



IMPLEMENTATION PLAN FOR UNIVERSAL TESTING OF LONG-TERM CARE FACILITIES

Rapid and widespread transmission of SARS-CoV-2 is of significant concern within congregate settings, particularly within nursing facilities, assisted living facilities, rest residential facilities, and intermediate care facilities for persons with intellectual disabilities (“facilities”).

Current interventions for preventing SARS-CoV-2 transmission rely primarily on the presence of signs and symptoms to identify and isolate persons who might have COVID-19, however evidence of transmission from asymptomatic and presymptomatic persons has been shown in epidemiologic investigations of SARS-CoV-2.

Infection-control strategies focused solely on symptomatic residents may not be sufficient to prevent transmission of SARS-CoV-2 within facilities.

Because asymptomatic or presymptomatic residents and staff might play an important role in transmission in facilities, additional prevention measures merit consideration, including using testing to guide the use of transmission-based precautions, isolation, and cohorting strategies.

The ability to test large numbers of residents and staff in the context of ongoing or pre-emptive outbreak investigation may expedite cohorting of residents and staff in locations designated for the care of those with SARS-CoV-2 infection-- either in different locations within individual facilities or in separate facilities.

The ability to test large numbers of residents and staff may significantly decrease transmission of SARS-CoV-2 within facilities.

Given the recent update from CDC regarding specification of testing priorities, DPH will continue to assist in the testing of residents and workers in facilities with symptoms and support testing of residents and staff without symptoms.

Current CDC guidance allows asymptomatic health care workers who have had an exposure to a person infected with COVID-19 to continue to work after options



to improve staffing have been exhausted and in consultation with their occupational health program (if available). **The option to test asymptomatic staff members is left to facility administrators in consultation with facility medical directors.** Staff members who are identified as carriers of SARS-CoV-2 by molecular testing must be removed from work and be isolated for 10 days, per CDC/DPH guidance.

Persons with symptoms should proceed along already-established processes and procedures. Delaware Public Health Lab (DPHL) can support testing of all symptomatic facility staff and residents while capacity permits.

Universal testing of all facilities within the State of Delaware is hereby proposed:

- a) to take effect beginning 5/05/2020.
- b) utilizing a multi-step testing strategy as proposed, validated, and defined by the Division of Public Health.
- c) under the direction of a licensed independent medical practitioner (MD/DO, DMD/DDS, PA, or APRN) contracted with the facility, which practitioner may or may not be contracted as the facility's medical director.
- d) rapid testing to be performed under the auspices of the Division of Public Health
- e) in compliance with any and all laws, rules, and regulations which may be promulgated by the State of Delaware and/or the Division of Public Health.

Process

The State of Delaware shall distribute point-of-care lateral flow immunoassays ("rapid tests") as well as PCR specimen collection kits ("swabs") to all facilities within the state, as supplies permit.

- LTC Incident Command to query facilities for supply needs.
 - 1 swab per asymptomatic staff member
 - 1 rapid test and swab per asymptomatic resident
 - Sufficient swabs to test 100% of all staff and 85% of all residents who have not already been diagnosed with COVID-19, as it is



anticipated that >20% of tested residents may manifest a positive rapid test and will not require PCR specimen collection.

- 1 lancet (high-flow) per rapid test
- Facilities will be expected to provide additional supplies.
 - Alcohol wipes
 - Gauze
 - Bandages
 - Biohazard disposal
 - Sharps disposal
 - Appropriate Personal Protective Equipment (PPE)
- Swabs collected for PCR should be sent to commercial labs for processing.
- Training has previously been provided for facilities on implementation of rapid tests and will be made available electronically.
 - Additional on-site training may be requested and will be accommodated by DPH as schedule permits

Protocol

Any person who has had a PREVIOUS POSITIVE SARS-CoV-2 result by PCR shall be excluded from testing. All other asymptomatic persons within the facility (staff or resident) shall be tested according to DPH protocol.

All symptomatic persons should proceed along already-established processes and procedures. DPHL can support testing of all symptomatic facility staff and residents while capacity permits.

All asymptomatic **residents** shall FIRST undergo rapid testing.

- Those with NEGATIVE results shall then undergo nasopharyngeal swab for PCR however will be permitted to return to previous activities pending PCR results.

