DEPARTMENT OF HEALTH

Overview of COVID-19 Testing Recommendations for Long-term Care Facilities

SUMMARY DOCUMENT | UPDATED MAY 6, 2020

Long-term care (LTC) populations, which here includes those in skilled nursing and assisted living, are at high risk from COVID-19. Reverse transcription polymerase chain reaction (RT-PCR) testing is used to detect SARS-CoV-2, the virus that causes COVID-19.

Even with a comprehensive strategy, facilities might experience illness and death because of COVID-19. MDH guidance is intended to help reduce, not eliminate, the burden of COVID-19 in long-term care and assisted-living facilities by identifying silent (asymptomatic) infections. However, a negative RT-PCR test only indicates that an individual did not have detectable material from the virus present at the time of testing.

How to Test

Nasopharyngeal (NP) or nasal swabs are recommended specimen types for COVID-19 testing.

- Use appropriate transport media and refrigerate. Perform procedure in a resident room or other designated space with the door closed. Staff present should wear surgical facemask (or N95 respirator, if available and wearer is fit-tested), eye protection, gloves, and a gown.

Why to Test

Testing is an important part of COVID-19 control in a facility, but it does not replace good infection prevention and control (IPC). Testing can inform specific clinical and IPC actions, such as enhanced health screening, defining infection burden across different units, cohorting residents and staff, discontinuing Transmission-based Precautions, identifying positive staff for work exclusion, and enabling staff to return after infection.

Who to Test

All individual symptomatic residents or staff in a LTC facility should be tested as soon as possible. Staff should not work while sick, even if presenting with mild signs or symptoms.

Residents can be tested to support discontinuation of Transmission-based Precautions. Non-test-based options for discontinuation are also available.

Asymptomatic staff who have had the following exposures in the last 14 days can be considered for testing: they worked in another facility that has COVID-19; had high-risk PPE breach with a COVID-positive resident; or have household member or intimate contact with confirmed or suspected COVID-19. Staff who have a positive COVID-19 test should not work.

Facility-wide testing

Testing a group of individuals on a single day is a “point prevalence survey” (PPS). This approach defines the overall number of affected individuals at that point in time.

- Facility-wide testing must include both residents and staff.
- Facility leadership must be prepared for multiple asymptomatic residents and staff to test positive for SARS-CoV-2. Previous PPS testing has shown that up to a third of asymptomatic staff were positive, so facilities must be prepared for sizable multidisciplinary staff shortages (e.g., health care workers, administration, dietary, environmental services).
- Facilities should develop plans for grouping (cohorting) COVID-19 positive residents.
- Staff will need appropriate PPE to care for all COVID-19-positive residents.

Situations in which facility-wide testing of residents and staff is appropriate include, but are not limited to:

- One or more residents or staff are confirmed to have COVID-19. In facilities with multiple cases, widespread transmission is likely, and timely completion of PPS is important.
- A cluster (≥2) of residents and/or staff develop symptoms consistent with COVID-19.
- A staff member tests positive for COVID-19 and worked in the facility while ill, worked in the 48 hours prior to development of symptoms, or worked in the 48 hours prior to testing (if asymptomatic).

A PPS might be warranted in LTC facilities located in high-risk areas (e.g., close to other facilities experiencing outbreaks, sharing staff with a COVID-19-positive facility) to identify asymptomatic cases early.

In situations where there are not enough resources to conduct facility-wide PPS, a facility can prioritize:

- Units with symptomatic and high-risk residents, such as residents who have been admitted from a hospital or other facility
- Roommates of symptomatic residents
- Residents who leave the facility regularly for dialysis or other essential medical services.

Repeat testing of negative residents and staff would ideally be conducted after 7 days. Widespread community transmission and movement of staff and residents in and out of a facility result in a continuous risk of introduction.

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