

**Long-Term Care Facility Guidance on Testing for COVID-19** Updated 5.25.21

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**Vaccinated and Unvaccinated 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 fit the definition of “fully vaccinated,” including people whose vaccination status is not known, for the purposes of this guidance.

## CMS Requirements for COVID-19 Testing in Long-Term Care Facilities

Long-Term Care Facilities subject to Centers for Medicare & Medicaid Services (CMS) rules must comply with COVID-19 testing requirements.

- See the CMS Interim Rule: <https://www.cms.gov/files/document/gso-20-38-nh.pdf>

The CMS Interim Rule requires COVID-19 testing under three scenarios that...

always includes:

1. **EVERYDAY** screening of residents and staff for symptoms of COVID-19 **with FOLLOW-UP** testing of any symptomatic individuals found, **regardless of vaccination status**.

plus, either:

2. **ROUTINE** serial testing of asymptomatic, **unvaccinated staff** at time intervals determined by the level of COVID-19 activity in the County.

or (depending on circumstances):

3. **OUTBREAK** serial testing of asymptomatic **residents and staff, regardless of vaccination status**, every 3-7 days when a case of COVID-19 has been identified in the facility within the past 14 days

## MCDPH Recommendations for COVID-19 Testing in non-CMS Long-Term Care Facilities

MCDPH recommends that non-CMS facilities follow the CMS outbreak testing requirements to the extent possible, especially those with access to point-of-care (POC) testing or access to frequent PCR testing with reasonably rapid turnaround time (i.e., within 48 hours). MCDPH also provides an alternate protocol for non-CMS facilities without access to frequent testing. See pages 19–20.

As with CMS facilities, non-CMS facilities may also wish to consult additional guidance provided by CDC:

- [Preparing for COVID-19 in Nursing Homes](#)
- [Responding to Coronavirus \(COVID-19\) in Nursing Homes](#)
- [Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel](#)
- [Considerations for Performing Facility-Wide SARS-CoV-2 Testing in Nursing Homes](#)
- [COVID-19 Guidance for Congregate or Shared Housing](#)
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html> Response to COVID-19 Vaccination

## Testing Protocols

The testing protocol that your facility should follow depends on which type of test is being used:

- General information applicable to either test is on pages outlined in **BLACK** (pages 1-6).
- IF YOUR FACILITY IS USING **POC ANTIGEN** TESTING, follow this document's pages outlined in **BRIGHT BLUE** for guidance (pages 7-12).
- IF YOUR FACILITY IS USING **COMMERCIAL PCR ("send-out")** TESTING, follow this document's pages outlined in **BRIGHT PURPLE** for guidance (pages 13-20). Facilities should **not** utilize "send-out" point-of-care (POC) testing.

## Types of COVID-19 Testing Available to Long-Term Care Facilities

Facilities can meet testing recommendations using **point-of-care (POC) antigen/PCR testing devices** or through **PCR testing performed by an offsite laboratory**. Facilities unable to conduct POC testing should use a commercial laboratory to conduct PCR tests to meet these recommendations. Laboratories that can quickly process large numbers of tests with rapid reporting of results (e.g., within 48 hours) should be selected to inform infection prevention initiatives promptly and limit transmission. **Serology** tests are inappropriate for detection and diagnosis of current COVID-19 infection and **cannot** be used to fulfill testing recommendations.

### Diagnostic Tests for COVID-19:

- **PCR Test**

- PCR testing is considered the “Gold Standard” for diagnosing COVID-19 and generally provides high sensitivity and specificity.
- Most require nasal or nasopharyngeal (NP) swab sample collection; some use saliva or throat swabs.
- Most can only be analyzed by off-site commercial laboratories or the Arizona State Public Health Laboratory (ASPHL).
- CDC provides additional guidance on diagnostic testing for COVID-19:
  - [Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel](#)

- **Antigen Test**

- Most have slightly lower sensitivity (which can lead to false negatives) than PCR tests, but similar specificity. The sensitivity can also vary depending on whether the person being tested has symptoms or not.
  - For this reason, in some scenarios, antigen test results require **confirmation by PCR test**. This means that LTCFs using antigen testing still may need to use a commercial laboratory for confirmatory PCR testing when necessary.
- Antigen tests require nasal swab sample collection.
- Antigen tests can provide results in about 15 minutes and are also available at commercial sites.
  - While antigen testing by an off-site laboratory is available, LTCFs using off-site laboratories should order PCR testing to avoid the possibility of receiving an antigen test result that would require confirmation later using additional PCR testing.
- CDC provides additional guidance on antigen testing for COVID-19:
  - [Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#)
  - [Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes](#)

### Point of Care (POC) Testing:

- Most antigen tests and some PCR tests **can be administered at the point-of-care** (i.e. on-site at your facility).
- A few **PCR** systems are available for testing at the point-of-care (POC). If your LTCF is using POC **PCR** testing, follow the protocol for PCR testing as if the samples were sent to an off-site laboratory for analysis.

## Other Testing Considerations for Long-Term Care Facilities

### CLIA-Waiver for Point-Of-Care (POC) Testing

- Testing sites operating a POC diagnostic instrument must have a current “Certificate of Waiver” via the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

- During the COVID-19 public health emergency, CMS will permit a CLIA-certified laboratory to extend its existing certificate to operate a temporary COVID-19 testing site in an off-site location, such as a long-term care facility.
- The temporary COVID-19 testing site is only permitted to perform waived tests, consistent with the laboratory's existing certificate and must be under the direction of the existing lab director.
- Frequently Asked Questions (FAQs) concerning CLIA Guidance during the COVID-19 Emergency is available from CMS [here](#).

### Tests are by Prescription Only

- Federal regulations (42 CFR § 483.50(a)(2)(i)) require that a facility have an order from a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with State law to provide laboratory services to a resident, which includes COVID-19 testing. This can be accomplished through a standing order from a provider affiliated with your facility, a provider licensed in Arizona, or through the [ADHS Standing Order](#).

### Sample Collection, Handling, and PPE

- Follow CDC's [Interim Guidelines for Collecting, Handling, & Testing Clinical Specimens for Persons for COVID-19](#).
- For residents and staff, specimen collection should be performed for one individual at a time in a room with the door closed and no other individuals present. Note, if in a double occupancy room, the specimen should be obtained at least 6 feet from the other occupant. **An airborne infection isolation room is not required.** For routine testing of asymptomatic individuals, staff in the room or specimen collection area should wear a surgical facemask and eye protection. Staff collecting specimens for individuals suspected to have COVID-19 should wear a surgical facemask or N95 respirator, eye protection, gloves, and gown.
  - If individual rooms are not available, other options include:
    - Large spaces (e.g., gymnasiums) where sufficient space can be maintained between swabbing stations (e.g., greater than 6 feet apart).
    - An outdoor location, weather permitting, where other individuals will not come near the specimen collection activity.
- A single pair of gloves and a gown should also be worn for specimen collection or if contact with contaminated surfaces is anticipated.
- Gloves should be changed, and hand hygiene performed between each person being swabbed.
- Gowns should be changed when there is more than minimal contact with the person or their environment. The same gown may be worn for swabbing more than one person provided the staff collecting the test minimizes contact with the person being swabbed. Gowns should be changed if they become soiled.
- Staff who are handling specimens, but are not directly involved in collection (e.g., self-collection) and not working within 6 feet of the individual being tested, should follow [Standard Precautions](#); gloves are recommended, as well as a facemask for source control.
- Some diagnostic tests use specimens that are self-collected, such as saliva and nasal swabs. PPE use can be minimized through self-collection while staff remain at least 6 feet away from the individual collecting their own specimen.
- For more information on sample collection and handling, see CDC's guidance:
  - [Considerations for Performing Facility-Wide SARS-CoV-2 Testing in Nursing Homes](#)
  - [Preparing for COVID-19 in Nursing Homes](#)

### Turn-Around Time

- Turn-around times from commercial labs can vary greatly, depending on shipping, laboratory capacity, and demand. If sending samples to an outside laboratory for analysis, a turn-around time (between sample

collection and receipt of results) of 48-hours or less is optimal and necessary to be in alignment with CMS guidance.

