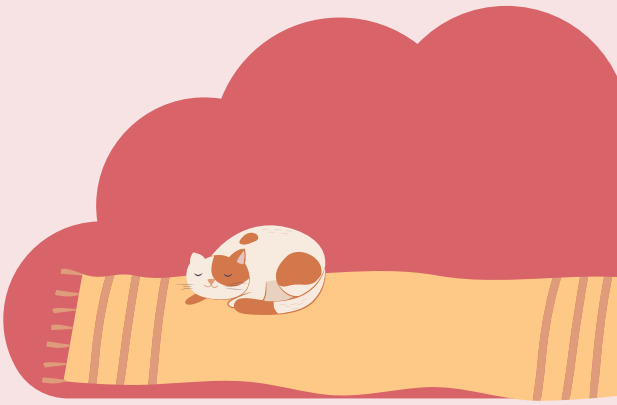
If you are sick follow these steps

Stay home except to get medical care

- Wear a mask.
- Stay at least 6 feet apart from others.
- Wash your hands often.
- Cover your coughs and sneezes.
- Clean high-touch surfaces every day.

Stay separate from other people and pets in your home

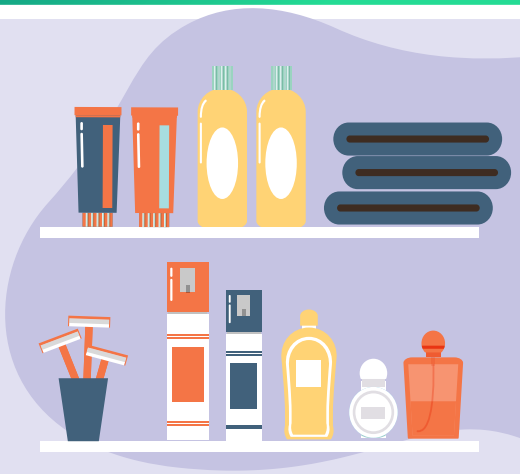
- Stay in a specific room as much as possible.
- Stay away from other people and pets in your home.
- If possible, you should use a separate bathroom.
- If you need to be around other people or animals in or outside of the home, wear a mask.



When You Are Sick

Do not share personal household items

Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.



Monitor your symptoms

Symptoms of COVID-19 include fever, cough, shortness of breath and more.

Follow instructions from your healthcare provider and local health department.

When to seek emergency medical attention

If someone is having

- Trouble breathing.
- Persistent pain or pressure in the chest.
- Inability to wake or stay awake.
- Pale, gray, or blue-colored skin, lips, or nail beds depending on skin tone.

Seek emergency medical care immediately. Call 911 or call ahead to your local emergency facility
Notify the operator that you are seeking care for someone who has or may have COVID-19.

Cuando esté enfermo

Versión accesible: https://espanol.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

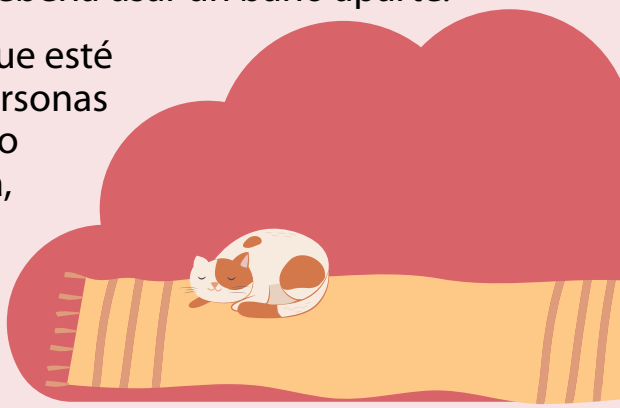
Si usted está enfermo tome estas medidas

Quédese en casa, excepto para conseguir atención médica

- Póngase una mascarilla.
- Manténgase a por lo menos 6 pies o 2 metros de los demás.
- Lávese las manos con frecuencia.
- Cúbrase la nariz y la boca cuando tosa y estornude.
- Limpie todos los días las superficies que se tocan con frecuencia.