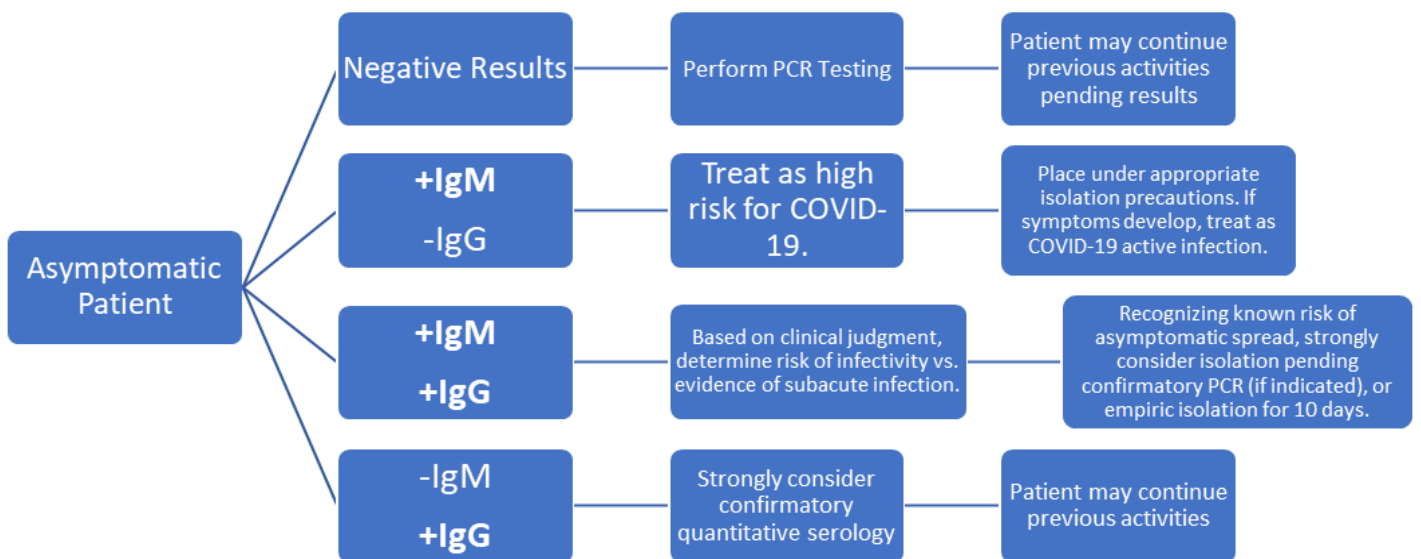


- Those persons identified to be POSITIVE for IgM, but NEGATIVE for IgG, shall be considered at HIGH RISK for transmission of SARS-CoV-2.
 - Residents should be placed in isolation and appropriate transmission-based precautions implemented.
 - Residents who have not had any symptoms may discontinue transmission-based precautions when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness, in consultation with facility medical personnel. If there has been illness subsequent to the test, the individual must proceed according to the guidance for symptomatic persons with confirmed COVID-19.
 - Given that facility residents may have longer periods of SARS-CoV-2 RNA detection in a setting where they may have close contact with individuals at risk for severe disease, facilities should consider extending the period of isolation on a case-by-case basis in consultation with the facility or private physician or state public health authorities.
- Those persons identified to be POSITIVE for IgM AND POSITIVE for IgG may indicate evidence of acute OR subacute infection with COVID-19.
 - Practitioners should use their clinical judgment to investigate the possibility of subacute infection and the resultant risk of continued viral shedding.
 - Consistent with emerging data regarding the risk of asymptomatic spread of SARS-CoV-2, practitioners should determine the need for follow-on testing with PCR, as well as the need for empiric isolation.
 - Practitioners may ultimately decide to release patient, to perform follow-on testing with PCR, and/or to empirically isolate patient for 10 days, or pending PCR results.
- Those persons identified to be POSITIVE for IgG but NEGATIVE for IgM shall be considered to be at average risk for transmission of SARS-CoV-2, are permitted to return to previous activities, and are not required to undergo further testing at this time.

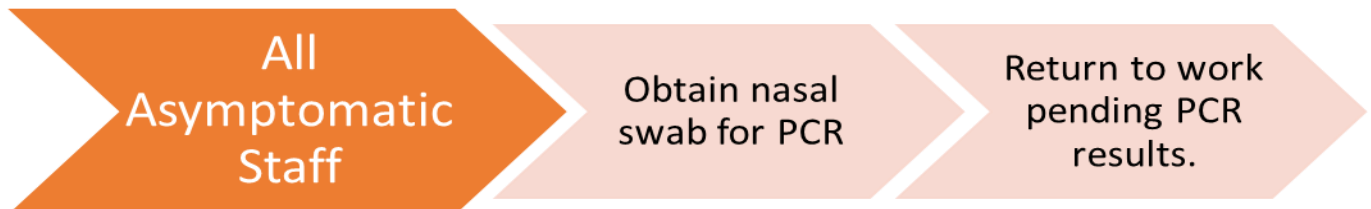


All asymptomatic **staff** shall undergo nasopharyngeal swab for PCR and be permitted to return to work pending PCR results. Those who are subsequently identified to be positive for SARS-CoV-2 should be removed from work and placed under home isolation. They may discontinue home isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test and they have had no subsequent illness. If there has been illness subsequent to the positive test, the individual must proceed according to guidance for symptomatic persons with confirmed COVID-19

Flowsheet for Asymptomatic Facility Resident



Flowsheet for Asymptomatic Facility Staff





References

- a) Arons, Melissa M., et al. "Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility." *New England Journal of Medicine* (2020).
- b) Wei, Wycliffe E., et al. "Presymptomatic Transmission of SARS-CoV-2—Singapore, January 23–March 16, 2020." *Morbidity and Mortality Weekly Report* 69.14 (2020): 411.



DELAWARE DIVISION OF PUBLIC HEALTH COVID-19 Report Form

(Must be completed for every rapid, point-of-care test to detect COVID-19)

Patient Name _____ Date _____ Phone _____
Birthdate _____ Sex: _____
Address _____ Zip code _____
Type of Employment _____
Disease or Condition COVID-19
Date of Onset _____

Results: (Choose all that apply)

- Negative
- IgM Positive
- IgG Positive
- Indeterminate

Ethnicity:

- Hispanic or Spanish Origin
- Not Hispanic or Spanish Origin

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Multiracial

Healthcare Setting.): **LTC/PAC Universal Outbreak Investigation**

Symptoms : (Choose all that apply)

- Cough
- Myalgias
- Headache
- Sore Throat
- Asymptomatic
- Fever
- Anosmia
- Nausea/Vomiting/Diarrhea

Remarks

X Rick Hong, MD

Name (please print)

X

Signature

Complete this form and Fax to 302-223-1540 or Email reportdisease@delaware.gov
24 hour Office of Infectious Disease Epidemiology Phone 1-888-295-5156