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MDPH guidance for COVID-19 testing sites

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As winter approaches in Massachusetts, it may be necessary to move some COVID-19 testing that is currently being done outdoors into indoor spaces. Even in cold weather, it may be possible to maintain outdoor testing, for example drive-through sites, by providing adequate protection from the elements and warm (socially distanced) break areas for staff**. If it becomes necessary to move a testing site indoors or create an indoor testing site, please consider the following, adapted from CDC guidance:**

- In general, an outdoor location for mass testing events is preferred because there is better ventilation and more room for social distancing. Provide climate-controlled or climate-protected rest areas (large enough for social distancing) for staff.

- **If an outdoor location is not feasible, large indoor spaces (e.g., gymnasiums) are best, where sufficient space can be maintained between stations (i.e., greater than 6 feet between stations, as measured edge to edge).**

Space Set-up and Cleaning:

- For indoor specimen collection activities, **designate separate spaces for each specimen collection testing station**, either rooms with doors that close fully or protected spaces removed from other stations by distance and physical barriers, such as privacy curtains and plexiglass.
  - **To prevent inducing coughing/sneezing in an environment where multiple people are present and could be exposed,** avoid collecting specimens in open-style housing spaces with current residents or in multi-use areas where other activities are occurring.

- **Do not keep testing and other supplies in the immediate specimen collection area to avoid the possibility of contaminating test materials**. Consider having each person carry their prefilled specimen bag (containing a swab and labeled sterile viral transport media container) from the check-in area to the specimen collection area.

- **Clean and disinfect all surfaces often using an Environmental Protection Agency-registered disinfectant:**

    - After each encounter for surfaces other than the floor, such as counters and chairs, within 6 feet of where specimen collection was performed;
    - Anytime the surface is visibly soiled or within 6 feet of an uncovered cough or sneeze;
    - At the end of shift for all surfaces and equipment in the specimen collection area.

- **Place touchless hand sanitizers** between each station and at the facility's entrance.

Testing Protocol:

- **Consider the use of anterior nasal swabs** rather than nasopharyngeal swabs as this is less likely to induce coughing or sneezing, where possible based upon the laboratory assay to be performed.

- As able, **all participants undergoing testing should wear a facemask** or cloth face covering throughout the process, only **lowering it below the nose** during swabbing.

- **Provide facemasks or cloth face coverings** for those undergoing testing in the area being used for the testing event. Cloth face coverings should not be used by:
    - Children under age 2, or
    - Anyone who uses supplemental oxygen, has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Testing Flow:

- **Make use of an appointment system when feasible** to avoid crowding during peak times.

- **Designate stations** with clear functional roles, define responsibilities for staff in each station, and provide PPE guidance to staff as appropriate to their role (see example in **Figure below**).
    - To prevent contamination, testing staff in PPE should not leave the testing area.

- **Develop a plan** of how individuals will flow through functional stations in one direction (see example in Figure below).
    - Pilot the processes and flow before the actual testing event.
    - Staff could be tested at this time.

- **Coordinate so that the flow of individuals is steady, moves in one direction, and does not lead to crowding.**
    - Minimize the amount of time an individual spends in the testing area.

- Individuals awaiting swabbing s**hould not wait within 6 feet of where swabbing is being** done or downstream from the area if the indoor space has directional airflow.
- Have the person being swabbed **face away from others** so that if they cough or sneeze, the respiratory droplets will not be directed toward another person or a space where others will walk.
- Maintain at least **6 feet of distance** between individuals and use physical barriers where appropriate. In situations where people will form lines, encourage people to stay 6 feet apart by providing signs or other visual cues, such as tape or chalk marks.

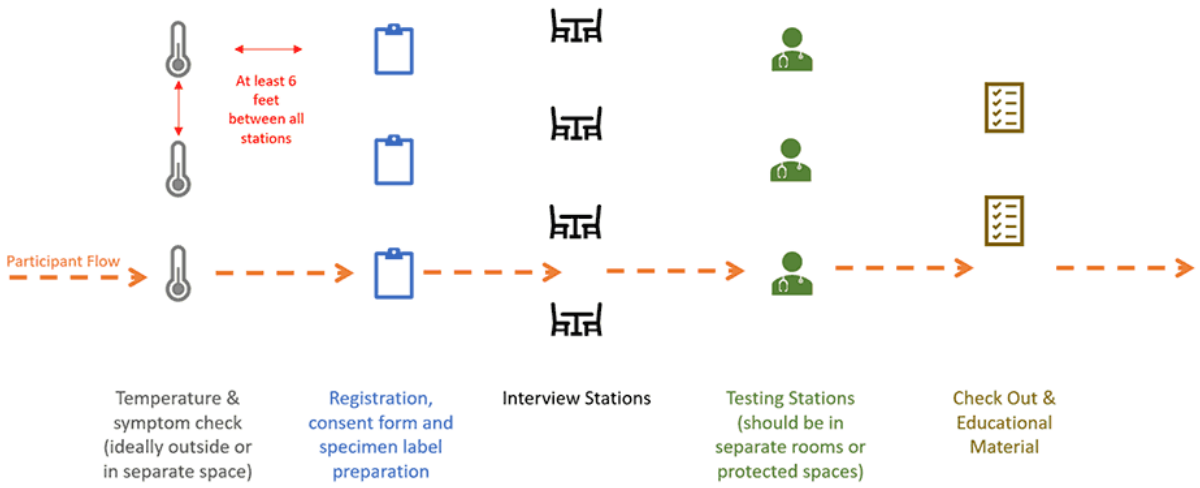

Figure: Example of layout and flow of individuals being screened. *Station tables should always be at least 6 feet apart. Keep as much distance as possible between staff and participants. Use physical barriers (e.g., plexiglass) where appropriate. Place chairs at an angle to reduce face-to-face exposure.*

1. ASHRAE. ASHRAE Position Document of Infectious Aerosols. www.ashrae.org/file%20library/about/position%20documents/pd_infectiousaerosols_2020.pdf
2. ASHRAE. Frequently Asked Questions (FAQ). www.ashrae.org/technical-resources/frequently-asked-questions-faq
3. CDC. Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings. www.cdc.gov/coronavirus/2019-ncov/hcp/broad-based-testing.html

Ventilation:

- To reduce possible exposures during indoor testing events **maximize fresh air, review filtration in HVAC systems, and increase air exchanges if there isn't access to fresh air.** The use of portable HEPA filter units can be considered for spaces without adequate ventilation.

- **To increase air exchanges and to expedite removing infectious particles, adopt protective engineering control ventilation techniques** (see MMWR Vol 43 (RR13)pdf icon, Supplement 3: Engineering Controls) such as local exhaust source control, directional airflows, adequate ventilation, and/or the use of portable HEPA filters. Negative pressure testing rooms may be considered but are not necessary.