



**Implementation Guidance for SARS-CoV-2 Testing of Residents and Staff in Long-Term Care Facilities\* in Idaho  
July 8, 2020**

**Introduction**

Residents in long-term care facilities (LTCF) are at high risk of death from COVID-19; currently, more than half of the COVID-19-related deaths in Idaho have occurred among LTCF residents. Introduction of SARS-CoV-2 (the virus that causes COVID-19) into a facility by either symptomatic or asymptotically infected persons can result in rapid spread among residents and staff. Testing of residents and staff is part of an overall infection prevention and control strategy to prevent the introduction and limit the spread of SARS-CoV-2 within long-term care facilities. As used in this document, testing” refers only to SARS-CoV-2 polymerase chain reaction (PCR) testing.

Understanding when to test residents and staff is critical to implementing testing appropriately and effectively. National testing guidance for LTCF has been developed by the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS). A testing strategy specific to LTCF facilities in Idaho has been developed by the Idaho Department of Health and Welfare (DHW) and can be found here: [Testing Strategy for Long-Term Care Facilities in Idaho.](#)

Implementation of these testing recommendations may be challenging. Specific challenges may include: limited availability of testing materials (e.g. swabs and viral transport material); uncertain access to laboratories able to support rapid turn-around of test results; lack of prior experience with respiratory specimen collection; limited experience in knowing when and how to contact local public health authorities for assistance; and cost. This document aims to provide LTCF in Idaho with support to help address some of these challenges.

Sections in this document include:

- I. **Identifying and Partnering with a Laboratory for SARS-CoV-2 Testing**
- II. **Partnering with your Public Health District**
- III. **Notifying and Reporting of COVID-19 Testing Results to Medical Providers, Family Members, and Public Health**
- IV. **Example of Pre-Approved Order Set for SARS-CoV-2 Testing**

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

## I. Identifying and Partnering with a Laboratory for SARS-CoV-2 Testing

### A. *Deciding whether to conduct in-house testing*

If a LTCF does not yet have experience with SARS-CoV-2 testing, the facility leadership will first need to assess the facility's capacity to implement on-site testing, including readiness to engage in training on specimen collection, dedicated space in which to collect the specimen, ability to purchase or procure required equipment (including all necessary PPE) for the collection of appropriate specimens, and training on handling and shipping the specimens.

Information from the Centers for Disease Control and Prevention (CDC) about collecting, handling, and testing clinical specimens for COVID-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>.

Additional CDC information about maintaining proper infection control during specimen collection can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. Specifically, CDC recommends that when collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a patient with possible COVID-19, the following should occur:

- Specimen collection should be performed in a normal examination room with the door closed.
- Healthcare personnel (HCP) in the room should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
  - If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation or nebulizer treatments), instead of for collecting nasopharyngeal swabs.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.

### B. *Identify available laboratories*

If a facility decides to conduct in-house testing, identifying laboratories with which to work is an important aspect of preparedness.

Table 1 lists some laboratories that may be available to partner with LTCF throughout Idaho. (Information provided in the table is subject to change.) LTCF can also contact their local hospital to inquire about testing options and their local public health district or local clinics for information about outpatient testing sites that facility staff and some residents may be able to access. Some private companies may also be able to provide mobile bulk testing.

The test used should be able to detect SARS-CoV-2 virus with greater than 95% sensitivity, greater than 90% specificity, and with a rapid turn-around time (TAT) (e.g. within 48 hours).