- If the 48-hour turn-around time cannot be met due to community testing supply shortages, limited access, or inability of laboratories to process tests within 48 hours, the facility should follow the alternate testing strategy described on pages 21-22.

### Documentation of Testing and Results

- Nursing homes and assisted living facilities should maintain records of residents and staff who have positive tests. Those records can facilitate reporting data to state and local health departments. If your facility is required to report to the National Healthcare Safety Network (NHSN), these records will aid in reporting aggregate data into the [National Healthcare Safety Network \(NHSN\) COVID-19 Module for LTCFs](#).

### Reporting Cases

- Every COVID-19 testing site is [required to report](#) to the appropriate state or local public health department **every diagnostic and screening test performed (i.e., both positives and negatives)** to detect SARS-CoV-2 or to diagnose a possible case of COVID-19.
  - [Reporting to ADHS](#): facilities can report to ADHS in 1 of 3 ways: 1) Electronic Laboratory Reporting (ELR); 2) Flat file submission; or 3) Google Form entry. Please visit the [ADHS website](#) for additional information about these processes.
  - Reporting to MCDPH: we request you report *positive test results only*. Please complete Tab 2 (Person-Level) of the [Excel Line List](#) and email it to [CRT@maricopa.gov](mailto:CRT@maricopa.gov). Please remember to use a separate Line List for each facility license type (e.g., ALF or SNF).
- CMS also requires facilities to report COVID-19 cases, facility staffing, and supply information to the [National Healthcare Safety Network \(NHSN\) Long-term Care Facility \(LTCF\) COVID-19 Module](#) weekly. Weekly data submission to NHSN will meet the [CMS COVID-19 reporting requirements](#).

### Testing Refusal

- Facilities must have procedures in place to address **staff** who refuse testing.
  - Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until [MCDPH Home Isolation](#) criteria are met.
  - [Per CMS](#), if **OUTBREAK** status has been triggered and an asymptomatic staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed.
  - MCDPH recommends that unvaccinated staff who refuse testing in the **ROUTINE** testing setting be allowed to work as long as they are asymptomatic and wear a facemask at all times when in the facility.
- Facilities must have procedures in place to address **residents** who refuse testing
  - Residents (or resident representatives) may exercise their right to decline COVID-19 testing in accordance with the requirements under 42 CFR § 483.10(c)(6).
  - In discussing testing with residents, staff should use [person-centered approaches](#) when explaining the importance of testing for COVID-19. Providing information about the method of testing and reason for pursuing testing may facilitate discussions with residents or resident representatives.
  - If a resident has symptoms consistent with COVID-19 or has been exposed to COVID-19, or if there is a facility outbreak and the resident declines testing, he or she should be placed in or remain in transmission-based precautions until he or she meets the COVID-19 symptom-based criteria for discontinuation or until the outbreak is declared over (if asymptomatic).

## Recommended COVID-19 Testing Strategies for LTCFs Based on Facility Type & Access to Frequent Testing

COVID-19 TESTING SCENARIOS	FOLLOW-UP TESTING	ROUTINE TESTING	OUTBREAK TESTING
CMS Facilities, Facilities with POC Testing, and Facilities with Access to Frequent Testing	All <u>symptomatic</u> residents & staff, <i>regardless of vaccination status</i> , identified during <b>EVERYDAY</b> symptom screening	All <i>unvaccinated</i> asymptomatic staff based on % positivity in CMS data (consistent with CMS requirements)	All residents & staff, <i>regardless of vaccination status</i> , after identifying an outbreak, followed by serial testing COVID-negative residents & staff every 3-7 days until no new cases are identified for <b>14</b> consecutive days
Non-CMS Facilities without Access to POC or Frequent Testing	All <u>symptomatic</u> residents & staff, <i>regardless of vaccination status</i> , identified during <b>EVERYDAY</b> symptom screening	All <i>unvaccinated</i> asymptomatic staff based on % positivity in CMS data, where feasible	All close contacts of COVID-19 case(s), <i>regardless of vaccination status</i> , until no new cases are identified for <b>28</b> consecutive days

### Overview of Testing Recommendations

**Residents** should be screened for any new symptoms (or worsening/change in symptoms of a chronic illness) consistent with COVID-19 **at least daily**.

**Staff** should be screened for any new symptoms (or worsening/change in symptoms of a chronic illness) consistent with COVID-19 **at the start of each shift** before beginning work.

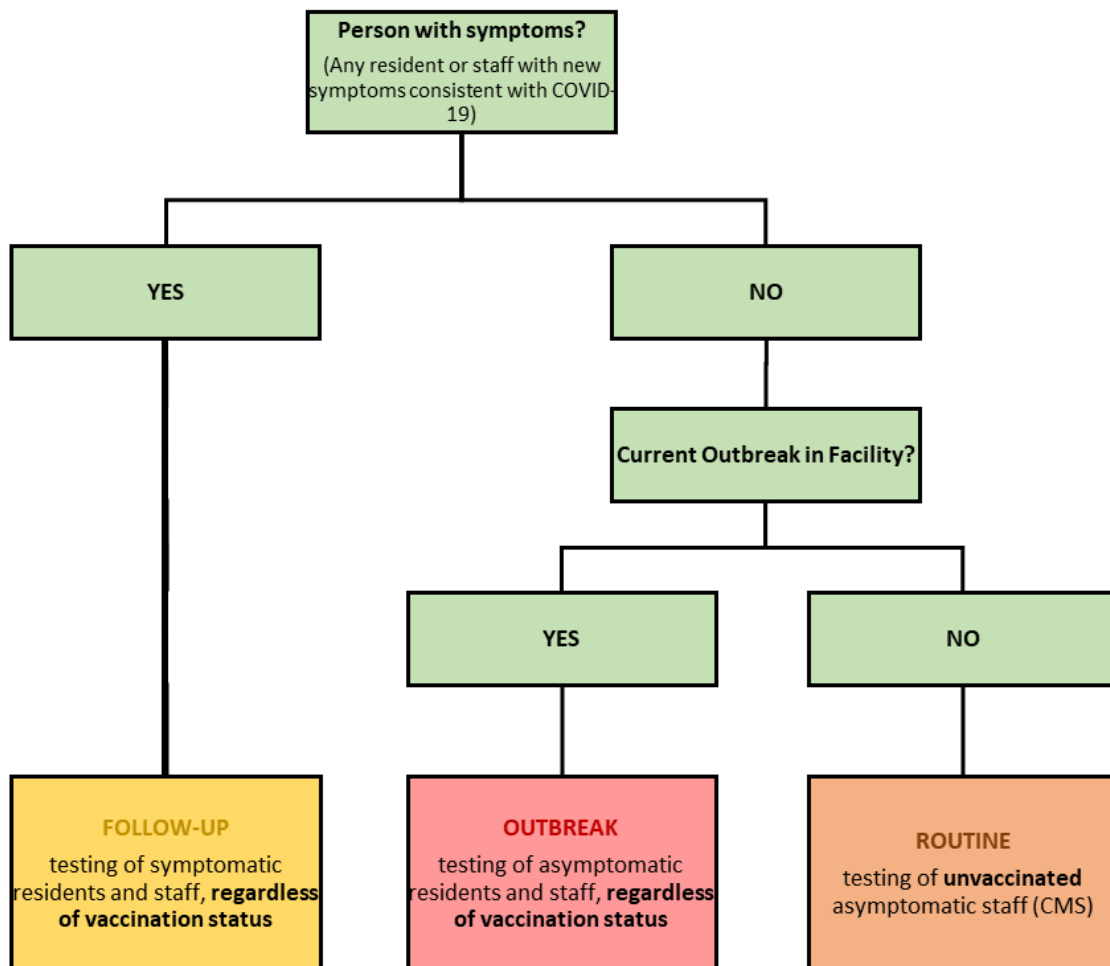
- **“Staff” includes** employees, consultants, contractors, volunteers, caregivers, housekeeping staff, food services staff, and students (e.g. nursing/aide trainees) and others who provide care or services to residents on behalf of the facility.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**.

