IDAHO DEPARTMENT OF HEALTH & WELFARE

Testing Strategy for Long-Term Care Facilities* in Idaho
June 3, 2020

This document summarizes recommendations and priorities for COVID-19 testing for residents and healthcare personnel (HCP) in long-term care facilities (LTCF).

I. Goals of LTCF testing:

This document establishes priorities for the purpose of optimizing SARS-CoV-2 reverse transcription polymerase chain reaction (RT-PCR) testing, hereafter referred to as "test" or "testing," in order to minimize the introduction and spread of SARS-CoV-2 in LTCF.

Antibody testing (or serology) is not included in this document as it is not currently recommended for clinical decision-making or occupational health considerations in LTCF.

II. Preparation for possible cases of COVID-19 in LTCF:

LTCF should have protocols in place to screen for COVID-19 in all HCP, residents, and visitors, based on previously issued CDC guidance (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). HCP include, but are not limited to, direct care staff as well as persons not directly involved in patient care (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, consultants, vendors, and volunteer personnel).

In addition, LTCF should have a plan to rapidly initiate testing and implement enhanced infection prevention and control measures if COVID-19 is suspected. A point of contact at the local public health department should be identified, and a relationship with that point of contact should be established.

In addition, it is imperative that laboratories that will process the specimens from LTCF are selected based on a rapid (e.g., less than 2 days) turn-around time. Laboratories must be notified in advance of sending specimens about the need to expedite and prioritize testing of both LTCF residents and HCP.

III. Priorities for Testing:

Priority Group 1

- ***Test all symptomatic residents and healthcare personnel (HCP) and all new resident admissions to facilities.***

  Rationale:
  Older adults and those with chronic medical conditions, especially those living in congregate living facilities, are at high risk of severe illness and death from SARS-CoV2-related illness. Thus far in the United States, over one-third of COVID-related deaths are estimated to be among patients in long-term care (https://www.nytimes.com/interactive/2020/05/09/us/coronavirus-cases-nursing-homes-us.html). Both HCP and newly admitted patients are potential means by which SARS-CoV-2 may be introduced into facilities.

Recommendation:
Any HCP or resident with symptoms of COVID-19 should be removed from the facility or appropriately isolated, respectively, and tested for SARS-CoV-2. Since older adults may exhibit subtle or atypical symptoms of COVID-19, such as new or worsening malaise, change in appetite, dizziness, diarrhea, or change in mental status or behavior, facilities should monitor residents carefully and test residents showing any of these signs or symptoms.

New admissions to facilities should be tested for SARS-CoV-2 either immediately prior to or upon admission, per CMS guidance. If residents are being admitted directly from the hospital, this test can be performed prior to hospital discharge. Since the incubation period of COVID-19 is 2-14 days, consideration should be given to repeat testing at certain intervals, such as at 7 and 14 days, if testing would influence infection control and prevention actions (e.g., moving a resident from a COVID-19-status-unknown unit to a COVID-19-positive unit, discontinuing transmission-based precautions, or assist with staffing decisions).

- ***Conduct facility-wide testing of all HCP and residents in facilities with one or more newly confirmed cases of COVID-19, using CDC guidance to prioritize testing.***

Rationale:
Facility-wide testing of all residents and all healthcare personnel (HCP) in facilities with confirmed COVID-19 is the first step of a test-based prevention strategy.

Early experience from nursing homes with COVID-19 cases suggests that when symptomatic residents with COVID-19 are identified, there are often other symptomatic or asymptomatic residents with SARS-CoV-2 infections as well. Universal testing of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility.

Early experience also suggests that, despite HCP symptom screening, when COVID-19 cases are identified in a nursing home, there are often HCP with asymptomatic SARS-CoV-2 infection present as well. HCP likely contribute to introduction and further spread of SARS-CoV-2 within nursing homes.

Recommendation:
Testing of residents

- **Facility-wide testing of all residents** should be conducted in facilities with confirmed cases of COVID-19 among residents or HCP.
- If testing capacity is not sufficient for facility-wide testing, perform testing on **all residents in units with symptomatic residents.**
- If testing capacity is not sufficient for unit-wide testing, testing should be prioritized for **symptomatic residents and other residents with higher-risk exposure**, such as those who are admitted from a hospital or other facility, roommates of or those in close proximity to symptomatic residents, or those who leave the facility regularly for dialysis or other services.

Testing of facility HCP

- Testing of **all HCP** should be conducted in facilities with confirmed cases of COVID-19.

- ***Retest residents and HCP in facilities with confirmed COVID-19, per CDC guidance.***

  Rationale:
  After initial facility-wide testing has been performed for all residents and HCP in a facility with one or more newly confirmed COVID-19 cases (baseline), retesting may be useful in identifying SARS-CoV-2 infections among persons who initially tested negative, either because they were in the incubation phase of infection or had not yet become infected.

  Recommendation:
  Retesting of residents
  - Retest as quickly as possible any resident who develops symptoms consistent with COVID-19.
  - Retest all residents who previously tested negative at some frequency (e.g., weekly) to detect those with newly developed infection, until no further cases are identified, and it has been at least 14 days since the most recent positive result.
  - If testing capacity is not sufficient for retesting all residents, prioritize retesting of residents with higher exposure risk, such as those on the same floor or in the same unit as other infected residents, persons most likely to have been exposed to an infected staff person, and those who frequently leave the facility for dialysis or other services.
  - Retesting can also be used to inform decisions about when residents with COVID-19 can be moved out of COVID-19 units. See CDC guidance on Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings for additional information.

