



Delaware Long Term Care Surveillance and Testing Program FAQ

Rapid and widespread transmission of the virus that causes COVID-19 is of significant concern within nursing facilities, assisted living facilities, rest residential facilities, and intermediate care facilities for persons with intellectual disabilities. Because asymptomatic or pre-symptomatic residents and staff might play an important role in disease transmission in such facilities, additional prevention measures should be considered. The ability to test large numbers of residents and staff may expedite cohorting of residents and staff in locations designated for the care of those with infection -- either in different locations within individual facilities or in separate facilities.

What are the goals for state disease surveillance?

- To monitor spread and intensity of diseases in Delaware
- To understand disease severity and the spectrum of illness
- To understand risk factors for severe disease and transmission
- To monitor for changes in the pathogens that cause specific diseases
- To estimate disease burden – which is defined as the impact of a health problem measured by financial cost, mortality, morbidity, or other indicators
- To produce data for forecasting disease spread and impact
- To understand how disease impacts the capacity of the state healthcare system (e.g., availability and shortages of key resources)

Why is Delaware requiring testing in nursing homes?

The Guidelines for Opening Up America Again call for robust testing and contact tracing. Post-acute care testing is a cornerstone of these guidelines and efforts. DPH is deploying testing resources and assisting testing in facilities so that any potential outbreak of COVID-19 among the most vulnerable population can be monitored.

To aid in this effort and to rapidly expand COVID-19 testing within facilities, the State of Delaware can offer Curative saliva-based tests to support universal asymptomatic staff testing, which may be mailed to Curative's Washington, D.C.-based lab to rapidly process large numbers of specimens for COVID-19 testing per day. Additionally, DPH has the capacity to process specimens for any symptomatic facility residents, allowing faster testing turnaround for our most vulnerable residents.

What is the requirement for COVID-19 testing within facilities?

Effective June 1, 2020, all staff, vendors and volunteers who have not previously tested positive for COVID-19, must receive a baseline COVID-19 test, within 2 weeks of the effective date of this regulation. All new staff, vendors and volunteers, who cannot provide proof of previous positive testing, must be tested prior to their start date. All staff, vendors and volunteers who test negative must be retested once a week, consistent with Division of Public Health guidance for the duration of the public health emergency.

How often should a facility test its residents?

Facilities should have a comprehensive plan for testing, which includes testing at a minimum of once a month for all residents who have not previously tested positive. All residents should



receive a single baseline test for COVID-19. Also, all residents should be tested upon identification of an individual with symptoms consistent with COVID-19 or if an employee or staff member tested positive for COVID-19.

What tests should be performed on facility residents?

A decision to order a COVID-19 test for a facility resident is made by that resident's physician or health care provider. DPH continues to direct facilities to the latest guidance from the CDC and DPH on COVID-19 testing, available at coronavirus.delaware.gov. In addition, nursing homes must follow all DPH requirements for COVID-19 screening, testing, and reporting.

DPH has capacity to process specimens for any symptomatic facility residents, allowing faster testing turnaround for our most vulnerable residents, when those tests are ordered through the E-LIMS system. Tests performed on asymptomatic facility residents should be sent to commercial resources identified by the facility.

How often should facility test its staff?

All staff with no previous positive COVID-19 test should receive a baseline test and continue to be tested weekly.

If a staff member, vendor or volunteer refuses testing, how should this be addressed?

Facilities should develop an internal process to address this situation from the role of the employer.

What is required if an (asymptomatic) staff member tests positive for coronavirus?

Current CDC and DPH guidance require isolation for all those who test positive for coronavirus, due to the risk of virus spread. Isolation may be discontinued under a time-based strategy (10 days following the staff member's positive test) or a test-based strategy (2 consecutive negative PCR results, taken at least 24 hours apart). Visit coronavirus.delaware.gov and discuss with facility medical personnel for the latest guidance on isolation precautions. Facilities are encouraged to review DPH and CDC recommendations for personnel solutions in the setting of critical staffing patterns.

What steps should facilities take before reopening to visitors?

Facilities should continue to follow CMS, CDC, and DPH guidance for preventing the transmission of COVID-19. Because post-acute care residents are especially vulnerable, we do not recommend opening facilities to visitors (except for compassionate care situations) until:

- There have been no new, facility-onset COVID-19 cases within the facility for at least 28 days.
- The facility is not experiencing staffing shortages.
- The facility has adequate supplies of PPE and essential cleaning and disinfection supplies to care for residents.
- The facility has adequate processes in place for testing for COVID-19.
- Referral hospital(s) have bed capacity on wards and intensive care units.