PENNSYLVANIA DEPARTMENT OF HEALTH

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Long-term Care Facility Guidance for Testing and Cohorting: Response to an Outbreak and Residents with Exposure to COVID- 19

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TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	**Long-term Care Facility Guidance for Testing and Cohorting: Response to an Outbreak and Residents with Exposure to COVID- 19**
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This transmission is a Health Advisory: Provides important information for a specific incident or situation; may 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

The Department is providing guidance for long-term care facilities on how to use testing and cohorting as tools to reduce transmission in the event of an outbreak in the facility or an exposure to residents. This guidance applies to a wide range of settings and is not limited to skilled nursing facilities.**This guidance supersedes PA-HAN-509**.

This guidance outlines:

- Long-term Care Facility testing response to a case of COVID-19
  - Test **all** residents and HCP in the facility *even if baseline testing has been completed in the past*.
  - Do not re-test any residents or staff with a history of SARS-CoV-2 infection within the previous 90 days.
- Facility response when a resident has known exposure to COVID-19 in a outpatient health care setting or a community-based setting (e.g. social outing).
  - Even if symptoms are not present, test the resident for SARS-CoV-2. Ideally, wait at least 2-3 days following the exposure to perform testing.
- Testing considerations and post-testing actions, including cohorting. These recommendations are consistent with previous guidance provided in PA-HAN-509 but have been updated to incorporate antigen POC testing.
- Facilities are reminded that all test results, including those from POC testing need to be reported to PA-NEDSS.

Long-term care facility (LTCF) residents are at high risk for infection, serious illness, and death from COVID-19. Testing and cohorting are strategies to help inform prevention and control measures in the facility and prevent transmission. The Department has developed these guidelines to expand upon the CDC Interim

SARS-CoV-2 Testing Guidelines for Nursing Home Residents and CDC Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2. **This guidance supersedes PA-HAN-509**. If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

This guidance is designed to outline the facility's response to a new suspected, probable, or confirmed case of COVID-19 in a facility staff or resident, or when a resident has been exposed to COVID-19. It does not describe screening testing recommended by the Department or the Centers for Medicare and Medicaid in non-outbreak non-exposure settings based on COVID-19 community activity. The guidance contains the following sections:

1. Background
2. Testing residents or staff with signs or symptoms of COVID-19
3. Testing following a new outbreak in the facility
4. Testing following exposure or potential exposure of a resident
5. Testing considerations
6. Post-testing actions to prevent transmission

1. BACKGROUND

Viral testing of residents in nursing homes, with authorized nucleic acid or antigen detection assays, is an important addition to other infection prevention and control (IPC) recommendations aimed at preventing SARS-CoV-2 from entering nursing homes, detecting cases quickly, and stopping transmission. See PA-HAN-524. Testing results are a necessary requirement before the recommendations for cohorting can be implemented. Due to the high percentage of asymptomatic SARS-CoV-2 infections, cohorting recommendations are not applicable in the absence of testing following an outbreak.

Testing conducted at nursing homes should be implemented *in addition to* recommended IPC measures. Facilities should have a plan for testing residents for SARS-CoV-2. Additional information about the components of the testing plan are available in the CDC guidance titled Preparing for COVID-19 in Nursing Homes.

Testing should utilize authorized nucleic acid or antigen detection assays that have received an FDA Emergency Use Authorization to test persons with symptoms when there is a concern of potential COVID-19. Tests should be used in accordance with the authorized labeling. Providers should be familiar with the tests' performance characteristics and limitations. See PA-HAN-526 for information about point-of-care antigen testing use and interpretation. Facilities are reminded that all test results, including those from POC testing are required to be reported to PA-NEDSS by law. The PADOH website contains information on PA-NEDSS access, reporting and a data entry FAQ.

Testing practices should aim for rapid turnaround times (e.g., less than 24 hours) in order to facilitate effective interventions. Antibody (serologic) test results generally should not be used as the sole basis to diagnose an active SARS-CoV-2 infection and should not be used to inform IPC actions.