Manténgase alejado de las otras personas y de las mascotas en su casa

- Permanezca en una habitación específica tanto como sea posible.
- Manténgase lejos de las otras personas y de las mascotas en su casa.
- De ser posible, debería usar un baño aparte.
- Si es necesario que esté cerca de otras personas o animales dentro o fuera de la casa, póngase una mascarilla.

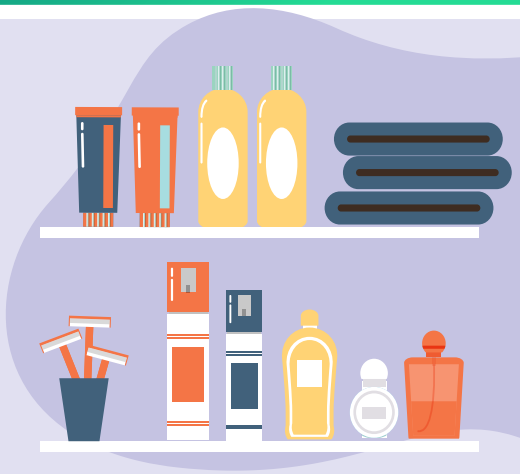


MLS 323778-B 327070-AD 09/24/2021

Cuando esté enfermo

No comparta artículos del hogar de uso personal

No comparta platos, vasos, tazas, cubiertos, toallas o ropa de cama con otras personas que estén en su casa.



Vigile sus síntomas

Los síntomas del COVID-19 incluyen fiebre, tos, dificultad para respirar y otros más.

Siga las instrucciones de su proveedor de atención médica y del departamento de salud local.

Cuándo buscar atención médica de emergencia

Si alguien tiene

- Dificultad para respirar.
- Dolor o presión persistentes en el pecho.
- Dificultad para despertarse o permanecer despierto.
- Color pálido, gris o azulado de la piel, los labios, o el lecho de las uñas, dependiendo del tono de piel.

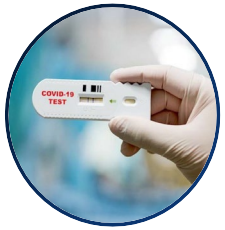
Busque atención médica de emergencia inmediatamente. Llame al 911 o a su centro de emergencias local antes de ir. Avísele al operador que está buscando atención médica para una persona que tiene o podría tener COVID-19.

Two major types of tests are available for COVID-19: PCR and Antigen

Lab-based PCR Testing

PCR testing is most effective option to **identify whether individual is infected**, but takes longer to receive a result

- Turnaround times generally 24-72 hours
- More sensitive test makes PCR the best option to identify cases early that are in early stage of infection or post infectious phase



Antigen Testing

Antigen testing is most effective option to **quickly identify whether individual is infectious**

- Results provided within 15 minutes
- Best option if patient expects contact with high-risk individuals over next 24-48 hours
- Lower sensitivity means some cases may not be detected if viral load is low

Source: *Rethinking Covid-19 Test Sensitivity — A Strategy for Containment,* New England Journal of Medicine, Nov. 26, 2020

Seattle

COVID-19 **Testing Locations**

Nearby in and around South and West Seattle

Visit the testing site's website to schedule an appointment online.

SODO Testing Site (City of Seattle)

Drive-up testing
3820 6th Ave. S. in Seattle
Hours: Monday-Saturday, 9 a.m. - 5:30 p.m.

Curative Walk-up Kiosks

Hours: Monday-Saturday, 8 a.m. - 3 p.m.
Take test on site and receive results digitally in 1-2 days.