- **Symptoms** consistent with COVID-19 include:
  - Fever or chills
  - Cough
  - Sore Throat
  - Congestion or runny nose
  - Headache
  - Muscle or body aches
  - Diarrhea
  - Nausea or vomiting
  - New loss of taste or smell
  - Fatigue
- Check the [CDC website](https://www.cdc.gov/covid19/symptoms) for the latest list of symptoms.

- Fever is either measured temperature >100.4°F or subjective fever. Note that **fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs)**. Clinical judgement should be used to guide testing of individuals in such situations.
- Also be alert for **emergency warning signs** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**:
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion
  - Inability to wake or stay awake
  - Bluish lips or face
- **ANY RESIDENT OR STAFF FOUND TO HAVE NEW SYMPTOMS (or worsening/change in symptoms of a chronic illness) ON SCREENING SHOULD RECEIVE FOLLOW-UP TESTING IMMEDIATELY, regardless of vaccination status (SEE PAGES 7-8 OR 13-14).**

**FLOW CHART: EVERYDAY Screening of All Residents and Staff for Symptoms Consistent with COVID-19, Regardless of Vaccination Status**



If the facility uses **Antigen Testing** at the Point-of-Care (POC), follow the pages outlined in bright blue.

If the facility uses **PCR Testing** performed by an external lab, follow the pages outlined in bright purple.



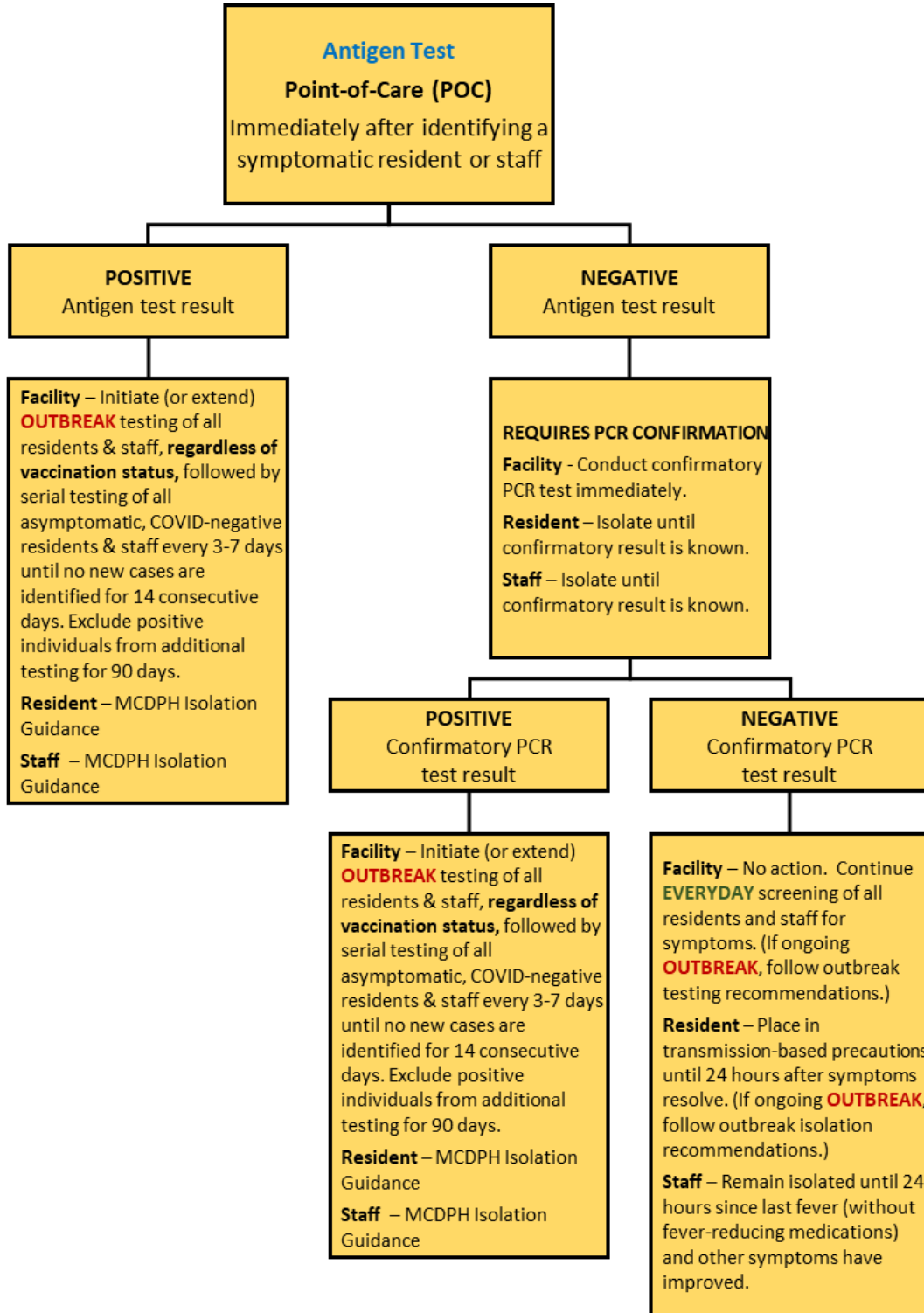
## FOLLOW-UP Testing of Symptomatic Residents and Staff, Regardless of Vaccination Status

**FOLLOW-UP** testing is for anyone (resident or staff), regardless of vaccination status, found to have new symptoms (or worsening/change in symptoms of a chronic illness) on screening or otherwise and should be performed immediately.

