

PENNSYLVANIA DEPARTMENT OF HEALTH

2020 – PAHAN – 509 – 5-29-UPD

UPDATE: Testing Guidance for COVID-19 in Long-term Care Facilities Residents and Healthcare Personnel



DATE:	6/1/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	UPDATE: Testing Guidance for COVID- 19 in Long-term Care Facilities Residents and Healthcare Personnel
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This transmission is a Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF AND DIRECT CAREGIVERS IN YOUR FACILITY

- This version of PA-HAN-509 has been updated to reflect a correction to the email address for DOH licensed facilities to request support for COVID-19 testing: RA-DHCOVIDTESTING@pa.gov.
- The Department is providing updated guidance for testing in long-term care facility (LTCF) residents. This guidance applies to a wide range of settings and is not limited to skilled nursing facilities.
- Updates to the guidance bring a renewed focus on:
 - Keeping COVID-19 out of the facility by conducting baseline testing of all staff and residents
 - Detecting cases quickly with facility-wide testing upon detection of a new case in a resident or HCP
 - Stopping transmission by continuing weekly testing of all residents and staff through at least 14 days since most recent positive result
- Facilities performing universal testing must have a plan for testing that includes
 - Access to testing with a rapid turnaround-time
 - Resident cohorting and staffing plan
 - Applicable items discussed on pages 5-6
- The guidance in this health alert network message represents recommended best practices and does not replace or supersede formal Orders.

Long-term care facility (LTCF) residents are at high risk for infection, serious illness, and death from COVID-19. Testing is one strategy to help inform prevention and control measures in the facility. The Department has developed these guidelines as an update to PA-HAN-508 to expand upon the [CDC Interim Testing Guidance in Response to Suspected or Confirmed COVID-19 in Nursing Home Residents and Healthcare Personnel](#).

This guidance supersedes PA-HAN-508. If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

KEY TERMS:

Long-term Care Facility: For the purposes of this guidance, LTCF includes, but is not limited to, skilled nursing facilities (SNF), personal care homes (PCH), assisted living residences (ALRs), Community Residential Rehabilitation Services (CRR), Long-Term Structured Residence (LTSR), Residential Treatment Facility for Adults (RTFA), and Intermediate Care Facilities (ICF).

Testing or test: Laboratory tests that detect SARS-CoV-2, the virus that causes COVID-19, using reverse transcription polymerase chain reaction (RT-PCR) testing are referred to here as testing or test.

SARS-CoV-2 infection: A term used throughout this document to indicate any person with a positive PCR test for SARS-CoV-2, regardless of whether they have symptoms or are asymptomatic. Persons with symptoms and a positive test are said to have COVID-19.

Healthcare personnel (HCP): Include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, other staff providing direct care, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Facility-onset SARS-CoV-2 infections refers to SARS-CoV-2 infections that originated in the facility. It does not refer to the following:

- Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions.
- Residents who were not known to have COVID-19 on admission but who became positive within 14 days after admission, as long as these individuals had been placed into Transmission-Based Precautions upon admission and had no known exposure within the facility.
- SARS-CoV-2 infections in residents with *known exposure* outside of the nursing home (e.g., exposure to a confirmed case during their infectious period in a dialysis facility or other healthcare setting outside the facility).

Consider the following four key principles when using testing in LTCFs:

1. Testing should not replace existing infection prevention and control (IPC) interventions

Testing conducted at LTCFs should be implemented *in addition to* existing infection prevention and control measures recommended by the DOH, including visitor restriction, cessation of communal dining and group activities, monitoring all HCP and residents for signs and symptoms of COVID-19, and universal masking as source control. See [PA-HAN-497](#) for more details about infection prevention and control and [PA-HAN-500](#) for guidance about specimen collection.

2. Test when results will lead to specific IPC action

Viral testing can be used to inform additional IPC actions necessary to keep SARS-CoV-2 out of facilities, detect COVID-19 cases quickly, and stop transmission. Testing practices should aim for rapid turn-around-times (e.g., less than 48 hours) in order to facilitate effective IPC action. At the current time, **antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection and should not be used to inform IPC action.**

3. For ALL Facilities: Keep COVID-19 Out and Detect Cases Quickly

- Actively screen all HCP for fever and [COVID-19 symptoms](#) at the start and end of their shift; test staff who screen positive.

