Healthy People. Healthy Communities.

July 24, 2020

To Long-term Care Facility Administrators:

Long-term care facilities (LTCFs) are known settings for rapid and ongoing transmission of SARS-COV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). Staff in LTCFs are at increased risk of exposure to COVID-19, as are residents, who are considered high risk for infection, serious illness, and death from COVID-19. The South Carolina Department of Health and Environmental Control (DHEC) recommends that LTCFs conduct testing for SARS-CoV-2 to detect current infections among residents and staff as an important addition to infection prevention and control measures, allowing for rapid detection of cases and implementation of measures to prevent ongoing transmission within facilities. The risk of COVID-19 to vulnerable residents in LTCFs requires that facilities have COVID-19 detection, prevention, and control measures in place to protect residents and staff. There are various scenarios in which viral testing of residents and staff may be initiated. The attached, "COVID-19 Testing Guidance for Long-term Care Facilities" provides current recommendations to guide considerations for initial and repeat testing in LTCFs.

To reduce the ongoing threat of COVID-19 transmission in LTCFs, DHEC recommends facilities implement sequential testing of residents and staff, as indicated, as soon as possible. Facility, county, and state COVID-19 activity levels should be considered when implementing sequential testing. Identifying the occurrence of COVID-19 will help guide facilities in determining when to relax visitation and service restrictions and will ultimately mitigate the risk of COVID-19 transmission and potential complications for residents and staff.
If you have any questions about infection prevention measures in your facility, please contact your Regional Health Department's Infection Preventionist or Epidemiology team. Contact information is available on the South Carolina List of Reportable Conditions available at: https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf. We thank you for providing essential services for your residents while protecting the health and safety of both your residents and staff.

S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201 (803) 898-3432 www.scdhec.gov

Sincerely,

Linda J. Bell, M.D.
Director, Bureau of Communicable Disease Prevention and Control
State Epidemiologist

**COVID-19 Testing Guidance for Long-term Care Facilities**

Residents at all long-term care facilities (LTCFs) are at high risk for infection, serious illness, and death from Coronavirus Disease 2019 (COVID-19). Testing for SARS-CoV-2, the virus that causes COVID-19, can detect current infections among residents in LTCFs. Viral testing is an important addition to other infection prevention and control measures that can prevent SARS-CoV-2 from entering and/or spreading in LTCFs by quickly detecting cases and stopping transmission. There are various scenarios in which viral testing of residents and healthcare personnel may be initiated; each of these scenarios are provided below along with guidance for implementation.

## Diagnostic Testing

Viral testing may be used as a diagnostic tool to test residents and healthcare personnel (HCP) that have signs/symptoms of COVID-19. Diagnostic testing takes priority over all other testing and should be promptly initiated while implementing transmission-based precautions for residents and work restrictions for HCP.

- Consider testing for other causes of respiratory illness, such as influenza, in addition to testing for SARS-CoV-2.

## Facility-wide Testing

Facility-wide SARS-CoV-2 testing may be performed to help guide facilities with resident movement and HCP management. Facility-wide testing includes simultaneous testing at one point in time all asymptomatic residents and HCP who have not previously tested positive for SARS-CoV2.

Facility-wide testing should be considered when:

- There is known or suspected exposure to an individual infected with SARS-CoV-2 while an **outbreak** is occurring in the facility.
    - An **outbreak** is defined as a single, new case of COVID-19 in any HCP or resident.
    - If viral testing capacity is limited, CDC suggests first directing testing to residents who are close contacts (e.g., on the same unit or floor of a new confirmed case or cared for by an infected HCP).
- Facilities are preparing to ease restrictions associated with their COVID-19 response.
    - Testing all residents and HCP not known to have previously been diagnosed with COVID-19 is recommended due to the high likelihood of exposure during a pandemic, transmissibility of SARS-CoV-2 through pre-symptomatic and asymptomatic individuals, and the risk of complications among residents following infection.
    - The results of viral testing may be used to inform care decisions, infection control interventions, and placement decisions (e.g., cohorting decisions) relevant to that resident.

## Sequential Testing

As the COVID-19 pandemic continues to evolve, LTCFs continue to experience high rates of infection, morbidity, and mortality despite implementation of intensive infection prevention

and control measures. Sequential testing in LTCF residents and HCP can help guide facilities in collaboration with local and state DHEC officials, when determining to relax visitation and service restrictions while mitigating the risk of COVID-19 resurgence. Facility, county, and state level factors should be considered when implementing sequential testing; these factors include:

- County Case Status (increase in 14-day and/or 28-day case incidence by county).
- State-level Disease Activity (increasing or widespread disease activity in other counties in the state).
- LTCF Case Status (no identified cases among HCP and no cases among residents without prior hospitalization within last 14 days).
- Completion of baseline testing.