  Retesting of facility HCP
  - Retest as quickly as possible any HCP who develop symptoms consistent with COVID-19.
  - Retest all previously negative HCP at least once weekly, or more frequently, in settings where community incidence is high, until the testing identifies no new cases of COVID-19 among residents or HCP, and it has been 14 days since the most recent positive result.
  - Retesting can be used to inform decisions about when HCP with COVID-19 can return to work. See CDC guidance on Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 for additional details.
  - If testing capacity is not sufficient for retesting all HCP, consider retesting HCP who are known to work at other healthcare facilities with cases of COVID-19.

Priority Group 2

- ***Test all HCP at some regular interval (e.g., every 7-14 days). If testing capacity is limited, test those HCP who reside or work in counties with known community spread of SARS-CoV-2 or who work in other healthcare facilities with cases of COVID-19.***

  Rationale:
  HCP with asymptomatic SARS-CoV-2 infection likely contribute to the introduction and further spread of SARS-CoV-2 within LTCF.

  Recommendations:
  LTCF should consider testing at some regular interval (e.g., every 7-14 days) all HCP. If testing capacity is limited, focus testing on those HCP who reside or work in counties with known community spread of SARS-CoV-2 or who work in other healthcare facilities with cases of COVID-19.

- ***Upon their return, consider testing all residents who leave the facility for non-medically necessary outings.***

  Rationale:
  Residents who leave the facility for non-medically necessary outings may be exposed to individuals infected with SARS-CoV-2. Testing these residents will help with early detection of COVID-19 and may help mitigate spread to other residents.

  Recommendation:
  Upon their return, consider testing all residents who leave the facility for non-medically necessary outings as if they were new resident admissions (i.e., on reentrance to the facility and again at certain intervals, such as at 7 and 14 days).

IV. Future considerations:

As testing availability allows and as visitors are permitted to enter facilities, consider requiring point-of-care testing of all visitors prior to entrance to the facility.

* As used in this document, the term long-term care facilities refers to nursing homes, assisted living facilities, and intermediate care facilities for individuals with intellectual disabilities (ICF/IID).

** This document does not address symptom and temperature monitoring, isolation, and other infection control and prevention measures, including use of personal protective equipment (PPE), which are all important components of minimizing and controlling spread of COVID-19 in long-term care facilities and protecting the health and safety of residents, staff, and visitors.

Summary Tables

Priority Group	Symptomatic		Asymptomatic	
	Residents	HCP	Residents	HCP
1	Initial Test: Test immediately upon symptom onset Retest any residents who develop symptoms who initially tested negative as soon as possible upon symptom onset	Initial Test: Test immediately upon symptom onset Retest any HCP who develop symptoms who initially tested negative as soon as possible upon symptom onset	All newly admitted residents: 1. Immediately prior to or upon admission to facility 2. 7 days after admission 3. 14 days after admission All residents in a facility with confirmed COVID-19 cases: • If inadequate test supplies or PPE to test entire facility, prioritize residents in the unit with case(s), as well as residents with higher-risk exposures, such as those who frequently leave the facility for dialysis or other services and those with known exposure to infected residents (such as roommates) or HCP. • Retest all residents who previously tested negative at some frequency (e.g., weekly) to detect those with newly developed infection; consider continuing retesting until no new cases identified. • If inadequate testing capacity, prioritize retesting for those with higher-risk exposures.	All HCP in a facility with confirmed COVID-19 cases Retest all previously negative HCP at least once weekly until testing identifies no new cases of COVID-19 among residents or HCP over at least 14 days since the most recent positive result. • If testing capacity is not sufficient for retesting all HCP, consider retesting HCP who are known to work at other healthcare facilities with cases of COVID-19.
2			Upon their return, consider testing all residents who leave the facility for non-medically necessary reasons as if they were new admissions.	Test asymptomatic HCP at some regular interval (e.g., every 7-14 days). • If inadequate tests available to test all HCP, prioritize those HCP who reside or work in counties with known community spread of SARS-CoV-2 or who work in other healthcare facilities

Priority Group 1	• Test all symptomatic residents and HCP and all new patient admissions to facilities. • Conduct facility-wide testing of all HCP and residents in facilities with one or more newly confirmed cases of COVID-19, using CDC guidance to prioritize testing. • Retest residents and HCP in facilities with confirmed COVID-19, per CDC guidance.
Priority Group 2	• Test all HCP at some regular interval (e.g., every 7-14 days). If testing capacity is limited, test those HCP who reside or work in counties with known community spread of SARS-CoV-2 or who work in other healthcare facilities with cases of COVID-19 • Upon their return, consider testing all residents who leave the facility for non-medically necessary reasons as if they were new admissions.

References

Centers for Disease Control and Prevention
Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance) https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

Centers for Disease Control and Prevention
Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

Centers for Disease Control and Prevention
Preparing for COVID-19: Long-term Care Facilities, Nursing Homes
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

Centers for Disease Control and Prevention
Responding to Coronavirus (COVID-19) in Nursing Homes
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Centers for Disease Control and Prevention
Testing for Coronavirus (COVID-19) in Nursing Homes
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

Centers for Medicare and Medicaid Services
COVID-19 Long-Term Care Facility Guidance, April 2, 2020
https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf