14. Facility Testing Plan and Response Strategy

BACKGROUND

It has been documented through mass testing that when a single or small number of symptomatic cases are identified, there are many additional asymptomatic or mild cases in other residents and staff. Experience has shown that despite staff symptom screening, when COVID-19 cases are identified in a nursing home, there may be staff with asymptomatic SARS-CoV-2 infection. Staff likely contribute to introduction and further spread of SARS-CoV-2 within nursing homes. A proactive testing strategy allows for earlier detection and intervention in outbreaks in skilled nursing facilities (SNF), and can be used by SNFs as follows:

- Making decisions about cohorting of residents and staff within facilities
- Discontinuing transmission-based precautions
- Identifying staff testing positive for SARS-CoV-2 infection for exclusion from work
- Allocation of resources based on burden of SARS-CoV-2 infection across different units or facilities

Testing should not supersede existing infection prevention and control interventions

Testing conducted at the facility will be implemented in addition to existing infection prevention and control measures recommended by the Centers for Disease Control and Prevention (CDC), Illinois Department of Public Health (IDPH), Wisconsin Department of Public Health and OSHA, including visitor restriction, cessation of communal dining and group activities, monitoring all staff and residents for signs and symptoms of COVID-19, and universal masking and universal eye wear protection as source control.

Definitions

Facility-onset case (New) – following the definition from CMS (QSO-20-30-NH): "a COVID-19 case that originated in the facility; not a case where the facility admitted an individual from a hospital with known COVID-19 positive status, or an individual with unknown COVID-19 status that became COVID-19 positive within 14 days after admission."

Facility-associated case of COVID-19 infection in a staff member –(New) "a staff member who worked at the facility for any length of time two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person) until the day that the positive staff member was excluded from

work." (*CDC Contact Tracing for COVID-19, found at: https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact)*

Staff – following the definition from CDC: "[Staff] include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)."

State-authorized personnel – State-authorized personnel include, but are not limited to: Representatives of the Office of the State Long-Term Care Ombudsman Program, the Office of State Guardian, Office of Health Care Regulation and the Legal Advocacy Service; and community-service providers or third parties serving as agents of the State for purposes of providing telemedicine, transitional services to community-based living, and any other supports related to existing consent decrees and court-mandated actions, including, but not limited to, the Prime Agencies and sub-contractors of the Comprehensive Program serving the Williams and Colbert Consent Decree Class Members.

Testing Stages

The following guidelines are minimum guidance and facility may revise testing guidance to be more stringent in the event of increasing levels of community transmission.
Regular testing of residents and staff may be undertaken in three stages dependent on the presence of COVID-19.

Baseline testing/Point Prevalence Survey (PPS)

1. Conduct a facility-wide Point Prevalence Survey (PPS)/Baseline testing of all residents and staff.
    - What's a Point Prevalence Survey? A data collection tool used to identify the number of people with a disease or condition at a specific point in time.
    - PPS 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.
2. After the baseline testing is done, move to Response-driven testing.
3. If testing capacity is not sufficient:
    - for a facility-wide PPS, performing PPS in residents and staff on units with symptomatic residents should be prioritized.
    - for unit-wide PPS, testing should be prioritized for symptomatic residents and other high-risk residents, such as those who are admitted from a hospital or other facility, roommates of symptomatic residents, or those who leave the facility regularly for dialysis or other services. All efforts should be made to conduct a minimum of unit wide testing of staff for units with symptomatic residents.

Response-driven testing

1. If not already done, conduct PPS/baseline of all residents and staff as outlined in baseline testing stage.
2. Initiate weekly (every 7 days) testing of all previously negative residents and staff
    a. Continue testing all previously negative residents and staff within the facility for 14 days
    b. Once HCP tests positive, they do not need to be re-tested nor do they need to be included in the weekly testing moving forward until 3 months have passed.
    c. Once a resident test positive, they do not need to be included in the weekly testing moving forward until 3 months have passed.
3. Immediately test any resident or staff who develop symptoms consistent with COVID-19.
4. When no new cases have been detected among residents or staff for 14 days then serial testing of staff occurs, and the minimum testing frequency is based on county positivity rates (based on CMS data) and CMS requirements (see Table 2 on page 5).
5. All residents and staff are required to participate in testing.
    a. Residents that refuse testing will be placed in isolation for 14 days. (see Resident Refusal of Testing policy)
    b. Staff that refuse testing will not be permitted to come to work or enter the facility until tested. (See staff refusal of Testing policy)
6. If full participation (all previously negative residents and staff) over 14 days:
    a. NOT ACHIEVED: then testing must continue until full participation is achieved for 14 days with no newly identified positives.
7. If testing capacity is not sufficient for retesting all residents, retest those who frequently leave the facility for dialysis or other services and those with known exposure to infected residents (such as roommates) or staff at least every 7 days until all tests of said residents and staff are negative for SARS-CoV-2 for 14 days.
8. The Facility will prioritize individuals with signs and symptoms of COVID-19 first, then perform testing triggered by an outbreak (as specified below).

