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**Policy Template:**

**COVID-19 Staff and Resident Testing Plan**

**Revision Date: August 25, 2020**

This resource was developed utilizing information from one or more of the following sources: Centers for Disease Control & Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), and the Minnesota Department of Health (MDH). COVID-19 guidance from these agencies changes frequently, and we remind you to update your policies and procedures, as needed, to incorporate those changes.

**NOTICE:** This policy template is intended for aging services providers and is for general information purposes only. Each organization and care setting is different, and it is important that you customize the policy to align with your specific operational approach to the issues it covers. This template does not constitute legal advice and does not guarantee compliance with state or federal regulatory requirements. Please direct any questions regarding this document to your organization’s legal counsel. Please see the MDH Long-term Care Testing: COVID-19 guidance as reference. <https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctesting.html>

**COVID-19: INFECTION PREVENTION & CONTROL**

# SUBJECT: COVID-19 Community Testing Plan

## Accountability: All Staff Document No.:

**Reference:** Centers for Medicare & Medicaid Services (CMS) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes:QSO-20-14-NH-REVISED; CMS Frequently Asked Questions: QSO-20-28-NH; Minnesota Department of Health (MDH) Updated Guidance for MDH-Licensed Providers of Residential Settings with At-Risk Residents COVID-19.

**POLICY:** To identify COVID-19 positive residents and staff through viral testing; testing is a priority to help inform clinical care and infection prevention and control practices in our setting.

**KEY POINTS:**

1. RT-PCR-based testing can inform clinical decision making.
2. Testing is used to inform specific IPC (Infection Prevention & Control) actions, such as determining infection burden across different units, cohorting residents, identifying positive staff for work exclusion, and enabling staff to return after infection.
3. Testing may be used to discontinue Transmission-based Precautions for residents who have tested COVID-19 positive.
4. A negative RT-PCR test only indicates that an individual did not have detectable virus material present at the time of testing, and repeat testing might be needed. Widespread community transmission as well as movement of staff and residents in and out of a facility result in a continuous risk of introduction.
5. Testing complements existing IPC interventions but does not replace good IPC.
6. Test strategies should be developed in the context of each facility’s physical space, existing response plans and capacity, and the current risk of COVID-19 introduction posed by staff, visitors, and residents that leave the facility.
7. Facility-wide resident and staff testing can be used to support prevention efforts but should not be used as an isolated strategy. Preparations should be made for the potential impact on staffing levels, need for enhanced IPC strategies, including cohorting, and communication with residents, families, and staff.
8. Even with a comprehensive strategy, facilities will experience illness and death because of COVID-19.

**DEFINITIONS:**

1. Known or Suspected Exposure: defined as being within 6 feet for at least 15 minutes with someone who has tested positive for COVID-19 or who presents the signs or symptoms consistent with COVID-19. It also includes working in another facility that has COVID-19; had high-risk PPE breach with a COVID-19-positive resident; or have a household member or intimate contact with confirmed or suspected COVID-19.
2. Pandemic: The time period between the March 13, 2020 declaration of the National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak and the end of the National Emergency as announced by the President of the United States or the end of significant community transmission as determined by the Employer in consultation with public health officials, whichever is later.

1. Viral test / Test / PT-PCR Test: The testing of a sample from the respiratory system (such as swabs of the inside of the nose) for the purpose of identifying an infection of SARS-CoV-2, the virus that causes COVID-19.

**PROCEDURE:**

Testing Plan:

### Threat Assessment: [Address how you will discuss a risk/threat assessment here.]

* A threat assessment will be conducted at least monthly and/or whenever conditions change such as an increase of cases within the community or symptoms in residents / staff (taken directly from MDH testing plan template).

### Medical Orders:

### Medical orders for resident testing will be obtained by [address how you will obtain provider orders for testing residents].

* + Medical orders for staff testing [address how you will obtain provider orders for staff testing].
  + Staff will include [to which staff will this apply?]

