DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Division of Public Health (DPH) Testing Guidance for Long-Term Care Facilities (Updated 12/1/22)

Purpose: *Testing guidance for all Delaware Skilled and Intermediate Nursing Facilities (SNFs), Assisted Living Facilities (ALFs), and Rest Residential Facilities.*

Note: This update reflects the September 23, 2022 guidance from the Centers for Medicare and Medicaid Services and the Centers for Disease Control and Prevention.

Definitions & Acronym

CDC: Centers for Disease Control & Prevention
Close contact: refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.
Facility staff: Employees, vendors, consultants, contractors, volunteers, and caregivers who provide care and services to residents, and students in a nurse aide training programs or from affiliated academic institutions
Higher-risk exposure: refers to exposure of an individual's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating procedure or when staff do not wear adequate PPE during care or interaction with an individual.
LTC: Long-term care
LTC-Onset: A COVID-19 case that originated in the long-term care facility, and not cases where the long-term care facility admitted individuals with a known COVID-19 positive status, or unknown COVID-19 status, but became COVID-19 positive within 14 days after admission.
Outbreak: A single new COVID-19 infection in any facility staff or any LTC-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission.
POC Test: rapid antigen or PCR test defined by the time of the results.
PCR Test: molecular PCR, LAMP, CRISPR, or other Nucleic Acid Amplification Test that amplifies genetic material for the detection of SARS-CoV-2 (i.e. Curative, Alinty, Nasopharyngeal (NP), Oropharyngeal (OP), anterior nares swab)
TBP: Transmission-based precautions

Considerations

- This testing guidance is a minimum standard. Facilities may opt for more stringent testing and mitigation protocols as deemed necessary.
- DPH may increase the need for routine testing among facility staff and/or residents as deemed necessary. Should this occur, it will be communicated to the facilities via email.

- In general, testing is not necessary for asymptomatic people who have recovered from COVID-19 in the prior 30 days; testing should be considered for those who have recovered in the prior 31-90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
- Curative tests supplied from state resources may be used **at maximum** once every 7 days per individual.
- For detailed instructions on utilizing POC tests, see DPH guidance.

The types of testing instructions described below:

I. Routine testing of staff and residents
II. Symptomatic testing of staff and residents
III. Higher-risk exposure and residents who had close contact
IV. Outbreak testing
V. New admissions/re-admissions/visits outside the facility

I. Routine Testing for Facility Staff

Routine screening testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility. See the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.

Routine Testing for Residents

Routine testing of residents is not generally recommended.

Consideration: Outside of DPH guidance, facilities may choose to increase testing frequency for certain residents (i.e., regular medical appointments such as chemotherapy or dialysis). This decision and associated processing fees are the responsibility of the facility.

II. Testing of SYMPTOMATIC Facility Staff and Residents for COVID-19

Staff with symptoms or signs of COVID-19, regardless of vaccination status, must be tested as soon as possible and are expected to be restricted from the facility pending the results of COVID-19 testing.

Residents who have signs or symptoms of COVID-19, regardless of vaccination status, must be tested as soon as possible. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with CDC guidance.

	Test Options	Pending results	Results
Symptomatic facility staff	• POC • RT-PCR using DPHL • RT-PCR (using commercial lab, Curative, etc.)	Restrict from facility	Positive – Exclude from work and refer to CDC guidance for return to work Negative – Exclude from work until cleared using CDC guidance for Management of Persons with Suspected COVID-19 Exposure, Discontinuation of Home Isolation and Return to Work. Consider diagnostic testing for other respiratory infections. **Strongly consider confirmatory PCR if previous test used was antigen POC, at provider discretion.**
Symptomatic Residents	• POC • RT-PCR using DPHL • RT-PCR (commercial lab, etc.)	Isolate and implement CDC guidance on TBP	Positive – Refer to CDC guidance for discontinuation of TBP Negative – implement TBP while symptoms last, repeat test after a minimum of 36 hours **Strongly consider confirmatory PCR if previous test used was antigen POC, at provider discretion.** Consider diagnostic testing for other respiratory infections.

