



**Division of Public Health (DPH) Testing Guidance for Long-Term Care Facilities
(10/12/20)**

Purpose: DPH is updating COVID-19 testing guidance for all Skilled and Intermediate Nursing Facilities (SNFs), Assisted Living Facilities (ALFs), and Rest Residential Facilities, given the recent guidance from the Centers for Medicare & Medicaid Services (CMS) surrounding testing frequency in light of community prevalence (county positivity rate), revised definitions of outbreak in the facility, and the recent availability of point of care testing for facilities to consider.

Definitions & Acronyms

RT-PCR: Reverse-transcriptase polymerase chain reaction test (i.e., Curative, Nasopharyngeal (NP), Oropharyngeal (OP), anterior nares swab)

POC: Point-of-care (antigen) test

TBP: Transmission-based precautions

LTC: Long-term care

CDC: Centers for Disease Control & Prevention

“Facility staff”: Employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents, and students in a nurse aide training programs or from affiliated academic institutions

Outbreak: A single new COVID-19 infection in any facility staff or any LTC-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission.

LTC-Onset: A COVID-19 case that originated in the long term care facility, and not cases where the long term care facility admitted individuals with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission.

Considerations

- DPH may increase the need for routine testing among facility staff and/or residents as deemed necessary. Should this occur, it will be communicated to the facilities via email.
- If an individual has previously tested COVID-19 positive and is **within** the 90-day recovery period, testing is **not** recommended. If an individual has previously tested COVID-19 positive and is **beyond** the 90-day recovery period since the onset of symptoms (or if asymptomatic, test collection date), he or she **MUST** be placed back on the schedule for surveillance testing.
- Curative tests supplied from state resources may be used **at maximum** once every 7 days per patient. Additional testing supplies will not be supported by state resources for testing frequencies greater than required by DPH.



Testing of SYMPTOMATIC Facility Staff and Residents for COVID-19

	Test Options	Pending results	Results
Symptomatic facility staff	<ul style="list-style-type: none"> • POC • RT-PCR using DPHL • RT-PCR (using commercial lab, Curative, etc.) 	Isolate	<p>Positive – Exclude from work and refer to DPH guidance for return to work</p> <p>Negative – Exclude from work until cleared using DPH Guidance for Management of Persons with Suspected COVID-19 Exposure, Discontinuation of Home Isolation and Return to Work. Strongly consider confirmatory PCR if previous test used was POC, at provider discretion.</p>
Symptomatic Residents	<ul style="list-style-type: none"> • POC • RT-PCR using DPHL • RT-PCR (commercial lab, etc.) 	Isolate and implement CDC guidance on TBP	<p>Positive – Refer to DPH guidance for discontinuation of TBP</p> <p>Negative – Strongly consider confirmatory PCR if previous test used was POC, at provider discretion.</p>

Testing of Facility Staff and Residents in Response to a Facility Outbreak

	Test Options	Frequency	Pending results	Results
Facility Staff	<ul style="list-style-type: none"> • Curative • RT-PCR (using commercial lab) • POC* 	Upon identification of a positive case, test immediately and then every 7 days	Continue working and monitoring for symptoms	<p>Positive – Exclude from work and refer to DPH guidance for return to work</p> <p>Negative – Retest all facility staff 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.</p> <p>*If POC is used for outbreak testing, PCR should be utilized for routine testing as seen below.</p>



Residents	<ul style="list-style-type: none"> • POC • RT-PCR (using commercial lab) 	Upon identification of a positive case, offer testing immediately and then offer every seven days	Implement full PPE for facility or create a COVID unit with designated staff	<p>Positive – Isolate and refer to DPH guidance for discontinuation of TBP</p> <p>Negative – Retest all residents 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.</p>
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Routine Testing for Facility Staff

Community COVID-19 Activity	County Positivity Rate in the past week*	Testing Frequency	Test Options
Low	< 5%	Weekly	<ul style="list-style-type: none"> • Curative • RT-PCR with commercial lab
Medium	5% - 10%	Weekly	<ul style="list-style-type: none"> • Curative • RT-PCR with commercial lab
High	> 10%	Twice a week	<ul style="list-style-type: none"> • Curative • RT-PCR with commercial lab • POC

Consideration: Outside of DPH guidance, facilities may choose to increase testing frequency for certain staff members (i.e. staff living in a county with a higher positivity rate). This decision and associated processing fees are the responsibility of the facility.