**Table 1: Possible laboratories with which to partner for SARS CoV-2 testing**

Lab Name	Contact Information	Turn-Around Time	Lab Locations	Special Considerations
<b>In-state Labs</b>				
Cole Diagnostic	208-472-1082	24-48 hours	Garden City	Can bill insurance or facility can pay for testing.
Idaho Bureau of Laboratories (IBL)	Contact your local public health district.	24-48 hours	Boise	Test kits can be ordered online or obtained from the local public health district. No cost to facility for processing of specimens, but testing capacity is limited, so contact your local public health district before sending any specimens to IBL.
Interpath	208-358-0164	48 hours	Burley and Twin Falls	Can do 30 tests at a time per account. Nothing by mail. Serves from OR border to the Burley area. Will bill insurance; does not accept non-insurance payments.
PRL (Pathologists' Regional Laboratory)	208-746-0516	Unknown	Lewiston (SARS-CoV-2 tests are sent out to another lab. )	Can only assist facilities in the Lewiston area. Sending only 4 test kits out at a time per facility. The facility nurse would need to collect the specimen. They focus on the Lewiston and Tri-State areas.
Quest Diagnostics	855-737-3887	Under 48 hours	Meridian, Idaho Falls and Coeur d'Alene	Doctor's order required. No limit on how many tests they can provide. Will help with shipping for rural areas.
VAMC (Veterans Administration Medical Center)	Contact your local public health district.	unknown	Boise	Tests are run M-F; specimens must be received by 10 am to be run that day. No cost to facility for processing specimens.
<b>Out-of-state Labs</b>				
Aegis Sciences Corporation	Keaghan Johnson 901.937.9261 Keaghan.Johnson@aeigslabs.com	48 hours	Nashville, TN	Must use their test kits. No limit on the number of tests. Will bill insurance. Will work with a facility to set up a portal, so information can be shared quickly.
ARUP (Associated Regional and University Pathologists, Inc)	1-800-522-2787	n/a	Salt Lake City, UT	Currently providing tests for some facilities in Idaho, but as of 5/18/20 they are not accepting out of state referrals. As the pandemic continues they may be able to.
Capstone Health	201-264-2133	24-48 hours	Headquarters in NJ. Labs in TX and Atlanta.	Doctor's order required. Will bill insurance companies. Will assist with shipping.
Kashi Clinical Laboratories (Portland)	503-206-4989	Same day that they receive swabs.	Portland, OR	They will set up an account for facilities that call them. Use FedEx or UPS, better if specimens are shipped by air. Can cover as many tests as needed and will test residents and staff.
LabCorp	590-570-8662	48 hours	Phoenix, AZ and Seattle, WA	Doctor's order required. Would set up account portal for each facility (takes 2-3 days). Will assist with setting up shipping. Will bill insurance.
Vicor Scientific	854-429-1069	24-48 hours	Charleston, SC	They will test anyone with a doctor's order and will assist with FedEx shipping. Currently no limit on the number of tests they can do.
University of Washington	206-520-4600	24 hours	Seattle, Washington	Do not bill insurance. Cost is \$122 per test. Will test residents and staff.

### *C. Obtain testing supplies and personal protective equipment necessary for specimen collection*

Testing supplies may be available through the laboratory that will process the specimens or through the local public health district. (See Section 2, Table 2 for health district contact information.)

Per the FDA's Emergency Use Authorization (EUA) for the specific test being performed, provider and patient fact sheets may need to be made available to residents and staff who are being tested. Check with your laboratory to see if this is a requirement and to obtain these forms.

### *D. Types of Specimens*

Contact the laboratory to which you will be submitting specimens to ensure you are using the appropriate specimen collection materials and collecting from an acceptable site (i.e., nasopharyngeal, oropharyngeal, nasal mid-turbinate, nasal, etc.).

### *E. Shipping and Handling of Specimens*

Specimens must be stored and shipped in specific conditions, based on specimen stability and the duration of the shipping process. Check with the partnering lab to determine how specimens should be handled and shipped. Additionally, staff may need specific training on specimen collection, temperature control, packing and shipping depending on the lab and brand of test that the laboratory utilizes.

### *F. Expected Turnaround Time*

The turnaround time (TAT) for specimen processing can vary; check with the partnering lab. The TATs listed Table 1 are estimates and are determined from the time the specimen is received by the laboratory processing the specimen. If shipping specimens overnight or next day air, add one day to the TAT.\*

## **II. Partnering with your Public Health District**

Public health districts are available to help LTCF with multiple aspects related to preparing for, detecting, managing, and reporting cases of COVID-19 among staff and/or residents. This section provides information about reporting requirements and how LTCF can access and work with their local public health district.