- HCP who have fever or symptoms should be excluded from work pending results of the test.
- Staff should be referred to their primary provider or occupational health or call 1-877-PA-HEALTH to request testing.
- HCP who test positive for COVID-19 should be excluded from work until they meet [return to work criteria \(PA-HAN-501\)](#).
- Consider conducting baseline testing of all residents and HCP. Facilities performing such surveillance should have a plan for testing (including access to testing with a rapid turnaround-time) and responding to results. See below section entitled **Plan for Testing and Post-Testing Intervention**.
- Actively screen all residents for fever and [COVID-19](#) symptoms at least daily and test any resident who exhibits fever or symptoms consistent with COVID-19.

If there is a new confirmed case of COVID-19 in any HCP or any facility-onset SARS-CoV-2 infection in a resident the following testing should be implemented:

- Test **all** residents and HCP in the facility *even if baseline testing has been completed in the past*. If there is a suspect case, and test results for the suspect case are anticipated to take longer than 2-3 days, do not wait to conduct mass screening. Begin planning and execute testing of all residents and HCP while awaiting test results.
- Do not re-test any residents or staff with a history of confirmed COVID-19.
- If testing capacity is limited, DOH recommends testing residents and HCP on the same unit or floor of a new confirmed case.
- If testing all residents on the same unit or floor is not possible, DOH recommends testing symptomatic residents and HCP and residents who have known exposure to a case (e.g., roommates of cases or those cared for by a known positive HCP).

4. For Facilities with Confirmed Cases: Stop Transmission

After testing **all** residents and HCP in response to a new case, DOH recommends follow-up testing to ensure transmission has been terminated as follows:

- Immediately test any resident or HCP who subsequently develops fever or symptoms consistent with COVID-19
- **Continue repeat testing of all previously negative residents** once a week until the testing identifies no new cases of COVID-19 among residents or HCP through at least one 14-day incubation period since the most recent positive result. Day zero for the most recent positive result is the day of symptom onset (or the date of the positive test if asymptomatic).
 - If test capacity is limited, direct repeat rounds of testing to residents who leave and return to the facility (e.g., for outpatient dialysis), have exposure to staff that work in multiple facilities (e.g. wound care consultants) or have known exposure to a case (e.g., roommates of cases or those cared for by a known positive HCP).
 - For large facilities with limited test capacity, testing all residents on affected units could be considered, especially if facility-wide serial testing demonstrates no transmission beyond a limited number of units.
- **Continue repeat testing of all previously negative HCP** at least once a week until the testing identifies no new cases of COVID-19 among residents or HCP over at least one 14-day incubation period since the most recent positive result. Day zero for the most recent positive result is the day of symptom onset (or the date of the positive test if asymptomatic).
 - If testing capacity is limited, CDC suggests directing repeat HCP testing to HCP who work at other facilities where there are known COVID-19 cases.

Plan for Testing and Post-Testing Intervention

This section contains guidance and discussion on how to adequately plan for universal testing and how to implement changes to infection prevention and control practices in response to the test results. Skilled nursing facilities should follow the guidance below as closely as possible to prevent transmission. Other facilities types with more limited nursing and medical support, such as assisted living facilities may need to make adjustments to these best practices to meet the needs of the facility and residents. Suggestions for modification are given below under “Potential Cohorting Modifications for LTCFs”.

All facilities performing universal testing according to this guidance must have a plan for testing (including access to testing with a rapid-turnaround-time) and responding to results (including a cohorting and staffing plan) that addresses all applicable items below.

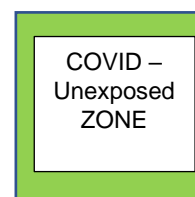
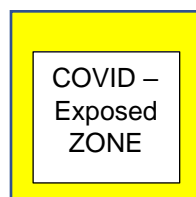
Plan for Testing Logistics for All LTCFs:

- Which laboratory will provide collection materials and process specimens? Ideally, laboratories reporting results within 1-2 days should be used. Longer turn-around-times severely limits the utility of testing asymptomatic persons.
 - While testing can be completed at the state public health laboratory where timely commercial testing is not available, the large scope of the pandemic will require most facilities to use their own resources to obtain testing results more rapidly.
 - Facilities should develop relationships with commercial laboratories and develop contracts to meet testing needs of facility.
 - A laboratory must have a current PA laboratory permit and be approved to perform COVID-19 testing. A facility may verify licensure and approval by emailing RA-DHPACLIA@pa.gov.
 - Facilities who cannot acquire testing supplies or who want to perform an initial Point Prevalence Survey (PPS) using the state public health laboratory should contact RA-DHCOVIDTESTING@pa.gov with the facility name in the subject. In reply to your email, you will receive instructions on how to submit your request.
- Who will obtain patient agreement and how will it be documented? Use the same process as would be used for influenza testing or other related laboratory tests.
- Who will perform specimen collection? The number of people present during specimen collection should be limited to only those essential for care and procedure support.
- Where will specimens be collected? For residents, specimen collection should be performed one at a time in each room with the door closed.
- What PPE will be worn during testing and how often will it be changed?
 - Staff collecting swabs should wear gowns, gloves, eye protection and respirators or facemasks, if respirators are not available. Gowns, eye protection and respirators or facemasks should be changed if coughed or sneezed upon or if otherwise soiled. Gloves must be changed between each specimen collection with hand hygiene performed with each glove change.
 - Additional PPE specifically needed for testing can be requested by emailing RA-DHCOVIDTESTING@pa.gov and following instructions provided.
- What shipping supplies and refrigeration are needed? Follow instructions for refrigeration and shipping provided by the contracted laboratory.

Post-Testing Actions to Prevent Transmission:

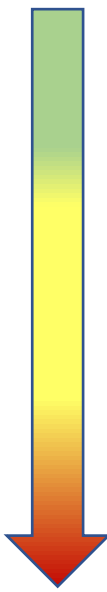
For resident testing:

- Residents need to be cohorted to separate units in three Zones, based on test results.
 - **COVID + test (Red Zone):** residents with a positive SARS-CoV-2 PCR test and still within the parameters for transmission-based precautions
 - **COVID – test potentially exposed (Yellow Zone):** residents with a negative SARS-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19
 - **Unexposed (Green Zone):** any resident in the facility who was not tested and is thought to be unexposed to COVID-19



- The Zones refer to units or in some cases, entire facilities. A unit is defined as an area of the facility where the staff are not typically shared with other areas *during one shift*.

- The three types of residents listed above should not share common areas such as communal bathrooms and showers with other types of residents. The three Zones should remain separate on the unit.
- **Staff should be designated by Zone as much as possible** to minimize risk to exposed (Yellow) and non-exposed (Green) residents. If necessary, using staff in more than one Zone should be prioritized as in the below diagram, which outlines how staff should be assigned. The best option is listed first, and the least desirable option last.

<p>Best Option</p>  <p>Least Desirable</p>	<p>Staff always work on the same unit, and units do not include more than one Zone. Staff do not cross over to other units.</p>
	<p>Staff always work on the same Zone, and do not cross over to other Zones. They may work in two or more exposed (Yellow) units, for example.</p>
	<p>Staff are assigned to specific Zones but must <i>occasionally</i> cover staffing needs in other Zones for certain shifts. Ideally, staff would <u>not</u> work in the COVID-positive (Red) unit and then return to exposed (Yellow) or unexposed units (Green).</p>
	<p>Staff always work in the same Zone during one shift but may work in different Zones on different shifts. Ideally, staff would <u>not</u> work in the COVID-positive (Red) zone and then return to exposed (Yellow) or unexposed (Green) units.</p>
	<p>Occasionally staffing needs require that certain staff work in more than one Zone during a single shift. That person must change all PPE and perform hand hygiene when going from one Zone unit to another. <i>Exception: respirators or facemasks that have been worn with a face shield can be worn continuously.</i> Ideally, this should be limited to key staff (e.g. RNs).</p>

Zone Guidelines

- Zones should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area.
- Equipment should be dedicated ideally to each unit, and if necessary shared only between units of the same Zone. Any equipment that must be shared between different Zones should be fully cleaned and disinfected between use. These occurrences should be rare. Obtain additional equipment through your regular supplier or by request through your County Emergency Management Agency.
- Full PPE must be used to care for residents in COVID+ (Red) and COVID- potentially exposed (Yellow) zones according to [PA-HAN-490](#).
- COVID Positive (Red) and Unexposed (Green) Zones should be as far apart as possible within the facility.
- Unexposed (Green) Zones should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area.
- Occasionally, a laboratory may report an **inconclusive or indeterminant result** for SARS-CoV-2 PCR testing. For residents with these results, specimen collection should be repeated as soon as possible. The resident should be cared for within a COVID-potentially exposed (Yellow) Zone while awaiting repeat test results.

