TYPES OF COVID-19 TESTS:
The two types of COVID-19 related tests serve different purposes:

1. **PCR (molecular) nasal or throat swab test:**
   Purpose: Diagnose active COVID-19 infection

2. **Serological (antibody) blood test:**
   Purpose: Test for prior COVID-19 infection; these tests are not diagnostic

CURRENT GUIDANCE FOR TESTING:
**PCR:**
The State of Minnesota has engaged in an expanded PCR testing strategy to test all symptomatic individuals and broaden testing for vulnerable populations and health care workers. Symptomatic patients and health care workers, which includes residents and staff in congregate settings, are a priority for testing.

The Minnesota Department of Health has developed a template letter congregate living facilities can adapt to facilitate COVID-19 testing for staff and residents with symptoms consistent with COVID-19. This letter can be presented to healthcare providers or clinics.

**Serological (antibody) testing:**
Currently, antibody testing is not supported to indicate whether a person is protected from re-infection with COVID-19 or to determine someone is “safe” to work.

There are concerns regarding inconsistencies with serological tests and there is a growing number of online scammers purporting to be test manufacturers offering rapid serology test kits that may be counterfeit or may be associated with malware.

**Exercise Caution** when evaluating rapid serological tests for COVID-19 from manufacturers or vendors:
- Check FDA – FAQ Diagnostic Testing under the heading “What Laboratories and Manufacturers are Offering Tests for COVID-19”; Question #6 “What serology tests are being offered…” to find a list of commercial manufacturers and laboratories that have an “Emergency Use Authorization (EUA)” that has been submitted and reviewed by the FDA.
- Watch for marketing materials from companies that don’t clearly tell you that they are looking for prior infection and are NOT able to diagnose an active COVID-19 infection.

EXPANDED TESTING CONSIDERATIONS
**Employee Testing Requirements – Employer Considerations:**
As COVID-19 testing expands, this FAQ from Felhaber Larson provides guidance on issues such as:

- Can employers broadly test employees for COVID-19 or for COVID-19 antibodies?
- What are the guidelines for return-to-work procedures for employees who have previously tested positive for COVID-19?
Expanded Testing Requirements – Operational Considerations:
There is the possibility with expanded testing sites will have a number of positive tests return. Operational considerations for expanded testing in long-term care communities requires planning and ability to implement plans in several areas.

- Cohorting Plan: This includes not only physical location but also interventions such as designated care givers and grouped services or care.
- PPE Considerations: Have a PPE plan for all staff which includes conservation techniques.
- ICP Practices: Infection control plans should include policies and procedures on surveillance, resident and staff screening, Visitor and Vendor Screening & Restrictions, PPE Sourcing and Optimization, handwashing, transmission based precautions, etc.
- Communication Plan: Sites will need to communicate the identification of positive cases with the Minnesota Department of Health, residents, families and staff. Please see the communications section of the LeadingAge Coronavirus website.
- Staffing Shortages: See section below on Preparing for Potential Staffing Shortages.

HOW TO FACILITATE TESTING:
Organizations can continue to collect and test samples using their current practices and vendors.

- Testing Site Locations: Site Map
- The MDH Public Health Laboratory continues to test specimens for symptomatic residents and staff in congregate living settings.
- Positive results from MDH are communicated immediately to the ordering provider. Negative and positive results are faxed immediately to the submitting laboratory. Results may not be available for up to 3 days. You should not contact MDH for results.
- Results from outside references laboratories may not be communicated to MDH. If you receive a testing result from an outside laboratory, contact MDH to notify the department of a positive COVID-19 test result. Have the lab report ready, MDH may ask for a copy.
- COVID-19 Patient Testing Form: Complete one form for every person being tested, and include a copy with specimen submission:
- Clinical testing and submission forms for the MDH Public Health Laboratory. Be sure to include project number 2618.
- Note: Complete the submitter, patient, specimen on both forms; the rest of the information will be completed by the lab

MANAGING RESIDENTS AND STAFF WITH CONFIRMED COVID-19:
Follow the Responding to a Positive COVID-19 Case Decision Tree for the steps to managing residents and staff when there is a confirmed positive case of COVID-19.

PREPARING FOR POTENTIAL STAFFING SHORTAGES:
With continued spread of COVID-19, and expanded testing, be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including contingency and crisis capacity strategies. See: CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages; Emergency Staffing Template Policy.

PAYING FOR TESTING:
Coverage and payment for COVID-19 testing varies by insurance type and specific benefits and coverage policies. This COVID-19: Summary of Coverage and Payment Considerations table provides coverage and payment information by insurance type.
SOURCE CONTROL:
To address issues with asymptomatic and pre-symptomatic transmission, source control (wearing a mask) should be implemented for everyone entering a healthcare facility regardless of symptoms.

References:
CDC: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (April 13, 2020)
CDC: Strategies to Mitigate Healthcare Personnel Staffing Shortages (April 13, 2020)
FDA: Coronavirus (COVID-19) Update: Serological Tests (April 7, 2020)
MDH: Rapid IgM/IgG SARS-CoV-2 Tests (April 7, 2020)