III. Testing of individuals with a HIGHER-RISK EXPOSURE and Residents who had a CLOSE CONTACT with COVID-19 Positive Case

The Division of Public Health Epidemiologists will make determination about individuals with a higher-risk exposure and residents with close contact and will provide direction on testing, quarantine and isolation as deemed necessary.

- Asymptomatic staff with a higher-risk exposure and residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of three viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is

day 0), day 3, and day 5. In addition, if the first three (3) test are negative, it is highly recommended that a fourth test be performed between days 8 and 14 after initial exposure.

	Test Options	Time of Test	Results
Higher-risk Exposure Staff	• POC • RT-PCR using DPHL • RT-PCR (using commercial lab, Curative, etc.)	Four tests: - 1st test no earlier than 24 hours after exposure - 2nd test 48 hours after 1st negative test - 3rd test 48 hours after 2nd negative test - 4th test (if first 3 are negative) is highly recommended between days 8 and 14 after initial exposure.	Positive – Exclude from work and refer to CDC guidance for return to work Negative or asymptomatic within 30 days of recovery – monitor for symptoms, wear face covering for 10 days.
Close Contact Residents	• POC • RT-PCR using DPHL • RT-PCR (commercial lab, etc.)	Four tests: - 1st test no earlier than 24 hours after exposure - 2nd test 48 hours after 1st negative test - 3rd test 48 hours after 2nd negative test - 4th test (if first 3 are negative) is highly recommended between days 8 and 14 after initial exposure.	Positive – Refer to CDC guidance for discontinuation of TBP Negative – wear face covering for a minimum of 10 days. TBP may be considered in accordance with the CDC guidance.

*If staffing shortage are occurring, facilities may need to implement Crisis Capacity Strategies to continue to provide care.

IV. Testing of Facility Staff and Residents in Response to an OUTBREAK

The Division of Public Health Epidemiologists will make determination about outbreak in the facility and will provide direction on testing, quarantine and isolation as deemed necessary.

An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed. An outbreak investigation would not be triggered when a resident with known COVID-19 is admitted into TBP, or when a resident known to have close contact with someone with COVID-19 is admitted directly into TBP and develops COVID-19 before TBP are discontinued.

Facilities have the option to perform outbreak testing through two approaches, **focused testing** (close contact tracing) or **broad-based testing** (e.g. facility-wide). If the facility has the ability to identify close contacts of the individual with COVID-19, they could choose to conduct focused testing based on known close contacts. If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility).

Broad-based testing might be required if the facility is directed to do so by the Division of Public Health in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission.

**Outbreak Testing should begin immediately. For the initial round of outbreak testing, the long-term care facility must include all identified staff, regardless of vaccination status. Identified staff (close contact or facility-wide) who are in the facility at the time of the notification of the positive COVID test and any staff that enter the facility must be tested within the 24 hours. For the next 7 days, all remaining identified staff that were not tested within the first 24 hours must be tested upon entrance to the facility. In addition, all residents must be offered a COVID-19 test within 24 hours of the notification of the positive COVID test.

	Test Options	Frequency	Pending results	Results
Facility Staff If using focused testing, test identified staff If using broad-based testing, test all staff	• POC • Curative • RT-PCR (using commercial lab)	Four tests: - 1st test no earlier than 24 hours after exposure - 2nd test 48 hours after 1st negative test - 3rd test 48 hours after 2nd negative test - 4th test (if first 3 are negative) is highly recommended between days 8 and 14 after initial exposure.	Continue working and monitoring for symptoms. Face coverings should be worn by all individuals being tested.	Positive – Exclude from work and refer to CDC guidance for return to work Negative – Retest as directed under frequency.
Residents If using focused testing, test identified residents If using broad-based testing, test all residents	• POC • RT-PCR (using commercial lab)	Four tests: - 1st test no earlier than 24 hours after exposure - 2nd test 48 hours after 1st negative test - 3rd test 48 hours after 2nd negative test - 4th test (if first 3 are negative) is highly recommended between days 8 and 14 after initial exposure.	Face coverings should be worn by all individuals being tested. Implement TBP in accordance with CDC guidance.	Positive – Isolate and refer to CDC guidance for discontinuation of TBP Negative – Retest as directed under frequency.