- In addition to testing for COVID-19, facilities are encouraged to consider testing for other causes of respiratory illness such as influenza.
- **While waiting for results:**
  - **Residents** should be isolated per [MCDPH Isolation Guidance](#) and your facility's protocol, but these patients should **not** yet be cohorted with known COVID-19 patients until their diagnosis is confirmed.
  - **Staff** should be excluded from the facility and stay isolated at home.
- **POSITIVE** result of ANTIGEN test:
  - **Residents** should be isolated per [MCDPH Isolation Guidance](#) and your facility's protocol (e.g. in COVID-positive unit).
  - **Staff** should follow [MCDPH Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - If not already in **OUTBREAK** status, facility should initiate **OUTBREAK** response and testing.
  - Positive individuals can be **excluded** from additional testing (e.g. **Follow-Up**, **Routine**, or **Outbreak** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.
- **NEGATIVE** result of ANTIGEN test **must be confirmed by a PCR test for symptomatic persons:**
  - Conduct the confirmatory PCR test as soon as possible, no more than 48 hours after the antigen test.
  - Individual should be isolated as described above until PCR test result is known
  - **POSITIVE** result of **confirmatory** PCR test:
    - **Affected residents** should be isolated per [MCDPH Isolation Guidance](#) and facility's protocol (e.g. cohorted in COVID-positive unit).
    - **Affected staff** should follow [MCDPH Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
    - People with positive confirmatory PCR tests in this scenario can be **excluded** from additional testing (e.g. **Follow-Up**, **Routine**, or **Outbreak** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.
  - **NEGATIVE** result of **confirmatory** PCR test requires no new action.
    - **Residents** who have symptoms consistent with COVID-19, but test negative should be placed on transmission-based precautions segregated away from both COVID-positive and COVID-negative residents until 24 hours after their symptoms have resolved (or returned to prior baseline).
    - **Staff** who have symptoms consistent with COVID-19, but test negative should remain at home in isolation and be excluded from the facility until it has been at least 24 hours since their last fever (without the use of fever-reducing medications) and their other symptoms have improved.
- Facility should continue with **EVERYDAY** screening of residents and staff for symptoms throughout this process.



**FLOW CHART: FOLLOW-UP Testing of Symptomatic Residents and Staff, Regardless of Vaccination Status**



**ROUTINE Serial Testing of Asymptomatic, Unvaccinated Staff**

**ROUTINE** testing of asymptomatic **unvaccinated staff** should be performed in **addition** to **EVERYDAY** screening of **residents and staff** for symptoms with **FOLLOW-UP** testing. **Fully vaccinated staff do not need to do ROUTINE testing.**

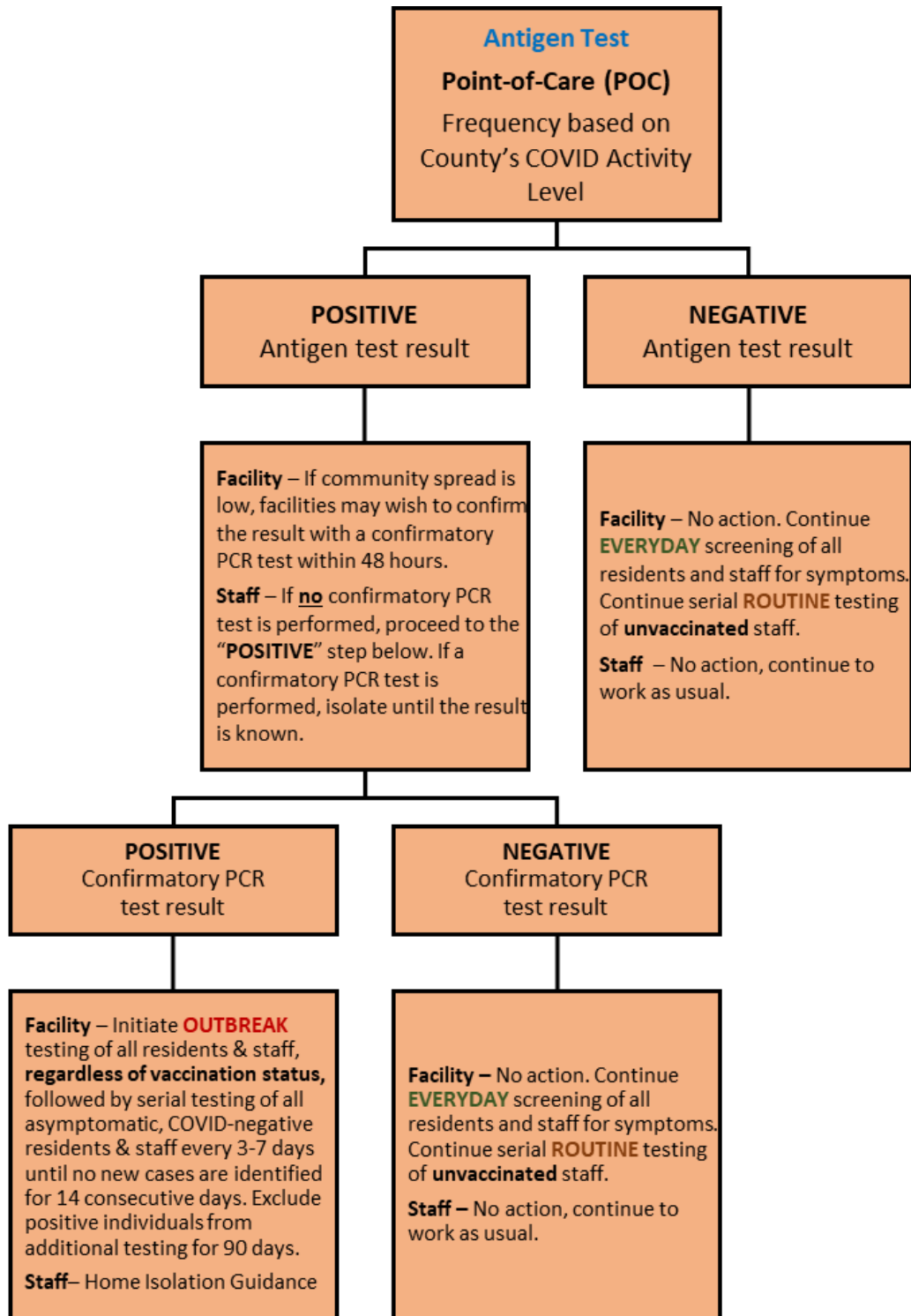
- Routine testing is recommended for **unvaccinated staff only, without** symptoms, when the facility is **not** in **OUTBREAK** status (no new cases within past 14 days).
- Routine testing of asymptomatic **residents** is not recommended. Facilities may consider routine testing of asymptomatic **unvaccinated** residents who leave the facility frequently, such as for dialysis or chemotherapy.
- Routine testing requires testing unvaccinated, asymptomatic staff at intervals based on the **level of COVID-19 activity in the County**. Activity level is measured by “**percent-positivity**” of COVID-19 testing in the County, **as reported by CMS** in a downloadable file at:

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

County’s COVID-19 Activity Level	County’s Positivity Rate in Past Week	Minimum Testing Frequency of Staff
Low	Less than 5%	Once a month
Medium	5% to 10%	Once a week
High	Greater than 10%	Twice a week