- **Kings Hall/Mt. Baker Light Rail**
  2929 27th Ave. S. in Seattle
- **Don Armeni Boat Ramp**
  1222 Harbor Ave. SW in Seattle

Renton Testing Site (HealthPoint Clinic)

805 SW 10th St. in Renton
Hours: Monday-Saturday,
8:30 a.m. - 5:30 p.m.

Tukwila Testing Site

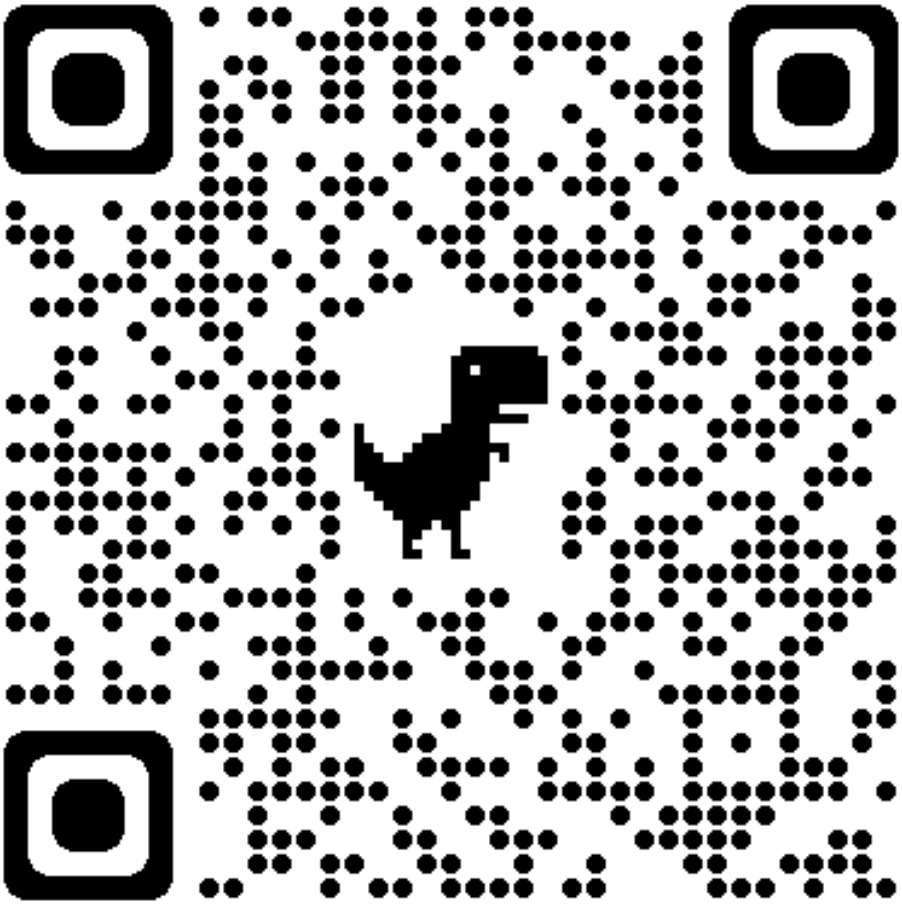
3455 S. 148th St. in Tukwila
Hours: Monday-Saturday,
9:30 a.m. - 5:30 p.m.

Visit *Public Health - Seattle & King County's* website for additional COVID-19 testing locations near you:

Rainier Beach and West Seattle testing sites transitioned to full-time COVID-19 vaccination sites. If you are eligible, join the notification list to be vaccinated: seattle.gov/vaccine

VACCINE LOCATOR

Courtesy of the Washington Department of Health



- COVID-19 vaccines are now available to everyone 5 and older.
- COVID-19 vaccine boosters are now recommended for everyone age 12 and older. People 18 and older should get your booster either 2 months after your dose of Johnson & Johnson or 5 months after your second dose of Moderna or Pfizer. People ages 12-17 can only get a Pfizer booster.
- COVID-19 vaccine third dose (additional dose) is now recommended for immunocompromised individuals ages 5 and older.
- When getting your COVID-19 vaccine, ask your provider about the flu vaccine.