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs and symptoms must be tested	Residents with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff that previously tested negative until no new cases are identified*	Test all residents that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

Testing of Staff and Residents in Response to an Outbreak

An outbreak is defined as a new COVID-19 infection in a facility-associated case of COVID-19 infection in a staff member or a facility-onset case of a resident. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak.

Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents will be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days at the facility's discretion after considering the number of infections in the building, availability of testing kits, lab turnaround time and availability of testing kits for POC machines, until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. See CDC guidance "Testing Guidelines for Nursing Homes" section Non-diagnostic testing of asymptomatic residents without known or suspected exposure to an individual infected with SARS-CoV-2.

For individuals who test positive for COVID-19, repeat testing is not recommended. A symptom-based strategy is intended to replace the need for repeated testing. Facilities will follow the CDC guidance Test-Based Strategy for Discontinuing Transmission-Based Precautions Discontinuing Transmission-Based Precautions for residents and Criteria for Return to Work for Healthcare Personnel with SARS-CoV2 Infection

*Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances, such as the identification of a confirmed COVID-19 case in the facility

Routine Testing of Staff

Routine testing will be conducted based on the extent of the virus in the community; The Facility will use their county positivity rate in the prior week as the trigger for staff testing frequency. Facility will monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table below: (COVID-19 Testing)
https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	**<5%**	**Once a month**
Medium	**5% - 10%**	**Once a week***
High	**>10%**	**Twice a week***

***This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.**

- If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- If the county positivity rate decreases to a lower level of activity, the facility

should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency

Surveillance testing

1. Staff:
    a. Test all staff. Staff who have recovered from COVID-19 do not need to be retested for COVID-19 for the first 90 days unless they become symptomatic.
2. Residents:
    a. Test those who frequently leave the facility for dialysis or other services every 7 days.
    b. Test any previously negative residents who are exposed to a COVID-19 positive individual or who develop symptoms consistent with COVID-19
    c. Residents who have recovered from COVID-19 do not need to be retested for COVID-19 for the first 90 days, unless they become symptomatic.
3. If positives are identified during this stage, initiate response-driven testing strategy.
4. This stage will continue until the prevalence in the community the facility is in is low, as determined by local and state department of health along with the positivity rate in the county.

Logistics

BRIA Health Services conducts SARS-CoV-2 molecular testing RT-PCR test utilizing a commercial laboratory service (CLS). Abbott ID NOW Rapid Test Machine-POC and the BD – Veritor Antigen testing machine (where available) is utilized under the direction and guidance of the local Health Department to assist in the diagnostic, screening and surveillance testing of SARS-CoV-2.

- Laboratory and Testing
    - Facility has entered into a Laboratory Service Agreement with a Commercial Lab Service (CLS) to conduct widespread and routine testing using a molecular amplification detection test, such as reverse-transcriptase polymerase chain reaction (RT-PCR) with at least 95% sensitivity and 90% specificity.
    - Facility also may utilize other laboratories to conduct testing such as those contracted with IDPH, DPH, DQA or laboratories already contracted with the facility that can provide specified testing.
    - CLS will provide the facility with supplies necessary for collecting, preparing and delivering specimens to CLS. Facility nursing staff will collect specimens from residents, staff and contracted staff and appropriately label, process and prepare each specimen for testing.
    - CLS will pick up specimens upon a regular schedule. In addition, facility will be able to send specimens to CLS via Federal Express as necessary.
    - Acceptable specimens include NP, OP, or mid-turbinate swab by staff collection, or midturbinate or anterior nares by either onsite self-collection or staff collection. Multiple specimens may be taken with a single swab and swabs from two anatomic locations may be placed in the same vial. See FDA FAQ on Diagnostic Testing for SARS-CoV-2 and CDC Interim Guidelines for Collecting,

Handling and Testing Clinical Specimens for COVID-19. Use of test results to guide cohorting of staff and residents.
    - Antibody testing will not be used or relied upon to diagnose SARS-CoV-2
    - When necessary such as in emergencies due to testing supply shortages the local health department will be contacted to assist in testing efforts, obtaining testing supplies and processing test results.
    - In the event 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 will document the efforts to obtain quick turnaround test results with CLS and will contact the local health departments.
- Informed consents:
    - Staff and Residents or their representative will be required to sign consents for testing. Residents that are unable to sign may give verbal consent which will be documented accordingly.
- Orders:
    - The Facility Medical director will be the ordering physician for all staff and residents.

PPE requirements

- Staff will follow facility policy related to proper PPE usage- see attached policy "How facility will respond to suspected and confirmed COVID-19 cases".
- Facility will have sufficient Personal Protective Equipment (PPE) available to properly care for the facility's residents using Burn Rate Calculator to calculate quantities of PPE needed on hand to include:
    - Isolation Gowns
    - Gloves
    - N95 masks
    - Surgical masks
    - Face Shields/Googles
    - Testing kits

Necessary Healthcare Personnel and Training

- Facility will provide the necessary personnel to execute the COVID-19 testing plan.
- Contracted Nurse Practitioners along with trained Nurses will perform testing.
- Illinois LTC facilities can request onsite training for specimen collection at: https://redcap.dph.illinois.gov/surveys/?s=8TYYKCETCX.

