

Covid 19 Testing

Effective: 5/11/20

Revised: 5/6

Reviewed: 5/8/20

PURPOSE

To provide a safe and “virus free” environment for all clients and staff of the Bobby Benson Center.

POLICY

The Bobby Benson Center engages in consistent and “as needed” COVID 19 testing of clients and staff to ensure a Corona virus free facility. BBC is contracted with S&G labs to provide these COVID 19 testing.

PROCEDURE

1. All clients who are admitted to the Bobby Benson Center and who have not been medically cleared by the BBC’s MD or RN will be tested for COVID 19 upon arrival.
2. BBC medical team together with Client’s external team will coordinate efforts to have all consent forms signed before or at admission.
3. Medically cleared clients will be admitted from HYCF, DH, Kahi Mohala and Queens Hospital after being quarantined for up to 14 days. Other medically cleared clients will be those who have tested negative no more than 24 hours before admission to BBC.
4. All clients who elope from the BBC program and are out of staff’s sight in the community will be tested upon return to the facility.
5. All testing will be covered by each client’s insurance provider. No medical bills will be charged to the clients or their families. All billings discrepancies will be resolved by BBC’s accounting department.
6. The process will be as follows:
 - A) Upon the arrival of the client to the facility, designated tester (RN, BBC Certified tester or S&G Certified tester) will be notified to be ready for testing.
 - B) Designated tester will be dressed in PPEs.
 - C) Tester will administer the test according to guidelines set by CDC and S&G labs.
 - D) Tests will be sealed in pre addressed containers and shipped immediately to S&G labs.
 - E) Tests results will be reported in 48 hrs.
 - F) Client will continue admissions process and will remain at the Safe House until test results are reported through the S&G portal or fax.
 - G) CD and RN will determine the results of the tests and proceed accordingly.
 - H) Clients with negative test results will relocate to BBC main facility to continue treatment.
 - I) Clients with positive test results will be referred to MD for medical treatment. He/ She will remain at the Safe House until completion of treatment regimen or a repeated test showing negative test results.
 - J) Immediately after the client has been cleared by the MD he/she will be relocated to BBC main facility to continue treatment.

7. The administered test will be nasal swab to determine the presence of the Coronavirus in the client's system.
8. The antibodies test will be available for testing those who have been exposed to the Coronavirus. Those tests will only be administered by the S&G designated testers. These tests will be scheduled only by request from the CD through BBC's FC.
9. Staff members can be tested through BBC's contract with S&G labs. Each staff member will be responsible for payment of their tests through their individual medical insurance providers.
10. Staff member will sign a consent form indicating their consent to test for the Coronavirus and reporting of the results to BBC administrators.
11. Training for all designated testers will be facilitated by S&G labs technicians.
12. It is BBC's goal to test all staff members and clients to ensure a virus free facility.

Consent Forms Below

BOBBY BENSON CENTER

INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING

Please carefully read the following informed consent:

- I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasopharyngeal swab, as ordered by an authorized medical provider or public health official.
- I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- I acknowledge that a positive test result is an indication that I must continue to self-isolate in an effort to avoid infecting others.
- I understand that I am not creating a patient relationship with Bobby Benson Center by participating in testing. I understand the testing unit is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- I understand that, as with any medical test, there is the potential for false positive or false negative test results can occur.
- I acknowledge that I have been given a copy of Bobby Benson Center Privacy Policy. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to testing for COVID-19.

Signature of Client/Guardian

Date

BBC Staff

Date

AGREEMENT FOR SELF-ISOLATION

The local health jurisdiction has determined that if you are under suspicion for having COVID-19 due to symptoms and testing request, that it is necessary to be placed in isolation in order to prevent the transmission of this infection. It is important for you to comply with this Isolation Agreement in order to protect the public's health. Thank you for agreeing to cooperate.

Please carefully read and comply with the following statements:

- a. I understand that I may be infected with the virus causing COVID-19 and that I meet criteria for isolation.
- b. I agree that while I wait for my COVID-19 test results, I will remain in self-isolation.
- c. I agree that if my COVID-19 test results are positive, I will remain isolated for 7 days from this day of testing or until at least 72 hours after my symptoms have resolved, whichever is longer.
- d. I agree that if my COVID-19 test results are negative, I will remain isolated until at least 72 hours after my symptoms have resolved.
- e. I understand that if I am not isolated while ill, I could pose a substantial threat to the health of other persons.
- f. I agree that I will not come into contact with any other person who is not isolated or ill due to potential COVID19 infection. I, the undersigned, have been informed about the test purpose; procedures, possible benefits and risks, and I have received a copy of this Informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time.

I voluntarily agree to testing for COVID-19 and to self-isolation.

Client/Guardian

Date

BBC Staff

Date

BOBBY BENSON CENTER

INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING

Please carefully read the following informed consent:

- I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasopharyngeal swab, as ordered by an authorized medical provider or public health official.
- I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- I acknowledge that a positive test result is an indication that I must continue to self-isolate in an effort to avoid infecting others.
- I understand that I am not creating a patient relationship with Bobby Benson Center by participating in testing. I understand the testing unit is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- I understand that, as with any medical test, there is the potential for results to show a *false positive or false negative*.
- I acknowledge that I have been given a copy of the *Bobby Benson Center Privacy Policy*. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to the testing for COVID-19.

Signature of Staff

Date

BBC Representative

Date

Agreement for Self-Isolation & Reporting

The local health jurisdiction has determined that if you are under suspicion for having COVID-19 (due to symptoms and testing), that it is necessary for you to be placed *in isolation* in order to prevent the transmission of this infection. It is important for you to comply with this Isolation Agreement in order to protect the public's health. Thank you for agreeing to cooperate.

Please carefully read and comply with the following statements:

- A. I understand that I may be infected with the virus causing COVID-19 and that I meet criteria for isolation.
- B. I agree that if my COVID-19 test results are positive, I will remain isolated for 7 days from this day of testing or until at least 72 hours after my symptoms have resolved, whichever is longer. Any and all missed days will be taken as PTO. Those without PTO will take *time off without pay*.
- C. I agree that if my COVID-19 test results are negative, I will remain isolated until at least 72 hours after my symptoms have resolved, if I have shown symptoms.
- D. I understand that if I am not isolated while ill, I could pose a substantial threat to the health of other persons.
- E. I agree to have the results of my COVID-19 test submitted to BBC's Admin representative for assurance that I am free of the Coronavirus.
- F. I agree that I will not come into contact with any other person who is not isolated or ill due to potential COVID-19 infection. I, the undersigned, have been informed about the test purpose; procedures, possible benefits and risks, and I have received a copy of this Informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time.

Signature of BBC Employee

Date

BBC Staff

Date