- **County COVID-19 activity level should be checked regularly**, and the frequency of **ROUTINE** testing adjusted accordingly.
  - If the county COVID-19 activity level **increases**, the facility should begin testing unvaccinated staff at the frequency shown in the table above **as soon as** the criteria for the higher activity are met.
  - If the county COVID-19 activity level **decreases**, the facility should continue testing unvaccinated staff at the higher frequency level until the county positivity rate has remained at the lower level for **at least two weeks**.
- **While waiting for initial test result**, no isolation or other action is necessary for residents or staff.
- **POSITIVE** result of ANTIGEN test.
  - **Affected staff** should follow MCPDH [Home Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be **excluded** from additional testing (e.g. **Follow-Up**, **Routine**, or **Outbreak** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.
  - Of note, **during periods of minimal community spread**, the facility may wish to confirm a positive ANTIGEN test with a PCR test within 48 hours with actions based on the PCR result.
  - Facility should immediately initiate **OUTBREAK** response and testing.
- **NEGATIVE** result of ANTIGEN test **requires no new action**:
  - Staff may continue to work as usual.
  - Facility should continue **ROUTINE** testing of residents and staff.
- Facility should continue with **EVERYDAY** screening of residents and staff for symptoms throughout this process.

**FLOW CHART: ROUTINE Serial Testing of Asymptomatic Unvaccinated Staff**



## OUTBREAK Serial Testing of Asymptomatic Residents and Staff, Regardless of Vaccination Status

**OUTBREAK** status is triggered when a new case of COVID-19 is found among the facility's residents or staff, **regardless of vaccination status, excluding:**

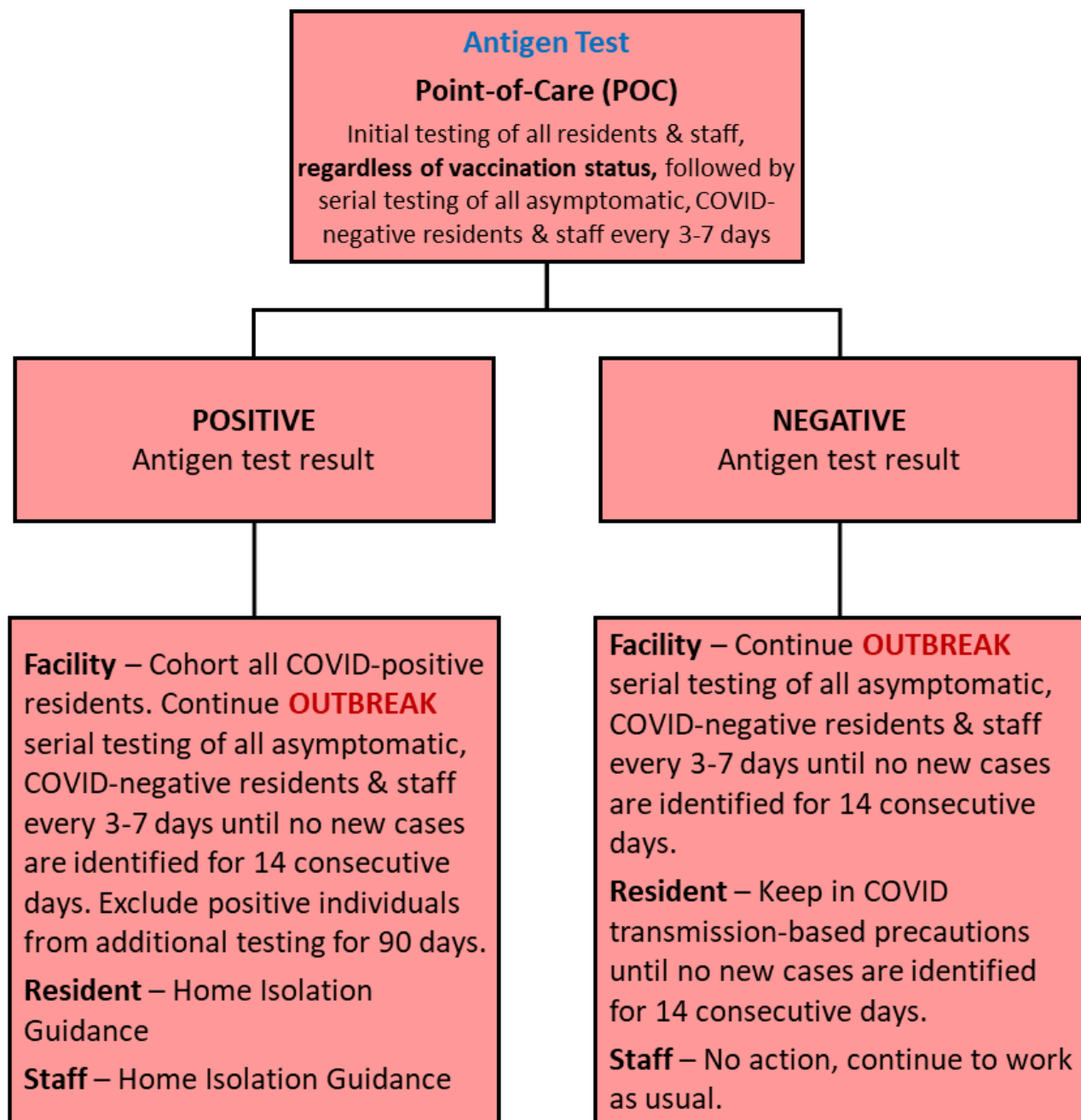
- Newly admitted residents known to have COVID-19 at admission
- Recently admitted residents placed in [transmission-based precautions](#) who develop COVID-19 during the 14-day period after admission

**OUTBREAK** status continues until no new cases are found among residents or staff within the past 14 days while serial testing is being performed.

- After an **OUTBREAK** is identified, all residents and staff, **regardless of vaccination status**, should be tested as soon as possible.
- After all residents and staff are tested, **regardless of vaccination status**, serial testing of **asymptomatic COVID-negative residents and staff should be performed every 3 to 7 days.**
  - Specific interval (within 3- to 7-day range) may be selected by the facility.
  - Shorter interval (e.g. 3 days) requires more testing/supplies/expenses but may detect end of **OUTBREAK** status earlier.
  - Interval should **be equal to or shorter than** that required for **ROUTINE** testing by current level of COVID-19 activity in the County (i.e., twice a week during HIGH level of activity).
- While waiting for test results under **OUTBREAK** status, all residents are considered exposed and must be placed in COVID-19 transmission-based precautions.
- All residents should be cohorted and quarantined/isolated based on their COVID-19 status (positive, negative, unknown) and these cohorts kept segregated from each other.
- **POSITIVE** result of ANTIGEN test:
  - **Affected residents** should be isolated per [MCPDH Home Isolation Guidance](#) and facility's protocol (e.g. cohorted in COVID-positive unit).
  - **Affected staff** should follow [MCPDH Home Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be **excluded** from additional testing (e.g. **FOLLOW-UP**, **ROUTINE**, or **OUTBREAK** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.
- **NEGATIVE** result of ANTIGEN test:
  - During **OUTBREAK** status, all residents (including those testing negative) are considered exposed and must be placed in COVID-19 transmission-based precautions (e.g. standard, contact, and droplet precautions with eye protection). Maintain segregation of negative residents away from residents of unknown or positive COVID-19 status.
  - Staff may continue to work as usual with appropriate PPE.
  - Facility should continue with **OUTBREAK** testing of residents and staff.
- When no new cases are found among residents or staff for 14 consecutive days, **OUTBREAK** status is ended.
  - COVID-negative residents may come off COVID transmission-based precautions.
  - Facility returns to **ROUTINE** testing of asymptomatic unvaccinated staff.