### *A. Equipment*

#### Swabs/Testing Kits

Local public health districts can support LTCF with obtaining swabs and transport media for COVID-19 testing. Each district has their own procedure for providing these supplies and should be contacted by phone with any questions or requests.

#### PPE

Facilities must complete [Survey123](https://survey123.arcgis.com/share/9c50dac7187848d19b3a11bad25b61a8) (<https://survey123.arcgis.com/share/9c50dac7187848d19b3a11bad25b61a8>) to report usage of PPE and to request PPE from the State. The Survey 123 database is managed and maintained by

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\* Note: Due to COVID-19 pandemic, many flights have been canceled at the last minute causing a delay in shipment. This may affect the TAT.

Idaho Emergency Operations Center (IDEOC); the Survey 123 database allows IDEOC to calculate PPE burn rates throughout the state and manage requester data as required by FEMA. Please contact your local public health district office for guidance on creating your request for assistance (RFA) in Survey 123.

It is also important to continue to report in the Idaho Resource Tracking System ([IRTS](https://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServicesHome/AgencyLicensure/ta/bid/1602/Default.aspx?QuestionID=692&AFMID=17625)) (<https://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServicesHome/AgencyLicensure/ta/bid/1602/Default.aspx?QuestionID=692&AFMID=17625>) as required by the Idaho Department of Health and Welfare. IRTS is being utilized by the State of Idaho for tracking purposes, including data surveillance for the Idaho Rebounds: Our Path to Prosperity plan. Entries in IRTS help determine the stages of reopening.

For any questions or if unsure of protocol, LTCF should contact their local health district using the contact information below.

**Table 2: PPE Contacts by Public Health District**

<b>PPE CONTACTS, by PHD</b>		
<b>Public Health District</b>	<b>Counties</b>	<b>Whom to contact</b>
1	Benewah, Bonner, Boundary, Kootenai, Shoshone	Stephanie Goss <a href="mailto:PHD1-LOG@phd1.idaho.gov">PHD1-LOG@phd1.idaho.gov</a> (208) 415-5253
2	Clearwater, Idaho, Latah, Lewis, Nez Perce	Preparedness Section <a href="mailto:PHP@phd2.idaho.gov">PHP@phd2.idaho.gov</a> (208) 799-3100
3	Adams, Canyon, Gem, Owyhee, Payette, Washington	Mitch Kiestler <a href="mailto:Mitch.kiestler@phd3.idaho.gov">Mitch.kiestler@phd3.idaho.gov</a> (208) 455-5321
4	Ada, Boise, Elmore, Valley	Public Health Preparedness (208) 375-5211
5	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls	<a href="mailto:Phd5-logistics@phd5.idaho.gov">Phd5-logistics@phd5.idaho.gov</a> (208) 737-5973
6	Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, Power	Eli Bear <a href="mailto:ebear@siph.idaho.gov">ebear@siph.idaho.gov</a> (208) 233-9080
7	Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton	Troy Nelson <a href="mailto:tnelson@eiph.idaho.gov">tnelson@eiph.idaho.gov</a> or Holly Peterson <a href="mailto:hpeterson@eiph.idaho.gov">hpeterson@eiph.idaho.gov</a>

**B. Reporting of Respiratory and Other Illness, Including COVID-19, to Public Health Districts**

LTCF should be familiar with whom to contact at their local public health district to report illnesses. DHW requires all LTCF to report clusters of illness regardless of cause (e.g. influenza, norovirus, COVID-19, etc.).