Refusal of Testing

The facility has procedures in place to address staff who refuse testing. Procedures will ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return to work criteria are met. (See Staff refusal of Testing policy)

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) Residents who have signs or symptoms of COVID-19 and refuse testing are placed on TBP until the criteria for discontinuing TBP have been met. (see Resident refusal of Testing policy)

The facility will document any staff or residents who refused or were unable to be tested and how the facility addressed those cases.

Conducting Testing

The facility will obtain an order from a physician, physician assistant, nurse practitioner, or clinical nurse specialist. In accordance through the use of physician standing orders approved facility policy.

The facility conducts SARS-VoC-2 Rapid Testing using the Abbott ID Now and McKesson BD Veritor machines (where available) (see COVID-19 Rapid Testing NON-Laboratory policy)

Under the Rapid POC Testing devices Emergency Use Authorization HHS guidance. The facility will obtain an order from a healthcare professional to perform a rapid POC COVID-19 test on an individual.

Reporting Test Results

The facility will report all test results to the required state and local health departments within 24 hours of test final results.

Facilities that perform POC testing must report each individual positive and negative test result, per federal and state requirements. Facilities not currently sending Electronic Laboratory Reporting files to IDPH must report to IDPH according to the instructions below:
Register in IDPH's reporting system with the facility's CLIA certificate number at: https://redcap.link/dph.illinois.gov.poccovid19registration. You will need your CLIA number, ordering provider, facility name, address, phone number, the type of testing platform & the point of contact email and phone number. Each positive and negative test result must be reported to IDPH system within 24 hours.
OR
NHSN reporting option allows nursing homes to enter point of care (POC) SARS-CoV-2 laboratory test data into the NHSN application. SAMS Level 3 access is required.

Documentation of Testing

For symptomatic residents and staff, document the date(s) and time(s) of the

- ✓ identification of signs or symptoms
- ✓ when testing was conducted
- ✓ when results were obtained,
- ✓ actions taken based on the results

Facility Testing Policy

Upon identification of a new COVID-19 case in the facility (i.e., outbreak) document the

- ✓ date the case was identified
- ✓ date that all other residents and staff are tested
- ✓ dates that staff and residents who tested negative are retested
- ✓ results of all tests

For staff routine testing

- ✓ document the facility county positivity rate
- ✓ corresponding testing frequency indicated (e.g., every other week)
- ✓ date each positivity rate was collected.
- ✓ date(s) that testing was performed for all staff, and the results of each test.

Document the facility procedures for addressing residents and staff that refuse testing or are unable to be tested, and document any staff or residents who refused or were unable to be tested and how the facility addressed those cases.

- During an emergency due to testing supply shortages, the facility will keep record of when they contacted state and local health departments to assist in testing efforts.

Healthcare Personnel

- New employees: tested upon orientation and thereafter according to whatever stage of testing facility is in.
- Visiting staff (who enter the facility on a weekly basis) will either be included in the facility weekly testing or provide documentation of a negative test within that weeks' time.
- Staff testing positive for SARS-CoV-2 should be excluded from work until Return-to-Work Criteria for Healthcare Workers are met per facility policy.
- Staff will be expected to sign the attached consent form allowing facility to perform and receive personal information related to SARS-CoV-2 testing.

Residents

- Residents who test positive should be isolated according to facility policy.
- Symptomatic residents:
    - Residents who have symptoms consistent with COVID-19, but test negative should still be presumed to have COVID-19 in the absence of a verifiable alternative diagnosis. These residents should be placed on standard, contact, and droplet precautions, and isolated away from both the COVID-positive and COVID-negative residents if possible. Re-testing may be performed if available and then a disposition can be chosen based on the retesting results as well as the providers clinical decision.
- New and Re-admits
    - Test residents at time of admission or readmission, including transfers from other healthcare facilities unless resident was previously positive within less than 90 days prior or tested within 24 hours of admission. If not tested within 24 hours of admission, facility will test upon admission. A resident that tests

negative, will be quarantined for 14 days and then retested weekly. If negative and asymptomatic at the end of the 14-day quarantine, the resident can be released from quarantine.

- Resident consent forms for SARS-CoV-2 testing will be signed by the resident or their representative upon admission or prior to testing. Residents that refuse testing will be placed in isolation for 14 days.
- A copy of the facility's infection control policies and procedures will be provided to residents, and to the resident's family or representative.

References

Kimball A, Hatfield KM, Arons M, et al. Asymptomatic and Pre-symptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020. MMWR Morb Mortal Wkly Rep 2020;69:377–381. DOI: http://dx.doi.org/10.15585/mmwr.mm6913e1

Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes
Considerations for Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html

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

Strategies to Mitigate Healthcare Personnel Staffing Shortages.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Preparing for COVID-19 in Nursing Homes:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html.
Testing Guidelines for Nursing Homes: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html.
Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html.
Interim Guidance on Testing Healthcare Personnel for SARS-CoV-
https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html

Testing Guidelines for Nursing Homes Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

IDPH SIREN Notice 10.21.2020 Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs: Phased Reopening