**EVERYDAY** screening of residents and staff for symptoms with **FOLLOW-UP** testing should continue during **OUTBREAK** status.

**FLOW CHART: **OUTBREAK** Serial Testing of Asymptomatic Residents and Staff, Regardless of Vaccination Status**

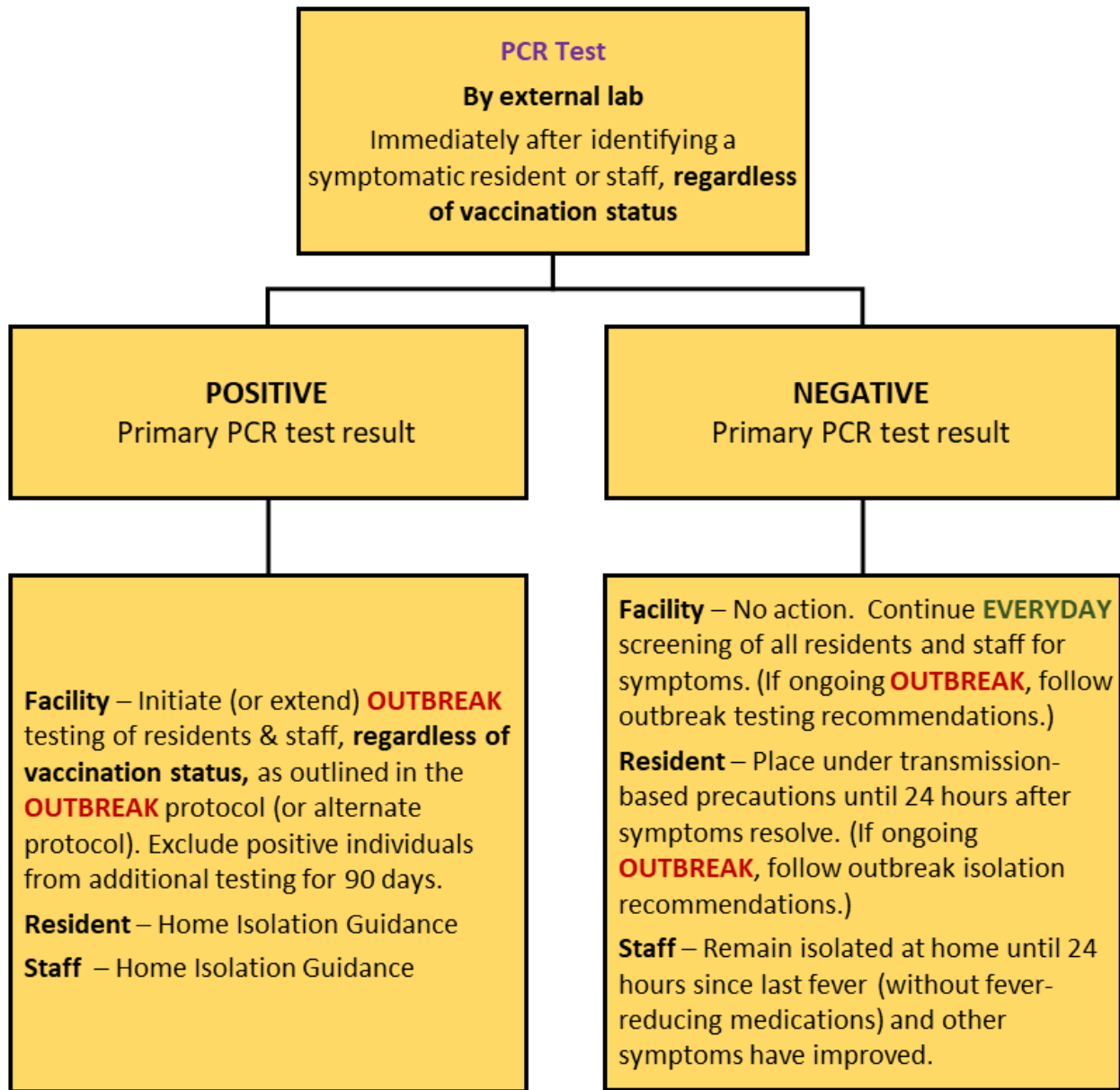


**FOLLOW-UP Testing of Symptomatic Residents and Staff, Regardless of Vaccination Status**

**FOLLOW-UP** testing is for anyone (resident or staff), regardless of vaccination status, found to have new symptoms (or worsening/change in symptoms of a chronic illness) on screening or otherwise and should be performed immediately.

- In addition to testing for COVID-19, facilities are encouraged to consider testing for other causes of respiratory illness such as influenza.
- **While waiting for results:**
  - **Residents** should be isolated per [MCPDH Home Isolation Guidance](#) and your facility's protocol, but these patients should **not** yet be cohorted with known COVID-19 patients until their diagnosis is confirmed.
  - **Staff** should be excluded from the facility and stay isolated at home.
- **POSITIVE** result of primary PCR test:
  - **Affected residents** should be isolated per [MCPDH Home Isolation Guidance](#) and your facility's protocol (e.g. in COVID-positive unit).
  - **Affected staff** should follow [MCPDH Home Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - If not already in **OUTBREAK** status, facility should initiate **OUTBREAK** response and testing.
  - Positive individuals can be **excluded** from additional testing (e.g. **FOLLOW-UP**, **ROUTINE**, or **OUTBREAK** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.
- **NEGATIVE** result of primary PCR test:
  - Residents who have symptoms consistent with COVID-19, but test negative should be placed on transmission-based precautions and segregated away from both COVID-positive and COVID-negative residents until 24 hours after their symptoms have resolved completely (or returned to prior baseline).
  - Staff who have symptoms consistent with COVID-19, but test negative should remain at home in isolation and be excluded from the facility until it has been at least 24 hours since their last fever (without the use of fever-reducing medications) and other symptoms have improved.
- Facility should continue with **EVERYDAY** screening of residents and staff for symptoms throughout this process.