LTCF are required to report any case of COVID-19 in a LTCF resident or staff member to the public health district within one (1) working day of a positive test result. A list of the health district reporting contacts can be found in Table 3 below. The local health district can provide tool kits, guidance on infection control strategies, and assistance with developing line lists to track residents and staff who

are tested, as well as test results. For additional information regarding reporting requirements, please see section IV “**Notifying and Reporting of COVID-19 Testing Results to Medical Providers, Family Members, and Public Health.**”

**Table 3: Reporting Contacts by Public Health District**

<b>REPORTING CONTACTS, BY PHD</b>		
<b>Public Health District</b>	<b>Counties</b>	<b>Reporting Number (Epidemiology)</b>
1	Benewah, Bonner, Boundary, Kootenai, Shoshone	(208) 771-0271
2	Clearwater, Idaho, Latah, Lewis, Nez Perce	(208) 799-3100
3	Adams, Canyon, Gem, Owyhee, Payette, Washington	(208) 455-5442
4	Ada, Boise, Elmore, Valley	(208) 327-8625
5	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls	(208) 737-5971
6	Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, Power	(208) 478-6303
7	Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton	(208) 533-3152

*C. Support for LTCF That Are Unable to Safely Care for COVID-19-Positive Patients*

LTCF that are unable to safely care for stable residents with suspected or confirmed COVID-19 who do not otherwise require hospitalization should contact staff in the Division of Licensing and Certification or the local public health district for assistance in finding other long-term care facilities that may be able to accept residents with COVID-19 infections. Facility limitations may include PPE, space, staffing, or other concerns.

**III. Notifying and Reporting of COVID-19 Test Results to Medical Providers, Family Members, and Public Health**

Prompt detection, notification, triage, and isolation of residents infected with SARS-CoV-2 are essential measures to prevent unnecessary further exposures among vulnerable residents, staff, and those visitors who are permitted into LTCF.

*A. Resident & Representative/Family Notification*

In addition to state and federal regulatory reporting requirements, facilities should develop communication plans to ensure residents and their families are informed in a timely and ongoing manner if there is SARS-CoV-2 in the facility.

Negative Test Results: When a resident is tested and found not to be infected with SARS-CoV-2, it is recommended that facilities communicate the results with the resident, their physician, and their family/designated representative (if the resident chooses to share this information) within a reasonable timeframe.

Positive Test Results: When a resident is tested and found to be infected with SARS-CoV-2, it is recommended that facilities notify the resident's medical provider immediately following receipt of laboratory confirmation. It is further recommended that facilities notify the resident, and their family or responsible party (if the resident chooses to share this information) as soon as practicable. It is

also recommended that facilities notify other residents and their family members of the presence of a confirmed case of COVID-19 within the facility. If a facility staff member is found to have laboratory-confirmed COVID-19, it is also recommended that facilities notify residents and their designated representatives and families within a reasonable timeframe.

#### *B. Reporting to State & Federal Authorities*

Any single confirmed case of COVID-19 or any cluster of 3 or more respiratory illnesses in either staff or residents in a 72-hour period should be reported to the facility's local public health district. A map of the local public health districts and their contact information can be found at <https://coronavirus.idaho.gov/contact/>. Please see **Section II. Partnering with your Public Health District** for a thorough discussion and list of Public Health District contacts. An afterhours report of a disease or condition may be made through the Idaho State EMS Communications Center (State Comm) at (800) 632-8000 (See <https://adminrules.idaho.gov/rules/current/16/160210.pdf> for additional information concerning facility reporting requirements.)

Any confirmed or suspected infections of COVID-19 or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other can also be reported to the Idaho Department of Health & Welfare, Division of Licensing & Certification at:

- Nursing Homes: (208) 334-6626, option 2
- Residential Assisted Living Facilities: (208) 364-1962
- Intermediate Care Facilities: (208) 334-6626, option 4

Skilled nursing facilities and/or nursing facilities must comply with all reporting requirements as defined by the Centers for Medicare & Medicaid Services (CMS). See CMS QSO-20-29-NH (<https://www.cms.gov/files/document/qso-20-29-nh.pdf>) for specific facility reporting requirements.

#### *C. Testing, Notification, & Management of Employee Medical Information*

Facilities should work with their human resource team and/or their legal counsel for guidance as it relates to the testing of employees, handling of employee protected medical information and notification of test results. Facilities must comply with all federal and state regulations, including but not limited to the federal EEOC standards and guidance ([www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act](http://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act)), the requirements under the Health Insurance and Portability and Accountability Act of 1996 (HIPAA), and the privacy and security regulations promulgated by the United States Department of Health and Human Services.

