Table of Contents

CMS Requirements for COVID-19 Testing in Long-Term Care Facilities ................................................................. 1
MCDPH Recommendations for COVID-19 Testing in non-CMS Long-Term Care Facilities ........................................... 1
Testing Protocols ......................................................................................................................................................... 1
Types of COVID-19 Testing Available to Long-Term Care Facilities ........................................................................... 2
Other Testing Considerations for Long-Term Care Facilities ......................................................................................... 2
Overview of Testing Recommendations ........................................................................................................................ 5
EVERYDAY Screening of Residents and Staff for Symptoms Consistent with COVID-19 .................................................. 5
FOLLOW-UP Testing of Symptomatic Residents and Staff, POC Testing Available ....................................................... 7
ROUTINE Serial Testing of Asymptomatic Staff, POC Testing Available ........................................................................... 9
OUTBREAK Serial Testing of Asymptomatic Residents and Staff, POC Testing Available .................................................. 11
FOLLOW-UP Testing of Symptomatic Residents and Staff, POC Testing Not Available ................................................... 13
ROUTINE Serial Testing of Asymptomatic Staff (Consistent with CMS Requirements), POC Not Available ..................... 15
OUTBREAK Serial Testing of Asymptomatic Residents & Staff (Consistent with CMS Requirements), POC Not Available 17
Alternate OUTBREAK Protocol — Testing of Close Contacts, POC Not Available ............................................................ 19

Vaccinated and Unvaccinated Definitions

- “Fully vaccinated” refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine.
- “Unvaccinated” refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known, for the purposes of this guidance.
CMS Requirements for COVID-19 Testing in Long-Term Care Facilities

Long-Term Care Facilities subject to Centers for Medicare & Medicaid Services (CMS) rules must comply with COVID-19 testing requirements.


The CMS Interim Rule requires COVID-19 testing under three scenarios that...

always includes:

1. **EVERYDAY** screening of residents and staff for symptoms of COVID-19 **with FOLLOW-UP** testing of any symptomatic individuals found, **regardless of vaccination status**.

plus, either:

2. **ROUTINE** serial testing of asymptomatic, **unvaccinated staff** at time intervals determined by the level of COVID-19 activity in the County.

or (depending on circumstances):

3. **OUTBREAK** serial testing of asymptomatic **residents and staff, regardless of vaccination status**, every 3-7 days when a case of COVID-19 has been identified in the facility within the past 14 days

MCDPH Recommendations for COVID-19 Testing in non-CMS Long-Term Care Facilities

MCDPH recommends that non-CMS facilities follow the CMS outbreak testing requirements to the extent possible, especially those with access to point-of-care (POC) testing or access to frequent PCR testing with reasonably rapid turnaround time (i.e., within 48 hours). MCDPH also provides an alternate protocol for non-CMS facilities without access to frequent testing. See pages 19–20.

As with CMS facilities, non-CMS facilities may also wish to consult additional guidance provided by CDC:

- Preparing for COVID-19 in Nursing Homes
- Responding to Coronavirus (COVID-19) in Nursing Homes
- Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel
- Considerations for Performing Facility-Wide SARS-CoV-2 Testing in Nursing Homes
- COVID-19 Guidance for Congregate or Shared Housing

Testing Protocols

The testing protocol that your facility should follow depends on which type of test is being used:

- General information applicable to either test is on pages outlined in **BLACK** (pages 1-6).
- IF YOUR FACILITY IS USING **POC ANTIGEN** TESTING, follow this document’s pages outlined in **BRIGHT BLUE** for guidance (pages 7-12).
- IF YOUR FACILITY IS USING **COMMERCIAL PCR** ("send-out") TESTING, follow this document’s pages outlined in **BRIGHT PURPLE** for guidance (pages 13-20). Facilities should not utilize “send-out” point-of-care (POC) testing.
Facilities can meet testing recommendations using point-of-care (POC) antigen/PCR testing devices or through PCR testing performed by an offsite laboratory. Facilities unable to conduct POC testing should use a commercial laboratory to conduct PCR tests to meet these recommendations. Laboratories that can quickly process large numbers of tests with rapid reporting of results (e.g., within 48 hours) should be selected to inform infection prevention initiatives promptly and limit transmission. Serology tests are inappropriate for detection and diagnosis of current COVID-19 infection and cannot be used to fulfill testing recommendations.

