

Testing Recommendations to Eradicate COVID-19 Infections Long-Term Care Task Force

Objective of Testing¹:

The primary purpose of testing is to reduce mortality and morbidity from COVID-19 (coronavirus disease 2019) infections caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) among nursing home (NH) residents and staff and reduce clusters through aggressive contact tracing. In addition, testing can be used to:

1. Cohort residents that are SARS-CoV-2 positive from those who are SARS-CoV-2 negative
2. Discontinue transmission-based precautions for residents diagnosed with SARS-CoV-2
3. Identify HCPs (healthcare providers) with SARS-CoV-2 infection for work exclusion
4. Determine the SARS-CoV-2 burden across different units or facilities and allocate resources

- *This guidance applies to staff and residents in Assisted Living facilities, Skilled Nursing facilities and Long-term Care facilities. It excludes Long-term Acute Care hospitals, Acute Rehab Hospitals and Acute Care Hospitals.*
- *Testing will refer only to nasopharyngeal or nasal swabs for RT-PCR testing. At this time, CDC does not recommend use of antibody testing for diagnosis of new infection, recent infection or immunity.*
- *Test results will be expected within 48 hours for optimum actions to prevent spread.*
- *If someone has tested positive for SARS-CoV-2, that person will be excluded from future periodic surveillance testing.*
- *To avoid any delay in diagnosis and resultant spread of disease, point-of-care PCR testing is highly recommended and may be shared between facilities.*
- *Definition of an outbreak: One or more cases in the facility, either in staff or resident.*

Testing Recommendations for Facilities with Known Outbreaks

Given the limitation of testing available, it is recommended that testing be prioritized as follows. While awaiting test results, all symptomatic staff and residents should be presumed positive until testing comes back and appropriately isolated per CDC guidelines.

- 1. Symptomatic Staff and Residents** - Test all symptomatic staff and residents at the onset of the first symptom. Symptoms could be any one of: fever, cough, shortness of breath, chills, muscle pain, sore throat or less common symptoms like new loss of taste or smell, nausea, vomiting, or diarrhea. Repeat test in 24 hours unless SARS-CoV-2 test is positive or alternate diagnosis is established. Keep staff off work until second test is negative and all [CDC criteria](#) for HCP return to work is satisfied. While awaiting test results, keep residents under COVID-19 precautions cohorted on isolation, but ensure that they are not cohorted with SARS-CoV-2-positive patients.



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2. **Staff with High-Risk Household or Community Exposure and No Symptoms** (see [definitions](#) for low, medium and high-risk exposure.)- If any staff has household exposure to SARS-CoV-2 infection and are without symptoms, it is ideal to keep them home for a minimum of 10 days. If [staff shortages](#) exist, staff can be utilized for administrative purposes without any resident contact for a minimum of 10 days. If unable, routine asymptomatic testing can be utilized at Day 7. SARS-CoV-2-positive household contact should be self-isolated, and the last day of exposure without self-isolation is the first day when the count starts. If any one of the COVID-19 symptoms develop, the staff should be taken off work and tested promptly.
3. **All Staff and Residents** - Test all staff and residents with one test and ensure results are available within 48 hours.
 - a. If the initial test results are negative, recommend repeating the test in 3-5 days to address the possibility of false negatives and newly infected residents and staff.
 - b. Notify staff, residents and families (who are entitled to the information) of their test results.
 - c. After this period, recommend point prevalence tests every 7-10 days whenever able.

Testing Recommendations for Facilities Without Known Outbreaks

1. **All Staff and Residents** - Test all staff and residents with one test and ensure test results are available within 48 hours.
 - a. Individual facilities may consider WEEKLY testing on all staff and residents or either groups. Previously confirmed SARS-CoV-2-positive residents and staff should be excluded. Based on testing capacity, consider sampling 50% of residents and staff from the facility every 7-10 days. Alternatively, preferential testing of all staff or sampling of staff in a facility can be performed, as staff are more likely to have community exposure, and therefore, more likely to spread infection into the nursing homes. If choosing to sample residents, focus on residents who are at high risk for complications (e.g., diabetes mellitus, cancer patients, chronic lung disease and patients unable to communicate their symptoms).
 - b. Notify staff, residents and family members (who are entitled to the information) of their test results
 - c. If one positive case is identified in either staff or resident, consider this an outbreak and follow guidance as above for testing recommendations.
 - d. Continue surveillance testing until an effective vaccine is available and residents and staff are vaccinated, or COVID-19 disease becomes nonexistent per CDC recommendations.



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Testing Recommendation for Transfer of Patients from Hospital

- a. Obtain at least one negative SARS-CoV-2 test in the last 48 hours before admission to a facility that does not routinely house SARS-CoV-2-positive residents

Testing Recommendation for Transfer of Residents from Facility to Home or between Facilities without any Known Case by Surveillance

- a. Obtain at least one negative SARS-CoV-2 test in the last 48 hours before transfer to another facility
- b. Residents going home can be cleared by symptom-based strategy as per [NY state guidance](#) with symptom resolution and 14 days after symptom onset.
- c. In the setting of immunocompromised residents with risk of prolonged shedding, discuss with health officials when, and if, testing is warranted

Prioritized Testing Recommendations for Staff if Limited Testing Available

- a. Symptomatic staff.
- b. Staff with close patient contact.
- c. Staff in NH with one or more positive cases of COVID-19 infection.

Prioritized Testing Recommendations for Residents if Limited Testing Available

- a. Symptomatic residents.
- b. Residents in contact with known COVID-19 source (resident or staff).
- c. Residents in NH with single case or more of positive cases of COVID-19 infection.
- d. Residents with immunocompromising conditions.
- e. Residents who are unable to communicate symptoms.

Testing Recommendations for Discontinuation of Isolation Precautions of COVID-positive Residents

- a. [Symptom-based strategy](#) is recommended over test-based strategy based on CDC guidance. To utilize the symptom-based strategy, follow [NY state guidance](#) with symptom resolution and 14 days after symptom onset. Exception: immunocompromised patients.
- b. In the setting of immunocompromised patients with risk of prolonged shedding, discuss with health officials when, and if, testing is warranted.



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Testing Recommendations for Return to Work for COVID-positive staff

- a. Complete resolution of fever and symptoms.
- b. Symptom-based strategy. Follow [CDC guidance](#) on symptom resolution and return to work 10 days after symptom onset.
- c. In the setting of immunocompromised staff with risk of prolonged shedding, discuss with health officials when, and if, testing is warranted.

References

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
4. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
5. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
6. https://oasas.ny.gov/system/files/documents/2020/04/doh_covid19_discontinuingisolationhos_pitalcongregatesetting.pdf
7. <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