### Initial Testing

1. Job Applicants: Applicants who receive a conditional offer of employment must have a documented negative viral test within seven (7) days of their start date before they may commence employment.
2. Current Employees: All individual working in or volunteering in [Employer’s] facility must undergo an initial viral test as a condition of continuing to work in [Employer’s] facility.
3. All residents and staff will be tested if symptomatic.
   * Fever (≥100.0°F)
   * Shortness of breath
   * New or change in cough
   * Chills
   * Sore throat
   * Muscle Aches
   * New or worsening malaise
   * Headache
   * New dizziness
   * Nausea
   * Vomiting
   * Diarrhea
   * Loss of taste or smell
   * New confusion / altered mental status
   * Older adults with COVID-19 might not show common symptoms such as fever or respiratory symptoms.
   * More than two temperatures >99.0°F might also be a sign of fever in this population
   * New / worsening hypoxia
4. In addition to testing symptomatic residents and staff the following are additional components of the testing plan:
   * Whole house surveillance testing of both residents and staff will be conducted [ PUT TIME FRAME HERE].
   * Whole house surveillance testing of both residents and staff will be considered if:

* One or more residents are confirmed to have COVID-19.
* A cluster (≥2) of residents and/or staff develop symptoms consistent with COVID-19.
* A staff member tests positive for COVID-19 and has worked in the facility while ill, worked in the 48 hours prior to developing symptoms, or worked in the 48 hours prior to testing (if asymptomatic).
* If testing resources allow, a Point Prevalence Survey (PPS) might be warranted in LTC facilities with no known COVID-19-positive residents or staff if it is located in a high-risk area (e.g., close to other LTC facilities experiencing outbreaks, shared staff with a COVID-19-positive facility) to provide situational awareness in the facility and potentially identify asymptomatic cases early.
  + All residents will be tested [ PUT TIME FRAME HERE].
  + All staff will be tested [ PUT TIME FRAME HERE].
  + All residents living on a [unit, floor, neighborhood] with a symptomatic resident or staff will be tested.
  + All staff with a high-risk exposure to a co-worker or resident with confirmed COVID-19 will be tested
  + All staff who work at other LTC organizations will be tested [PUT TIME FRAME HERE].
  + Staff with household members or social contacts with confirmed COVID-19 will be tested.
  + Residents who leave the community regularly will be tested [PUT TIME FRAME HERE].
  + [OTHER ALTERNATIVE COMMUNITY TESTING PLAN].

1. All residents or staff identified with a confirmed COVID-19 positive test will be reported to MDH.
2. Testing Logistics:
   * Nasopharyngeal (NP) or anterior nasal swabs will used for specimen collection; swabs will be used depending upon available supply.
   * Nasal swabbing of employees can be conducted by clinical staff or by self-swab.
   * [laboratory information here – which lab]
   * [swabbing information here – who will swab]
     + Specimen collection will be performed in a resident’s room or other designated space with the door closed.
     + Staff in the room will wear a surgical face mask (or N95 respirator, if available), eye protection, gloves, and a gown.
     + Only staff who are essential to collect the specimen will be present.
     + Surfaces will be cleaned and disinfected in the room where specimens are collected.
3. Positive Test Results:
   * Resident Who Tests Positive:
     + Will be isolated and placed in droplet precautions.
     + Director of Nursing or designee will review the positive test and determine if there are next steps for the site to follow as a result of the positive test.
     + Will follow the site policy and procedure on discontinuation of transmission-based precautions.
   * Staff Member Who Tests Positive:
     + Will be asked to self-quarantine per the Healthcare Worker Return to Work policy.
     + Director of Nursing or designee will review the positive test and determine if there are next steps for the site to follow as a result of the positive test.
4. Testing Results
   * The results of the testing will be sent by the laboratory to [who will receive results?]
   * The [enter job role] will be responsible for entering test results into the resident medical record and shared with the resident/guardian as appropriate.
   * Employees will be informed of their test results by [indicate how you will inform employees of their results].
   * Private COVID-19 test results are stored [indicate where the test results will be stored and how you will keep them private].
5. Procedure if resident or staff decline to or are unable to be tested)

* [Describe facility’s process for resident declining testing]
* [Describe facility’s process for staff declining testing and implications for returning to work.]

1. Consequences of staff non-compliance
   * Remove this section if there will be no staff consequence for declining to test.
   * Staff will be ineligible to work in the facility during the pandemic and may be subject to disciplinary action up to and including termination.
   * Staff will be removed from the schedule for the full 14-day quarantine period.
2. Exemptions

* An exemption to COVID 19 may be requested for medical or religious reasons.
* Individuals requesting an exemption must provide written documentation supporting an exemption, including information from a medical provider and/or an explanation of how testing conflicts with a sincerely-held religious belief.

**Effective Date:**

**Reviewed By: Date:**

**Revised By: Date:**