Considerations for sequential testing should include:

- Adequacy of staffing to routinely repeat testing.
- Staffing plans that are not in contingency or crisis strategy mode.
- Continuance to screen all the following for symptoms regardless of weekly testing (testing should not replace active screening):
    - Residents, daily.
    - HCP at each shift.
    - Other persons (i.e. vendors, volunteers, and visitors, as applicable) upon each entry.
- Established funding/payment source for testing of residents and HCP.
    - Consider filing insurance claims as appropriate.
- Established contacts with laboratories that can provide testing in a timely manner (see Appendix A).

Facilities should develop and follow written testing plans that considers:

- Capacity to test all residents upon identification of a positive case (resident or HCP).
- Capacity to retest residents weekly until all are negative.
- Capacity to test all HCP (including vendors and volunteers) at identified intervals depending on the community/state case status.
- Testing procedures, including laboratory arrangements, to conduct SARS-CoV-2 viral detection via polymerase chain reaction (PCR) testing with sufficient turn-around-times (see Appendix A).
- Procedure for residents or HCP who decline or are unable to be tested.
- Continuing measures for universal source control, including:
    - Use of cloth face coverings by residents and anyone entering the facility.
        - Face mask may be given to residents if supply allows or if without a personal, cloth face covering.

        - HCP may wear personal cloth face coverings up until work duties are assumed, if not responsible for direct or indirect resident care, and while on break or at lunch.
            - **Note:** Personal cloth face coverings are not adequate personal protective equipment (PPE). Face masks or respirators should be utilized per facility policy when working indirectly or directly with resident care.
    - Maintenance of social distancing by all individuals within the facility.
    - Performance of hand hygiene (washing with soap and water or use of an alcohol-based hand sanitizer) by all upon entering the facility, in addition to facility policy.
- Supplying adequate levels of PPE for HCP (should not be in crisis capacity strategy mode)
- Supplying essential cleaning and disinfection supplies to care for residents.
- Transferring of residents needing higher level of care if possible, as local hospitals are at an acceptable capacity.
- Has received education and training on sequential testing guidance.

**Categorization Matrix (accounting for facility and county/state case status)**

Long-term care facilities may be categorized by the facility's case status, in addition to the case status in their county. The categorization can be used to guide ongoing infection prevention and control measures, while mitigating the potential for the rebound of cases in this setting. Sequential testing of residents and HCP may also be determined by the categorization Matrix.

| **Facility Case Status** | **County Case Status** | | |
|---|---|---|---|
| | Significant Mitigation Occurring* | No evidence of case rebound in last 14 days | No evidence of case rebound in last 28 days |
| Evidence of new case onset in last 14 days | Category 1 | Category 1 | Category 1 |
| No evidence of new case onset in last 14 days | Category 1 | Category 2 | Category 2 |
| No evidence of new case onset in last 28 days | Category 1 | Category 2 | Category 3 |

*Counties undergoing significant mitigation are those whose 14-day incidence is not leveling off or decreasing, as evidenced by the two-week cumulative incidence rate.

**COVID-19 Testing Guidance for Long-term Care Facilities**

| Activity Type | Category 1 | Category 2 | Category 3 |
|---|---|---|---|
| Testing, Residents | Test symptomatic residents upon identification; test when exposed to a positive HCP[1]; continue weekly until no new cases among residents or HCP for at least 14 days from most recent positive in a resident or HCP. | Test symptomatic residents upon identification; test when exposed to a positive HCP[1]; continue weekly until no new cases among residents or HCP for at least 14 days from most recent positive in a resident or HCP. | Test symptomatic residents upon identification; test when exposed to a positive HCP[1]; continue weekly until no new cases among residents or HCP for at least 14 days from most recent positive in a resident or HCP. |
| Testing, HCP | Test symptomatic HCP upon identification; Test all negative HCP weekly. | Test symptomatic HCP upon identification; Test all negative HCP bi-weekly. | Test symptomatic HCP upon identification; Test all negative HCP monthly. |
| Universal Source Control | Everyone in the facility, including those entering for compassionate care. HCP should wear a face mask with indirect and direct resident care; all others may wear a personal, cloth face covering. | Everyone in the facility, including those entering for compassionate care. HCP should wear a face mask with indirect and direct resident care; all others may wear a personal, cloth face covering. | Everyone in the facility. HCP should wear a face mask with indirect and direct resident care; all others may wear a personal, cloth face covering. |
| Admittance of nonessential HCP, including volunteers and students | Restricted. | Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. | Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. |
| Communal, Dining | Restricted. | Limited to COVID-19 negative residents, with social distancing among residents (limited number at each table | Limited to COVID-19 negative residents, with social distancing among residents (limited number at each table |

