Testing Strategy for Long-Term Care Facilities in Idaho
Updated May 20, 2021

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

As used in this document, the term "long-term care facilities" refers to assisted living facilities and intermediate care facilities for individuals with intellectual disabilities (ICF/IID). Nursing homes should follow CMS requirements for long-term care facility testing.

I. Goals of LTC facility testing

This document outlines recommendations for testing for SARS-CoV-2, the virus that causes COVID-19, in LTC facilities, with the goal of minimizing the introduction and spread of the virus within facilities.

II. Definitions

"Fully vaccinated" refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine.

"Unvaccinated" refers to a person who does not meet the definition of "fully vaccinated," including people whose vaccination status is unknown.

"Outbreak" means at least one confirmed COVID-19 infection in any healthcare personnel or a LTC facility-onset case in a resident. A resident with known COVID-19 who is then admitted to a facility does not constitute an outbreak in that facility.

"Healthcare personnel (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).

"Close contact" is being within 6 feet of a person infected with SARS-CoV-2 for a cumulative total of 15 minutes or more over a 24-hour period.

III. Infection Prevention and Control

Testing is just one part of an effective infection prevention and control strategy.* Residents of LTC facilities are at high risk of acquiring and experiencing severe complications of COVID-19, including death. LTC facilities should have in place a robust infection prevention and control plan as outlined in CDC's Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes and should include protocols to screen for signs and symptoms of COVID-19 in all HCP, residents, and visitors.

In addition, LTC facilities 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 LTC facilities 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 LTC facility residents and HCP.

IV. Testing Guidance

This guidance reviews recommendations for viral testing in the following contexts:

1. Symptomatic
2. Exposure
3. Outbreak
4. Screening

Note that fully-vaccinated staff should be tested as part of symptomatic, exposure, and outbreak testing. However, they do not need to engage in asymptomatic screening testing (see section 4., below).

1. Testing of Residents and HCP with COVID-19 signs or symptoms

Recommendation: Test all symptomatic residents and HCP immediately, regardless of vaccination status.

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-CoV-2-related illness. Thus far in the COVID-19 pandemic, almost 40% of all deaths in Idaho have occurred in long-term care facilities. Since vaccination does not confer 100% immunity, anyone with symptoms of COVID-19 should be tested, regardless of vaccination status.

Any HCP or resident with symptoms of COVID-19 should be tested for SARS-CoV-2 immediately. HCP with symptoms should be restricted from the facility and any resident with symptoms should be placed in transmission-based precautions, pending test results. 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.

HCP who test positive for SARS-CoV-2 should follow CDC's guidance Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance). Residents who test positive should be managed per the facility's COVID-19 outbreak policy.

2. Exposure testing

Recommendation: Asymptomatic HCP with a higher-risk exposure and residents with close contact should be tested immediately and after 5-7 days, regardless of vaccination status.

Rationale:
Because vaccines are not 100% effective, and asymptomatic infections can contribute to viral spread within facilities, asymptomatic HCP with a higher-risk exposure and residents with close contact with an individual with SARS-CoV-2 infection should be tested immediately and after 5-7 days, regardless of vaccination status. Fully vaccinated HCP do not need to be restricted from work if they remain asymptomatic and viral testing is negative. Unvaccinated HCP should follow CDC guidance regarding restriction from work after exposure. Regardless of vaccination status, residents should be placed in transmission-based precautions following close contact with someone with SARS-CoV-2 infection.

3. Outbreak Testing

Recommendations: Immediately conduct facility-wide testing of all HCP and residents in facilities with one or more newly confirmed cases of COVID-19, regardless of vaccination status. After initial facility-wide testing, retest asymptomatic residents and HCP every 3-7 days until no new cases are detected for 14 days. Retest symptomatic residents and HCP immediately.

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

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-19-specific facility.

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.

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.

Because vaccination does not confer 100% immunity, all residents and HCP should be tested regardless of vaccination status.

Retesting can sometimes 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.

4. Screening (or Routine) Testing of Staff

Recommendation: Facilities should test unvaccinated, asymptomatic HCP at a regular interval based on the extent of the SARS-CoV-2 virus in a community. Asymptomatic, fully-vaccinated HCP do not need to undergo this screening testing.

At a minimum, facilities can consider the CMS guidance for nursing homes using county positivity rates where the facility is located.

Community COVID-19 Activity	County Positivity Rate in the Past Week	Minimum Testing Frequency of Unvaccinated Staff
Low	<5%	Once per month
Medium	5%-10%	Once per week
High	>10%	Twice per week

Reports of county-level positivity rates are available on the CMS COVID-19 Nursing Home Data webpage (under "COVID-19 Testing"): https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg.

Facilities should monitor their county positivity rate every other week and begin testing staff at the frequency shown in the table as soon as criteria for more frequent testing are met. If the county positivity rate decreases to a lower level of activity, the facility should continue testing at the higher frequency level until the county positivity rate has remained at the lower level for at least two weeks before reducing testing frequency.

Facilities may want to consider more frequent testing if there are factors that suggest a higher risk of disease activity, such as staff who live or also work in counties that have higher positivity rates.

If HCP work infrequently, they should be tested within the 3 days before their shift.

V. Other considerations

Staff and residents who have recovered from COVID-19 and are asymptomatic do not need to be retested for COVID-19 within 3 months after symptom onset.

Pre-admission viral testing is at the discretion of the facility. Regardless of testing, facilities should follow CDC guidance on new admissions and readmissions.

Generally, RT-PCR tests are preferred over point-of-care rapid antigen testing in the LTC facility setting. However, point-of-care rapid antigen testing may be useful in some circumstances, such as for symptomatic individuals with a known exposure, for which an immediate test result may help inform clinical or infection control decisions. Facilities that choose to use point-of-care antigen tests must ensure they have the appropriate CLIA certificate of waiver and are familiar with CDC guidance on use of SARS-CoV-2 antigen testing in LTC facilities.

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 LTC facilities.

* 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.

References

Centers for Disease Control and Prevention (CDC). Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html Updated February 16, 2021.

CDC. Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
Updated March 29, 2021.

CDC. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
Updated March 10, 2021.

CDC. Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance).
https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
Updated February 16, 2021.

CDC. Testing Guidelines for Nursing Homes.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html
Updated January 7, 2021.

CDC. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html
Updated April 27, 2021.

Centers for Medicare and Medicaid Services (CMS)
Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool
https://www.cms.gov/files/document/qso-20-38-nh.pdf
Revised April 27, 2021.