2. TESTING RESIDENTS OR STAFF WITH SIGNS OR SYMPTOMS OF COVID-19

A. Residents:
- At least daily, take the temperature of all residents and ask them if they have any COVID-19 symptoms. Perform viral testing of any resident who has signs or symptoms of COVID-19.
- Clinicians should use their judgment to determine if a resident has signs or symptoms consistent with COVID-19 and whether the resident should be tested. Individuals with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Some may present with only mild symptoms or other less common symptoms.
- Clinicians are encouraged to consider testing for other causes of respiratory illness, such as influenza, in addition to testing for SARS-CoV-2.

B. Staff:

- Actively screen all HCP for fever and COVID-19 symptoms at the start and end of their shift per PA-HAN-524;
- Healthcare Personnel (HCP) with signs or symptoms of COVID-19 should be tested for SARS-CoV-2. Clinicians should use their judgment to determine if HCP have signs or symptoms compatible with COVID-19 and whether HCP should be tested.

3. TESTING FOLLOWING A NEW OUTBREAK IN THE FACILITY

A single new case of SARS-CoV-2 infection in any HCP or a facility-onset SARS-CoV-2 infection in a resident should be considered an outbreak. When one case is detected in a nursing home, there are often other residents and HCP who are infected with SARS-CoV-2 who can continue to spread the infection, even if they are asymptomatic. 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 SARS-CoV-2 infection within the previous 90 days.
- If testing capacity is limited, prioritize the testing of residents and HCP on the same unit or floor or who are close contacts of a new confirmed case.

After testing **all** residents and HCP in response to a new case, DOH recommends repeat 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 and HCP** at least 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 collection if asymptomatic).
    - Include residents and HCP with a history of SARS-CoV-2 infection more than 90 days prior in the testing.
    - 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 collection 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.

4. TESTING FOLLOWING EXPOSURE OR POTENTIAL EXPOSURE OF A RESIDENT

Follow the guidance described in PA-HAN-527 for testing and management of persons exposed to SARS-CoV-2. Testing may be indicated following known exposure, potential exposure, or a high-risk outing. These situations may arise particularly in long-term care facilities in the later steps of reopening, as exposures to visitors and caregivers, and during outings, may occur. In situations where a resident or staff person is a positive case, follow the guidance in section 3 of this advisory.

A. Known exposure to SARS-CoV-2:
Known exposure occurs when the facility or resident is notified that the resident was exposed to COVID-19 and is considered either a close contact or has a high risk exposure. A close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection). Brief interactions such as handshaking or hugging an infectious person or receiving dental care from an infectious provider, may also be considered a high-risk exposure warranting preventive action when involving a resident, whether the contact occurred inside or outside the facility.

If a resident was exposed to an infectious person with COVID-19 (e.g. visitors or caregivers, during outpatient healthcare visits outside the home facility, or during social outings), place the resident under transmission-based precautions for COVID-19 per PA-HAN-524 *immediately upon notification of exposure*. The resident must be maintained under transmission-based precautions (i.e. in quarantine) for COVID-19 per PA-HAN-524 for 14 days. ***Testing does not reduce this quarantine period.***

Even if symptoms are not present, test the resident for SARS-CoV-2. Ideally, wait at least 2-3 days following the exposure to perform testing. If testing is conducted prior to this time, it may be too early to detect virus even if the resident will later become infected. If symptoms occur, test immediately.

B. Potential exposure to SARS-CoV-2 related to hospitalization:
Testing can be considered for residents with potential exposure to SARS-CoV-2 who have returned to the facility from an inpatient hospitalization. If done, wait at least 2-3 days following admission to perform testing.The risk of exposure during hospitalization depends on COVID-19 activity in the community and is largely unknown. Note that if the hospital notifies the resident that an exposure occurred, refer to Section 4.A. above. The resident must be maintained under transmission-based precautions (i.e. in quarantine or Yellow zone) for COVID-19 per PA-HAN-524 for 14 days. ***Testing does not reduce this quarantine period.***

There is no recommendation for testing residents who leave the facility for outpatient visits, dialysis or social outings unless there is a known exposure (as described in Section 4.A.) or a high-risk outing (as described in Section 4.C.) or if indicated according to Department guidelines for Skilled Nursing Facilities.