| | | | |
|---|---|---|---|
| | | and at least 6 ft apart), appropriate hand hygiene, and use of a cloth face covering when not eating. | and at least 6 ft apart), appropriate hand hygiene, and use of a cloth face covering when not eating. |
| Communal, Group Activities | Restricted. | Limited to COVID-19 negative residents, with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering. | Limited to COVID-19 negative residents, with no more than the number of people to maintain social distancing among residents, appropriate hand hygiene, and use of a cloth face covering. |
| Screening, Residents | Temperature and symptom monitoring at least daily but consider every shift if cases in the facility. | Temperature and symptom monitoring at least daily. | Temperature and symptom monitoring at least daily. |
| Screening, HCP, to include essential contracted staff/services | Temperature and symptom monitoring at the beginning of each shift or upon arrival. | Temperature and symptom monitoring at the beginning of each shift or upon arrival. | Temperature and symptom monitoring at the beginning of each shift or upon arrival. |
| Screening, Others | Temperature and symptom monitoring as enter the building, when applicable. | Temperature and symptom monitoring as enter the building, when applicable. | Temperature and symptom monitoring as enter the building, when applicable. |
| Resident Placement | Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms. | Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms. | Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms. |
| PPE | All staff wear appropriate PPE when they are interacting with residents, to the | All staff wear appropriate PPE when they are interacting with residents, to the | All staff wear appropriate PPE when they are interacting with residents, to the |

| | | | |
|---|---|---|---|
| | extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff wear cloth face covering when facemask is not indicated (i.e. arriving to work until assume duties, on break, or not an indirect or direct HCP). | extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff wear cloth face covering when facemask is not indicated (i.e. arriving to work until assume duties, on break, or not an indirect or direct HCP). | extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff wear cloth face covering when facemask is not indicated (i.e. arriving to work until assume duties, on break, or not an indirect or direct HCP). |

[1]Once a healthcare personnel (HCP) has tested positive for COVID-19, the facility should conduct contact tracing to identify all close contacts (residents and other staff) to the HCP two days prior to symptom onset or specimen collection date for asymptomatic individuals. A close contact is defined as someone who was within 6 feet for greater than 15 minutes. The facility should assess the exposure risk for each close contact (i.e. appropriate use of PPE). Residents who were at any risk as a close contact should be isolated and closely monitored for the 14 days post their last known contact with the positive HCP. Facilities should follow the CDC guidance on assessing HCP risk. Testing of all symptomatic close contacts should be prioritized. Testing of asymptomatic close contacts should be considered for both residents and staff but should not occur early in the incubation period; isolation should still be continued for 14 days post last known exposure even in when results are negative.

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**COVID-19 Testing Guidance for Long-term Care Facilities**

**Appendix A – Laboratory Selection Considerations**

Both long-term care facilities (LTCF) and laboratories are required to report COVID-19 data to local and state health departments; see the South Carolina List of Reportable Conditions for more information about reporting. For laboratory reporting requirements, see the Health and Human Services laboratory data reporting guidance.

When selecting a laboratory, facilities should consider whether the laboratory can:

- Conduct the preferred testing methodology (SARS-CoV-2 viral detection via polymerase chain reaction (PCR) testing);
- Supply testing materials;
- Arrange for specimen shipping and transport to the laboratory;
- Provide results in a timely manner to aid in decision-making;
- Report test results to the facility and/or health department via electronic means‡;
- Provide a point of contact to address laboratory result issues; and
- Provide a point of contact to address all other issues.

‡**Note:** The laboratory's capability to report electronically does not negate the facility's responsibility to report COVID-19 cases to the health department.

## Laboratory Resources

The following list is a non-exhaustive list of possible laboratories that facilities may contact if they are in need of testing support. These laboratories are not endorsed or otherwise suggested for use by SCDHEC. This is simply a list of options for those facilities needing lab support for testing.

**Precision Genetics**
877-843-6544 ext. 4
COVID19@precisiongenetics.com

**MAKO Medical**
844-625-6522
info@makomedical.com

**Phi Life Sciences**
888-576-5445
info@philifesciences.com

**Luxor Scientific**
864-568-8940
Luxorscientific.org