Source: Use the following link to check the county positivity rate status at least once every two weeks and continue with prescribed schedule for a minimum of two weeks since the highest county positivity rate date: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg> (click "here" under COVID-19 Testing, once spreadsheet opens, search Delaware)

**State Health Operations Center (SHOC) will email each Monday the rate in each county and testing frequency for all facilities in each county*



Routine Testing for Residents

Testing Frequency	Test Options
Offer monthly testing	<ul style="list-style-type: none"> • POC • RT-PCR using Division of Public Health Lab (DPHL) or private lab

Consideration: Outside of DPH guidance, facilities may choose to increase testing frequency for certain residents (i.e., regular medical appointments such as chemotherapy or dialysis). This decision and associated processing fees are the responsibility of the facility.

RT PCR Options for Routine COVID-19 Testing for Asymptomatic LTC Residents

<p>Option 1</p>	<p><u>Test asymptomatic residents using state resources:</u> An LTC facility may submit a resource request form to the SHOC for nasal pharyngeal (NP) / oral pharyngeal (OP) / anterior nares swabs. To complete this testing option, the LTC facility must:</p> <ul style="list-style-type: none"> • Obtain a practitioner order for each resident undergoing COVID-19 testing, and • Health care professional obtains the NP, OP or anterior nares specimen for each resident. <p>After the specimens have been collected and the lab requisition form completed, the LTC facility can deliver the specimens to their private lab or to the DPHL* in Smyrna for testing. The results will be sent to the ordering practitioner, not to the LTC facility.</p> <p>Division of Public Health Laboratory (DPHL) 30 Sunnyside Road, Smyrna, DE 19977 Use the deposit/drop off flap on side of lab building</p> <p>*LTC facilities that choose to use the DPHL:</p> <ul style="list-style-type: none"> • Must be signed up to use the Laboratory Information Management System (LIMS). To do this, send an email to DPH_PAC@delaware.gov requesting access to LIMS. LTC facilities that do not sign up for LIMS will not be permitted to use the DPHL to test their asymptomatic residents; and • Facility will be assigned a day(s) of the month to bring their specimen(s) so as not to overwhelm the lab with multiple facilities' samples. The schedule will be assigned by DPH/SHOC as facilities sign up for this testing option.
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Option 2	<u>Test asymptomatic residents using private resources:</u> An LTC facility can choose to use a private lab and supplies for testing. The LTC facility will be responsible for all associated costs.
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All LTC facilities must have evidence on file that all asymptomatic residents were offered COVID-19 testing on a monthly basis, as recommended by DPH. A resident who refuses to be tested for COVID-19 shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record monthly. Optional form to be used for documentation: [Long-Term Care Residents Consent Declination Form](#)

REPORTING

- 1.) CMS Certified Facilities must continue to report COVID-19 information to the CDC's National Health care Safety Network (NHSN), in accordance with 42 CFR § 483.80(g)(1)-(2). See "Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes," CMS [Memorandum QSO-20-29-NH \(May 6, 2020\)](#).
- 2.) All providers or testing sites must report data and results for ALL COVID-19 diagnostic and screening testing completed. This includes point-of-care molecular, antigen and antibody testing for each individual tested. This data must be reported daily, within 24 hours of having received the test results, to DPH. Additional information regarding reporting of tests sent to outside laboratories can be requested through Dhss_Dph_CSVreporting@delaware.gov. Additional information regarding the reporting of point-of-care testing (including antigen testing), which includes a link to the point-of-care test reporting portal, can be requested through DHSS_DPH_RedcapAccess@delaware.gov
- 3.) For any positive or person under investigation, notify DPH_PAC@delaware.gov and ReportDisease@delaware.gov within 24 hours of confirmed test date or date when placed under investigation.
- 4.) Submit COVID-19 Positive Cases Line list once a week to DPH_PAC@delaware.gov listing confirmed positive cases for the last 7 days.