C. High-risk outing:
As described in PA-HAN-527, consider testing residents following a high-risk outing. Ideally, wait at least 2-3 days following the outing to perform testing. Residents with this type of high-risk outing do not need to be placed under transmission-based precautions unless exposure is known (Section A) or highly suspected.

A high-risk outing is defined as:

a. Occurring in an area with substantial community spread (Substantial activity is defined as any county experiencing a percent positivity of greater than or equal to 10% or incidence rate greater than or equal to 100 per 100,000. This information can be found on the PADOH COVID-19 Dashboard; **AND**
b. A gathering of more than 10 people; **AND**
c. Failure of universal masking (e.g., people wore masks “sometimes”) **OR** failure of physical distancing from resident (e.g., physical distancing occurred except for hugging, riding in car with unmasked persons). If the facility does not have a clear understanding of whether these failures of prevention measures have occurred, consider testings out of an abundance of caution.

5. TESTING CONSIDERATIONS

This section contains guidance and discussion on how to adequately plan for mass 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 facility 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:

- Should we use available point-of-care testing methods? Point-of-care (POC) antigen and molecular testing is acceptable for any of the testing described in this advisory. Please follow manufacturers' guidelines and refer to PA-HAN-526 for information about point-of-care antigen testing use and interpretation.
- 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 when 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 or waiver (for POC testing) and be approved to perform COVID-19 testing. A facility may verify licensure and approval by emailing RA-DHPACLIA@pa.gov.
    - Facilities that cannot acquire testing supplies or seek support from 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 should be present for 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. Gowns, eye protection and respirators 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.
    - PPE supplies 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.

6. 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. This zone is equivolent to a resident being in quarantine or observation.

- **Unexposed (Green Zone):** any resident in the facility who is thought to be unexposed to COVID-19 or who has met the criteria for removal of transmission-based precautions (often referred to as recovered).

- 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 is listed last.

Best Option	Staff always work on the same unit, and units do not include more than one Zone. Staff do not cross over to other units.
	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.
	Staff are assigned to specific Zones but must *occasionally* cover staffing needs in other Zones for certain shifts. Ideally, staff would not work in the COVID-positive (Red) unit and then return to exposed (Yellow) or unexposed units (Green).
	Staff always work in the same Zone during one shift but may work in different Zones on different shifts. Ideally, staff would not work in the COVID-positive (Red) zone and then return to exposed (Yellow) or unexposed (Green) units.
Least Desirable	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. *Exception: respirators and eye protection can be worn continuously as part of PPE optimization strategies.* Ideally, this should be limited to key staff (e.g. RNs).

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-524.
- In accordance with PA-HAN-496, maintain a unit designated for COVID-19 positive residents who are new admissions or were admitted from an inpatient hospitalization and were not in the facility prior to hospital admission. In the absence of known exposure, these residents have potential exposure as described in Section 4.B. However, the exposure risk to these residents

is not necessarily the same as that of others with known exposure in the facility during an outbreak. Do not automatically combine residents with potential exposure in the same unit with those with known exposure. Consult local public health for consultation as needed.

- 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.
- **For a resident who develops symptoms consistent with COVID:**
  - Test for COVID-19 immediately
  - 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-517 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-516 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 crisis capacity strategies in PA-HAN-516.*
- **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.

7. POTENTIAL COHORTING MODIFICATIONS FOR LTCFS

These modifications are meant to outline acceptable alternatives for DHS-licensed facilties 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.

DEFINITIONS:

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: This term refers to authorized nucleic acid or antigen detection assays for SARS-CoV-2.

SARS-CoV-2 infection: A term used throughout this document to indicate any person with a positive 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).

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 October 7, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.