- **Any resident who develops symptoms consistent with COVID, should be presumed positive**
 - Test for COVID-19 immediately if symptoms occur
 - While awaiting test results, move to a private room or remove roommate from current room. Consider roommate exposed (Yellow). Keep resident in current Zone if they are in an Exposed Zone (Yellow). If the symptomatic resident is in an Unexposed (Green) Zone, move to the Exposed (Yellow) Zone in a private room.
 - If test positive, move to COVID zone (Red).
- **De-escalating Zones:** When criteria set forth in [PA-HAN-502](#) under “Discontinuing ‘exposed’ or ‘affected’ status for a unit or facility” are met:
 - A COVID Positive Zone (Red) may be changed to Unexposed (Green) status
 - A COVID-potentially exposed (Yellow) Zone may be changed to Unexposed (Green) status where these criteria have been met and where exposure occurred at least 14 days ago.
- **Residents refusing testing:** occasionally asymptomatic residents or the responsible party of an asymptomatic resident may refuse testing for the resident. These residents, if potentially exposed to COVID-19, should be cared for in a COVID- potentially exposed (Yellow) Zone until at least 14 days after any known exposure. If these residents develop symptoms consistent with COVID-19 testing is recommended, and the testing request should be re-visited with the resident or responsible party.

For staff testing:

- Follow [PA-HAN-501](#) for Return-to-Work Guidance
 - a. Staff who test positive and have symptoms of COVID-19 should be excluded from work and isolated until they meet return to work criteria.
 - b. Asymptomatic staff who test positive **should be excluded from work** and isolated for 10 days from the date of their first positive test (if they have not developed symptoms). See *exception for critical staffing needs below*.
- **Exceptions for critical staffing need-** Asymptomatic staff may be able to work, but facilities must ensure the following conditions exist prior permitting these staff to work:
 - a. Asymptomatic staff with SARS-CoV-2 infection must only work with COVID-19 positive residents (Red Zone) and staff.
 - b. Work areas for COVID positive and negative or untested staff must be kept separate, including break rooms, workstations and bathrooms.
- **Staff refusing testing:** asymptomatic staff may refuse to be tested. Human resources should develop a policy to address these staff based on their risk of exposure, community spread, and staffing needs. In general, these staff persons should not care for residents in unexposed (Green) Zones. If these staff develop symptoms consistent with COVID-19 testing is recommended, and the staff person should be excluded from work.

Potential Cohorting Modifications for LTCFs

These modifications are meant to outline acceptable alternatives for DHS-licensed facilities that are unable to follow the above guidance. Facilities that are able to meet the above recommendations should do so. Alternative strategies that should be considered include:

- Facilities that are attached to nursing care facilities may relocate an individual who tests positive for COVID-19 or who is potentially exposed to cohort them in existing Red or Yellow Zones of the attached nursing care facility.
- Aim to re-assign bathrooms, so that COVID-19 positive residents are not using the same bathrooms as COVID-19 negative residents.
- If there are empty rooms in the facility, COVID-19 positive residents should be moved into the empty room to isolate away from roommates.
- Whenever possible, staff should be designated to treat only COVID-19 positive residents, COVID-19

exposed residents, or only COVID-19 negative residents.

- Individuals who are COVID-19 positive should be kept in their room or apartment as feasible with the door closed. Anything that the COVID-19 positive resident may need to leave the room for (e.g. food, water, etc) should be brought to that resident so they avoid the use of common areas such as kitchens and communal living spaces.

If you have questions about this guidance, for DOH-licensed facilities please contact DOH at 1-877-PA-HEALTH (1- 877-724-3258) or your local health department.

For DHS-licensed facilities, please contact the appropriate program office:

RA-PWARLHEADQUARTERS@pa.gov for OLTL-licensed facilities

RA-PWODPEMRGNCYRSPRQ@pa.gov for ODP-licensed facilities

RA-PWOMHSASCOVID-19@pa.gov for OMHSAS-licensed facilities

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of June 1, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.