#### **IV. Example of Pre-Approved Orders for SARS-CoV-2 Testing**

Use of pre-approved order sets may help streamline the rapid testing of residents. Your facility's occupational health provider will also need to consider if a pre-approved order is appropriate for your staff in the event of a staff illness suggestive of COVID-19. See example, below.

**EXAMPLE OF PRE-APPROVED ORDERS FOR SARS-CoV-2 PCR TESTING**

Patient Name (Last, First): \_\_\_\_\_

DOB: \_\_\_\_\_ Room/Unit no.: \_\_\_\_\_

**PRE-APPROVED ORDERS FOR DIAGNOSTIC SARS-COV-2 (COVID-19) TESTING**

Use of this order set will help to expedite and streamline testing for SARS-CoV-2 in \_\_\_\_\_ [facility name] and enable rapid implementation of control measures and required reporting to providers, families/residents and public health.

**Surveillance Testing** (choose one)

Collect and submit specimen for SARS-CoV-2 PCR test **when laboratory-confirmed case OR suspected COVID-19 case has been identified in patient's facility**; may repeat as often as every 3 days for further detection and management of an outbreak.

Collect and submit specimen for SARS-CoV-2 PCR test **ONLY when laboratory-confirmed COVID-19 case has been identified in patient's facility**; may repeat as often as every 3 days for further detection and management of an outbreak.

**Call my office immediately** when laboratory-confirmed case OR suspected COVID-19 case has been identified in patient's facility; do not collect SARS-CoV-2 specimen until my office has contacted the facility.

**Testing of Patients with symptoms of potential COVID-19** (check box or leave blank)

Collect specimen for SARS-CoV-2 diagnostic test and notify me immediately if patient has 2 or more of the following symptoms:

- Fever
- Cough
- Shortness of breath (new or worsening over baseline)
- New loss of smell or taste
- Sore throat
- Myalgias
- Chills/rigors
- Change in cognitive status or behavior

In addition, for the following new symptoms, or change in baseline symptoms, contact my office immediately before collecting a specimen:

- Headache
- Confusion
- Chest Pain or pressure (follow usual facility procedure)
- Rhinorrhea
- Nausea/vomiting
- Diarrhea

***Follow existing facility standing orders for any change in patient's condition. Please notify patient's family, next of kin, or primary contact per facility protocol.***

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

## REFERENCES

Centers for Disease Control and Prevention (CDC)  
Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC  
Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

Centers for Medicare and Medicaid Services (CMS)  
Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes  
<https://www.cms.gov/files/document/qso-20-29-nh.pdf>

Idaho Department of Health and Welfare (DHW)  
Idaho Administrative Procedure Act (IDAPA) 16.02.10  
Idaho Reportable Diseases  
<https://adminrules.idaho.gov/rules/current/16/160210.pdf>

DHW  
Idaho Bureau of Laboratories (IBL) Testing Update for Idaho Public Health Districts and Idaho Long-Term Care Facilities, May 26, 2020  
[https://coronavirus.idaho.gov/wp-content/uploads/2020/05/052720\\_IBL-Testing-Update-for-LTCFs-FINAL.pdf](https://coronavirus.idaho.gov/wp-content/uploads/2020/05/052720_IBL-Testing-Update-for-LTCFs-FINAL.pdf)

DHW  
Idaho Resource Tracking System  
<https://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServicesHome/AgencyLicensure/tabid/1602/Default.aspx?QuestionID=692&AFMID=17625>

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Testing Strategy for Long-term Care Facilities in Idaho – June 3, 2020  
[https://coronavirus.idaho.gov/wp-content/uploads/2020/06/LTCF-Testing-Strategy-FINAL-2020\\_6\\_3.pdf](https://coronavirus.idaho.gov/wp-content/uploads/2020/06/LTCF-Testing-Strategy-FINAL-2020_6_3.pdf)

U.S. Equal Employment Opportunity Commission  
Pandemic Preparedness in the Workplace and the Americans with Disabilities Act  
<https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act>