Diagnostic Tests for COVID-19:

- **PCR Test**
  - PCR testing is considered the “Gold Standard” for diagnosing COVID-19 and generally provides high sensitivity and specificity.
  - Most require nasal or nasopharyngeal (NP) swab sample collection; some use saliva or throat swabs.
  - Most can only be analyzed by off-site commercial laboratories or the Arizona State Public Health Laboratory (ASPHL).
  - CDC provides additional guidance on diagnostic testing for COVID-19:
    - [Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel](#)

- **Antigen Test**
  - Most have slightly lower sensitivity (which can lead to false negatives) than PCR tests, but similar specificity. The sensitivity can also vary depending on whether the person being tested has symptoms or not.
    - For this reason, in some scenarios, antigen test results require **confirmation by PCR test**. This means that LTCFs using antigen testing still may need to use a commercial laboratory for confirmatory PCR testing when necessary.
  - Antigen tests require nasal swab sample collection.
  - Antigen tests can provide results in about 15 minutes and are also available at commercial sites.
    - While antigen testing by an off-site laboratory is available, LTCFs using off-site laboratories should order PCR testing to avoid the possibility of receiving an antigen test result that would require confirmation later using additional PCR testing.
  - CDC provides additional guidance on antigen testing for COVID-19:
    - [Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#)
    - [Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes](#)

Point of Care (POC) Testing:

- Most antigen tests and some PCR tests can be administered at the point-of-care (i.e. on-site at your facility).
- A few PCR systems are available for testing at the point-of-care (POC). If your LTCF is using POC PCR testing, follow the protocol for PCR testing as if the samples were sent to an off-site laboratory for analysis.

Other Testing Considerations for Long-Term Care Facilities

**CLIA-Waiver for Point-Of-Care (POC) Testing**

- Testing sites operating a POC diagnostic instrument must have a current “Certificate of Waiver” via the Clinical Laboratory Improvement Amendments of 1988 (CLIA).
During the COVID-19 public health emergency, CMS will permit a CLIA-certified laboratory to extend its existing certificate to operate a temporary COVID-19 testing site in an off-site location, such as a long-term care facility.

The temporary COVID-19 testing site is only permitted to perform waived tests, consistent with the laboratory's existing certificate and must be under the direction of the existing lab director.

Frequently Asked Questions (FAQs) concerning CLIA Guidance during the COVID-19 Emergency is available from CMS here.

Tests are by Prescription Only

Federal regulations (42 CFR § 483.50(a)(2)(i)) require that a facility have an order from a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with State law to provide laboratory services to a resident, which includes COVID-19 testing. This can be accomplished through a standing order from a provider affiliated with your facility, a provider licensed in Arizona, or through the ADHS Standing Order.

Sample Collection, Handling, and PPE

Follow CDC’s Interim Guidelines for Collecting, Handling, & Testing Clinical Specimens for Persons for COVID-19.

For residents and staff, specimen collection should be performed for one individual at a time in a room with the door closed and no other individuals present. Note, if in a double occupancy room, the specimen should be obtained at least 6 feet from the other occupant. An airborne infection isolation room is not required. For routine testing of asymptomatic individuals, staff in the room or specimen collection area should wear a surgical facemask and eye protection Staff collecting specimens for individuals suspected to have COVID-19 should wear a surgical facemask or N95 respirator, eye protection, gloves, and gown.

If individual rooms are not available, other options include:

- Large spaces (e.g., gymnasiums) where sufficient space can be maintained between swabbing stations (e.g., greater than 6 feet apart).
- An outdoor location, weather permitting, where other individuals will not come near the specimen collection activity.

A single pair of gloves and a gown should also be worn for specimen collection or if contact with contaminated surfaces is anticipated.

Gloves should be changed, and hand hygiene performed between each person being swabbed.

Gowns should be changed when there is more than minimal contact with the person or their environment. The same gown may be worn for swabbing more than one person provided the staff collecting the test minimizes contact with the person being swabbed. Gowns should be changed if they become soiled.

Staff who are handling specimens, but are not directly involved in collection (e.g., self-collection) and not working within 6 feet of the individual being tested, should follow Standard Precautions; gloves are recommended, as well as a facemask for source control.

Some diagnostic tests use specimens that are self-collected, such as saliva and nasal swabs. PPE use can be minimized through self-collection while staff remain at least 6 feet away from the individual collecting their own specimen.

For more information on sample collection and handling, see CDC’s guidance:

- Considerations for Performing Facility-Wide SARS-CoV-2 Testing in Nursing Homes
- Preparing for COVID-19 in Nursing Homes

Turn-Around Time

- Turn-around times from commercial labs can vary greatly, depending on shipping, laboratory capacity, and demand. If sending samples to an outside laboratory for analysis, a turn-around time (between sample...
collection and receipt of results) of 48-hours or less is optimal and necessary to be in alignment with CMS guidance.