If no additional positive cases are identified during contact tracing or the broad-based testing, no further testing is indicated.

If additional cases are identified, strong consideration should be given to shifting to the broad-based approach if not already being performed and implementing quarantine for residents in affected areas of the facility. As part of the broad-based approach, testing should continue every 3-7 days until there are no new cases for 14 days.

Residents (or resident representatives) may exercise their right to decline COVID-19 testing in accordance with the requirements under 42 CFR § 483.10(c)(6). In discussing testing with residents, staff should use person-centered approaches when explaining the importance of testing for COVID-19. Facilities must have procedures in place to address residents who refuse testing. Procedures should ensure that residents who have signs or symptoms of COVID-19 and refuse testing are placed on TBP until the criteria for discontinuing TBP have been met. If outbreak testing has been triggered and an asymptomatic resident refuses testing, the facility should be extremely vigilant, such as through additional monitoring, to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

V. New Admissions/Re-admissions/Visits Outside the Facility

Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. In general, admissions in counties where Community Transmission levels are high should be tested upon admission; admission testing at lower levels of Community Transmission is at the discretion of the facility.

Residents should wear source control for the 10 days following their admission.

Empiric use of Transmission-Based Precautions is generally not necessary for admissions or for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings); however, if the resident is COVID-19 positive, suspected positive or has had a close contact, the CDC guidelines must be followed Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

	Test Options	Time of Test	Results
New Admission/Readmission/ Residents who leave the facility for 24 hours or longer	• POC • RT-PCR using DPHL • RT-PCR (commercial lab, etc.)	Three tests: - 1st test no earlier than 24 hours after exposure - 2nd test 48 hours after 1st negative test - 3rd test 48 hours after 2nd negative test	Positive – Refer to CDC guidance for discontinuation of TBP Negative – Retest as directed under frequency.

REPORTING

1.) CMS Certified Facilities must continue to report COVID-19 information to the CDC's National Health care Safety Network (NHSN), in accordance with 42 CFR § 483.80(g)(1)-(2). See "Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes," CMS Memorandum QSO-20-29-NH (May 6, 2020).

2.) All providers or testing sites must report data and results for ALL COVID-19 diagnostic and screening testing completed. This includes point-of-care molecular, antigen and antibody testing for each individual tested. This data must be reported daily, within 24 hours of having received the test results, to NHSN or DPH. Additional information regarding reporting of tests sent to outside laboratories can be requested through Dhss_Dph_CSVreporting@delaware.gov. Additional information regarding the reporting of point-of-care testing (including antigen testing), which includes a link to the point-of-care test reporting portal, can be requested through DHSS_DPH_RedcapAccess@delaware.gov

3.) For any confirmed positive case or person under investigation, notify https://redcap.dhss.delaware.gov/surveys/?s=P339YKR3X8 within 24 hours of test date or date when placed under investigation.

   a. Daily COVID-19 Positive Cases Line list submissions are required for the duration of an outbreak at a facility.

Testing Summary as of 10/13/22

Testing Trigger	Staff	Residents
Routine Testing	Not generally recommended	Not generally recommended
Symptomatic individual identified	Staff, regardless of vaccination status, with signs or symptoms must be tested.	Residents, regardless of vaccination status, with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, regardless of vaccination status, that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, regardless of vaccination status, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g. unit, floor, or other specific area(s) of the facility).	Test all residents, regardless of vaccination status, facility-wide or at a group level (e.g. unit, floor, or other specific area(s) of the facility).
New Admissions Readmissions Residents who leave the facility for 24 hours or longer	N/A	Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. In general, admissions in counties where Community Transmission levels are high should be tested upon admission; admission testing at lower levels of Community Transmission is at the discretion of the facility.