

Testing Strategy for Long-Term Care Facilities in Idaho Updated November 2, 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.

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 the 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.

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.

“Higher-risk exposure for HCP” means:

- HCP were in close contact with a SARS-CoV-2 infected person and:
 - HCP were not wearing a respirator or facemask
 - HCP were not wearing eye protection, and the person with SARS-CoV-2 infection was not wearing a facemask or cloth mask

OR

- HCP were not wearing full PPE (i.e., N95, eye protection, gloves and gown) during the performance of an aerosol generating procedure (such as a nebulizer treatments or non-invasive ventilation (e.g., CPAP/BiPAP)).

Key Points for Testing

- Laboratories that are selected to process the specimens from LTC facilities must have 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.
- RT-PCR tests are preferred over point-of-care rapid antigen testing in the LTC facility setting.
- All positive test results must be reported to the LTC facility's local public health district.
- All discordant test results (e.g., a positive test result and a negative test result in the same individual) should be discussed with the local public health district. Facilities should not make determinations of "false positive" results without discussing with their local public health district.
- HCP and residents who have recovered from laboratory-confirmed COVID-19 and are asymptomatic do not need to be retested for COVID-19 within 3 months as part of screening testing, exposure testing, or outbreak testing, unless they develop symptoms consistent with COVID-19.
- Antibody (or serology) testing is not included in this document as it is not currently recommended for clinical decision-making or occupational health considerations in LTC facilities.

Trigger-based Diagnostic Testing

The table below lists situations or circumstances in which diagnostic SARS-CoV-2 viral testing should be performed.

Testing Trigger	HCP	Residents
Symptomatic individual identified	Vaccinated and unvaccinated HCP with signs or symptoms of COVID-19 must be tested as soon as symptoms are identified.	Vaccinated and unvaccinated residents with signs or symptoms of COVID-19 must be tested as soon as symptoms are identified.
Outbreak	<p>Test all vaccinated and unvaccinated HCP facility-wide.</p> <p>Test individuals immediately and, if negative, every 3-7 days until there are no positive cases identified for 14 days.</p> <p>In rare cases, public health districts may recommend more limited testing.</p>	<p>Test all vaccinated and unvaccinated residents facility-wide.</p> <p>Test individuals immediately and, if negative, every 3-7 days until there are no positive cases identified for 14 days.</p> <p>In rare cases, public health districts may recommend more limited testing.</p>
Asymptomatic HCP with a higher-risk exposure and residents with close contact	<p>Regardless of vaccination status, test immediately (but not earlier than 2 days after exposure) and, if negative, again 5-7 days after exposure.</p> <p>See CDC guidance for management of exposed HCP.</p>	<p>Regardless of vaccination status, test immediately (but not earlier than 2 days after exposure) and, if negative, again 5-7 days after exposure.</p> <p>See assisted living facility Guidance Checklist for management of exposed residents.</p>

Routine Screening Testing

LTC facilities should test unvaccinated, asymptomatic HCP at a regular interval based on the extent of the SARS-CoV-2 transmission in the community.

- Asymptomatic, fully vaccinated HCP do not need to undergo this screening testing.
- Screening testing frequency should be based on the level of community transmission of COVID-19.
- For level of community transmission by county, see CDC's [COVID Data Tracker](#).
- LTC facilities should monitor their level of county transmission every other week and begin testing HCP at the frequency shown in the table as soon as criteria for more frequent testing are met.
- If the county transmission level decreases to a lower level of activity, the LTC facility should continue testing at the higher frequency level until the county transmission level has remained at the lower level for at least two weeks before reducing the testing frequency.
- LTC facilities may want to consider more frequent testing if there are factors that suggest a higher risk of disease activity, such as HCP who live or also work in counties that have higher levels of community transmission.
- If HCP work infrequently, they should be tested within 3 days before their shift.

Level of COVID-19 community transmission	Minimum testing frequency of unvaccinated staff
Low (blue)	Not recommended
Moderate (yellow)	Once a week
Substantial (orange)	Twice weekly
High (red)	Twice weekly

Rapid Antigen Testing

- 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](#), have been trained in how to perform the tests, are familiar with the CDC [guidance](#) on antigen testing in LTC facilities, and understand requirements for reporting results to public health authorities.
- Rapid antigen tests should not be used for return-to-work decisions.
- All positive AND negative test results need to be submitted to the Idaho Department of Health and Welfare Division of Public Health. Contact epimail@dhw.idaho.gov for instructions.
- All positive rapid antigen test results must be reported to the local public health district.
- Follow the [Guidance Checklist](#) for management of residents and HCP with symptoms consistent with COVID-19 or if exposed to someone with COVID-19.

*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 the spread of COVID-19 in long-term care facilities and protecting the health and safety of residents, HCP, and visitors.

References

Centers for Disease Control and Prevention (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 September 10, 2021.

CDC. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Updated September 10, 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/gso-20-38-nh-revised.pdf>

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