**FLOW CHART: FOLLOW-UP Testing of Symptomatic Residents and Staff, Regardless of Vaccination Status**





**ROUTINE Serial Testing of Asymptomatic Unvaccinated Staff (Consistent with CMS Requirements)**

**ROUTINE** testing of asymptomatic **unvaccinated staff** should be performed in **addition** to **EVERYDAY** screening of residents and staff for symptoms with **FOLLOW-UP** testing. **Fully vaccinated staff do not need to do ROUTINE testing.**

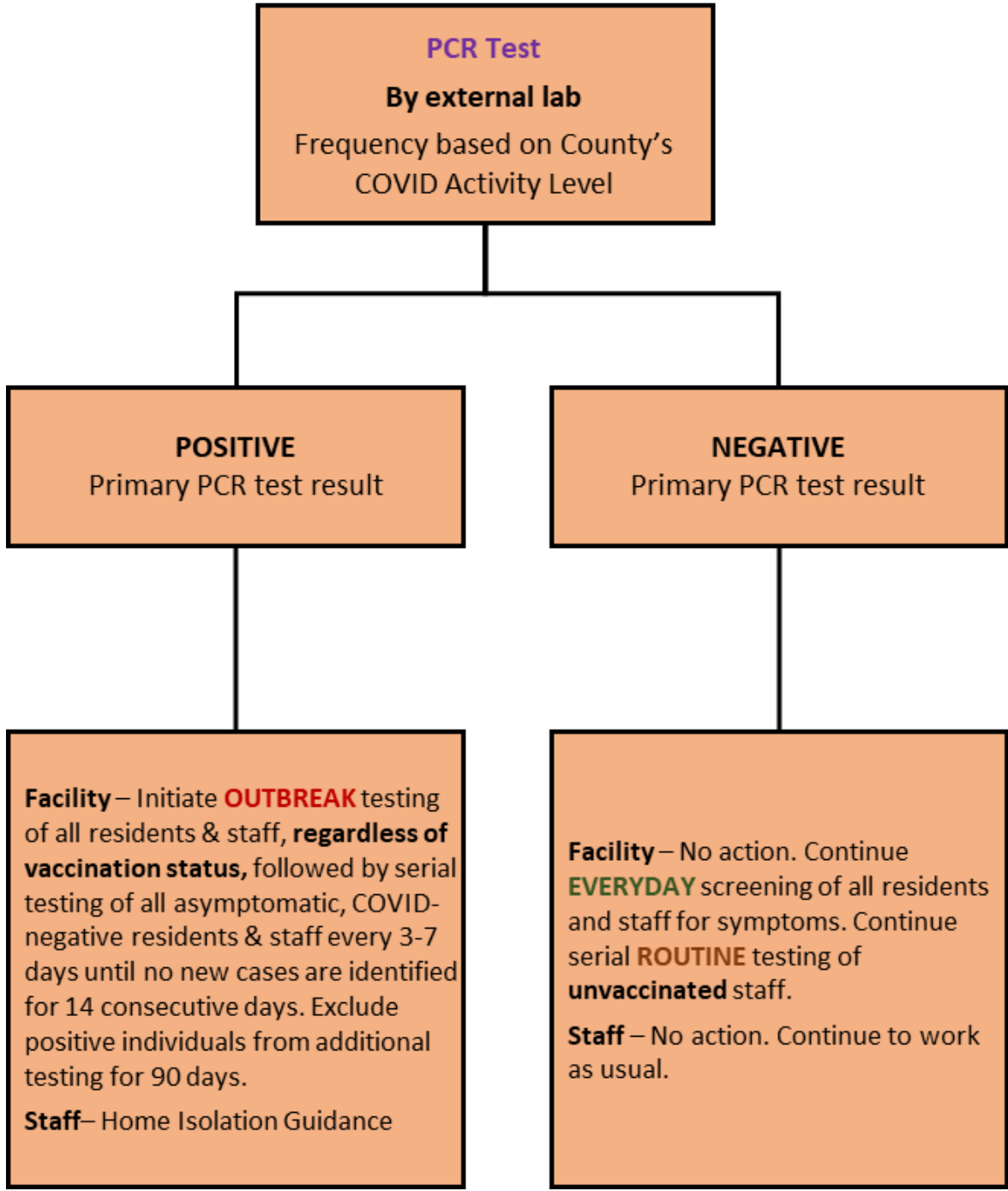
- Routine testing is recommended for **unvaccinated staff only, without symptoms**, when the facility is **not** in **OUTBREAK** status (no new cases within past 14 days).
- Routine testing of asymptomatic **residents** is not recommended. Facilities may consider routine testing of asymptomatic unvaccinated residents who leave the facility frequently, such as for dialysis or chemotherapy.
- Routine testing requires testing staff at intervals based on the **level of COVID-19 activity in the County**. Activity level is measured by **“percent-positivity”** of COVID-19 testing in the County, **as reported by CMS** in a downloadable file at:

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

County’s COVID-19 Activity Level	County’s Positivity Rate in Past Week	Minimum Testing Frequency
Low	Less than 5%	Once a month
Medium	5% to 10%	Once a week
High	Greater than 10%	Twice a week

- **Activity level should be checked regularly**, and the frequency of **ROUTINE** testing adjusted accordingly.
  - If the county positivity rate increases, the facility should begin testing unvaccinated staff at the frequency shown in the table below as soon as the criteria for the higher activity are met.
  - If the county positivity rate decreases, the facility should continue testing unvaccinated staff at the higher frequency level until the county positivity rate has remained at the lower level for at least two weeks.
- **While waiting for initial test result**, no isolation or other action is necessary for staff.
- **POSITIVE** result of primary PCR test:
  - **Affected staff** should follow [MCPDH Home Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be **excluded** from additional testing (e.g. **FOLLOW-UP**, **ROUTINE**, or **OUTBREAK** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.
  - Facility should immediately initiate **OUTBREAK** response and testing using the **OUTBREAK** testing protocol.
- **NEGATIVE** result of PCR test **requires no new action**.
  - Staff may continue to work as usual.
  - Facility should continue **ROUTINE** testing of residents and staff.
- Facility should continue with **EVERYDAY** screening of residents and staff for symptoms throughout this process.

**FLOW CHART: ROUTINE Serial Testing of Asymptomatic Unvaccinated Staff (Consistent with CMS Requirements)**



## **OUTBREAK Serial Testing of Asymptomatic Residents & Staff, Regardless of Vaccination Status (Consistent with CMS Requirements)**

**OUTBREAK** status is triggered when a new case of COVID-19 is found among the facility's residents or staff, **regardless of vaccination status, excluding:**

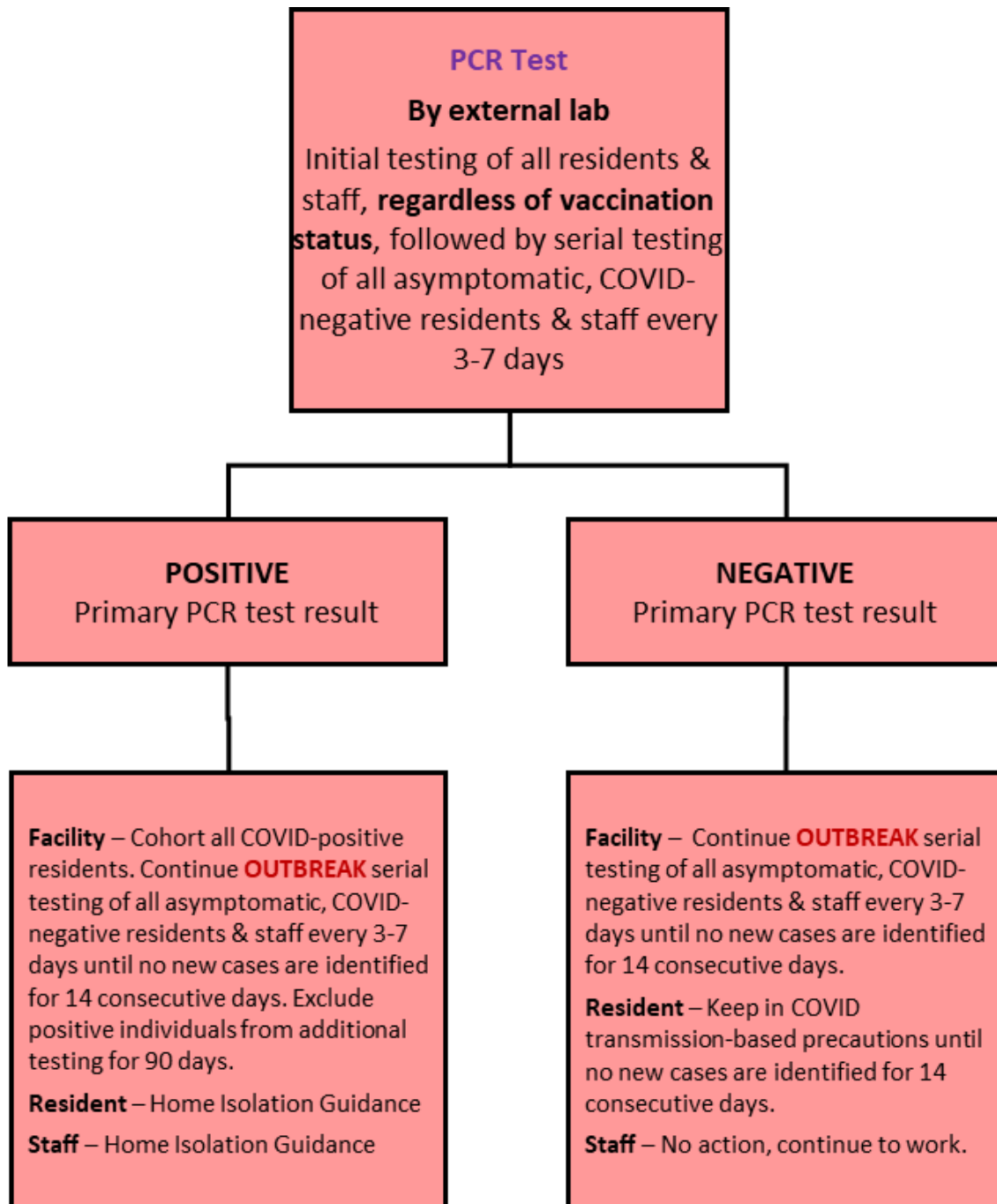
- Newly admitted residents known to have COVID-19 at admission
- Recently admitted residents held under [transmission-based precautions](#) who develop COVID-19 during the 14-day period after admission

**OUTBREAK** status continues until no new cases are found among residents or staff within the past 14 days

- After an **OUTBREAK** is identified, all residents and staff, **regardless of vaccination status**, should be tested as soon as possible.
- After all residents and staff are tested, serial testing of **asymptomatic COVID-negative residents and staff should be performed every 3 to 7 days.**
  - Specific interval of testing (within a 3- to 7-day range) may be selected by the facility.
  - Shorter interval (e.g. 3 days) requires more testing/supplies/expenses, but may detect end of **OUTBREAK** status earlier.
- While waiting for test results under **OUTBREAK** status, all residents are considered exposed and must be quarantined under standard, contact, and droplet precautions (with eye protection).
- All residents should be cohorted and quarantined/isolated based on their COVID-19 status (positive, negative, unknown) and these cohorts kept segregated from each other.
- **POSITIVE** result of primary PCR test:
  - **Affected residents** should be isolated per [MCPDH Home Isolation Guidance](#) and facility's protocol (e.g., in COVID-positive unit).
  - **Affected staff** should follow [MCPDH Home Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be **excluded** from additional testing (e.g. **FOLLOW-UP**, **ROUTINE**, or **OUTBREAK** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.
- **NEGATIVE** result of primary PCR test requires no new action.
  - During **OUTBREAK** status, all residents (including those testing negative) are considered exposed and must be placed in COVID-19 transmission-based precautions (e.g. standard, contact, and droplet precautions with eye protection). Maintain segregation of negative residents away from residents of unknown or positive COVID-19 status.
  - Staff may continue to work as usual.
  - Facility should continue with **OUTBREAK** testing of residents and staff.
- When no new cases are found among residents or staff for 14 consecutive days, **OUTBREAK** status is ended.
  - COVID-negative residents may come off isolation precautions.
  - Facility returns to **ROUTINE** testing of asymptomatic staff.

**EVERYDAY** screening of residents and staff for symptoms with **FOLLOW-UP** testing should continue during **OUTBREAK** status.

**FLOW CHART: **OUTBREAK** Serial Testing of Asymptomatic Residents & Staff, Regardless of Vaccination Status (Consistent with CMS Requirements)**



## Alternate **OUTBREAK** Protocol — Testing of Close Contacts, Regardless of Vaccination Status

- Non-CMS facilities without point-of-care testing should follow the **OUTBREAK** protocol on pages 17–18 to the **extent possible** based on access to frequent PCR testing with reasonably rapid turnaround time (i.e., within 48 hours).
- Alternately, if the **OUTBREAK** protocol above is not feasible, instead of testing **all** asymptomatic residents, these facilities may choose to test only close contacts (e.g., roommates, residents on the same unit/floor, etc.), **regardless of vaccination status**, each time a new case is identified.

**OUTBREAK** status is triggered when a new case of COVID-19 is found among the facility’s residents or staff, **regardless of vaccination status, excluding:**

- Newly admitted residents known to have COVID-19 at admission
- Recently admitted residents held under [transmission-based precautions](#) who develop COVID-19 during the 14-day period after admission

**OUTBREAK** status continues until no new cases have been found among residents or staff within the past **28 days**

- Requires testing of **close contacts of a COVID-19 case** (e.g., roommate, residents on the same unit/floor, etc.), **regardless of vaccination status**, each time a new COVID-19 case is identified.
- **All residents should be kept in COVID-19 transmission-based precautions** until the end of the outbreak, regardless of PCR test results.
- All residents should be cohorted and quarantined/isolated based on their COVID-19 status (positive, negative, unknown) and these cohorts kept segregated from each other.
- **POSITIVE** result of a PCR test:
  - **Affected residents** should be isolated per [MCPDH Home Isolation Guidance](#) and facility’s protocol (e.g., cohorted in COVID-positive unit).
  - **Affected staff** should follow [MCPDH Home Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be **excluded** from additional testing (e.g. **FOLLOW-UP**, **ROUTINE**, or **OUTBREAK** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.
- **NEGATIVE** result of a PCR test requires no new action.
  - During **OUTBREAK** status, all residents (including those testing negative) are considered exposed and must remain in COVID-19 transmission-based precautions until the outbreak is over. Maintain segregation of negative residents away from residents of unknown or positive COVID-19 status.
  - Staff may continue to work as usual.
- When no new cases are found among residents or staff for **28 consecutive days**, **OUTBREAK** status is ended.
  - COVID-negative and COVID-unknown residents may come off isolation precautions.
  - Facility returns to **ROUTINE** testing of asymptomatic staff.

**EVERYDAY** screening of **all** residents and staff for symptoms of COVID-19 and **FOLLOW-UP** testing of symptomatic individuals, **regardless of vaccination status**, is still required and remains unchanged under this alternative **OUTBREAK** protocol.

**FLOW CHART: Alternate **OUTBREAK** Protocol — Testing of Close Contacts, Regardless of Vaccination Status**