- If the 48-hour turn-around time cannot be met due to community testing supply shortages, limited access, or inability of laboratories to process tests within 48 hours, the facility should follow the alternate testing strategy described on pages 21-22.

Documentation of Testing and Results

- Nursing homes and assisted living facilities should maintain records of residents and staff who have positive tests. Those records can facilitate reporting data to state and local health departments. If your facility is required to report to the National Healthcare Safety Network (NHSN), these records will aid in reporting aggregate data into the National Healthcare Safety Network (NHSN) COVID-19 Module for LTCFs.

Reporting Cases

- Every COVID-19 testing site is required to report to the appropriate state or local public health department every diagnostic and screening test performed (i.e., both positives and negatives) to detect SARS-CoV-2 or to diagnose a possible case of COVID-19.
  - Reporting to ADHS: facilities can report to ADHS in 1 of 3 ways: 1) Electronic Laboratory Reporting (ELR); 2) Flat file submission; or 3) Google Form entry. Please visit the ADHS website for additional information about these processes.
  - Reporting to MCDPH: we request you report positive test results only. Please complete Tab 2 (Person-Level) of the Excel Line List and email it to CRT@maricopa.gov. Please remember to use a separate Line List for each facility license type (e.g., ALF or SNF).
  - CMS also requires facilities to report COVID-19 cases, facility staffing, and supply information to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly. Weekly data submission to NHSN will meet the CMS COVID-19 reporting requirements.

Testing Refusal

- Facilities must have procedures in place to address staff who refuse testing.
  - Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until MCDPH Home Isolation criteria are met.
  - Per CMS, if OUTBREAK status has been triggered and an asymptomatic staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed.
  - MCDPH recommends that unvaccinated staff who refuse testing in the ROUTINE testing setting be allowed to work as long as they are asymptomatic and wear a facemask at all times when in the facility.

- Facilities must have procedures in place to address residents who refuse testing
  - 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. Providing information about the method of testing and reason for pursuing testing may facilitate discussions with residents or resident representatives.
  - If a resident has symptoms consistent with COVID-19 or has been exposed to COVID-19, or if there is a facility outbreak and the resident declines testing, he or she should be placed in or remain in transmission-based precautions until he or she meets the COVID-19 symptom-based criteria for discontinuation or until the outbreak is declared over (if asymptomatic).
Residents should be screened for any new symptoms (or worsening/change in symptoms of a chronic illness) consistent with COVID-19 at least daily.

Staff should be screened for any new symptoms (or worsening/change in symptoms of a chronic illness) consistent with COVID-19 at the start of each shift before beginning work.

- **Staff** includes employees, consultants, contractors, volunteers, caregivers, housekeeping staff, food services staff, and students (e.g. nursing/aide trainees) and others who provide care or services to residents on behalf of the facility.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.

- **Symptoms** consistent with COVID-19 include:
  - Fever or chills
  - Cough
  - Sore Throat
  - Congestion or runny nose
  - Headache
  - Muscle or body aches
  - Diarrhea
  - Nausea or vomiting
  - New loss of taste or smell
  - Fatigue

- Check the [CDC website](https://www.cdc.gov) for the latest list of symptoms.
• Fever is either measured temperature >100.4°F or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of individuals in such situations.

• Also be alert for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:
  • Trouble breathing
  • Persistent pain or pressure in the chest
  • New confusion
  • Inability to wake or stay awake
  • Bluish lips or face

• ANY RESIDENT OR STAFF FOUND TO HAVE NEW SYMPTOMS (or worsening/change in symptoms of a chronic illness) ON SCREENING SHOULD RECEIVE FOLLOW-UP TESTING IMMEDIATELY, regardless of vaccination status (SEE PAGES 7-8 OR 13-14).

FLOW CHART: EVERYDAY Screening of All Residents and Staff for Symptoms Consistent with COVID-19, Regardless of Vaccination Status

Person with symptoms? (Any resident or staff with new symptoms consistent with COVID-19)

YES

NO

Current Outbreak in Facility?

YES

FOLLOW-UP testing of symptomatic residents and staff, regardless of vaccination status

OUTBREAK testing of asymptomatic residents and staff, regardless of vaccination status

ROUTINE testing of unvaccinated asymptomatic staff (CMS)

If the facility uses Antigen Testing at the Point-of-Care (POC), follow the pages outlined in bright blue.

If the facility uses PCR Testing performed by an external lab, follow the pages outlined in bright purple.
FOLLOW-UP testing is for anyone (resident or staff), regardless of vaccination status, found to have new symptoms (or worsening/change in symptoms of a chronic illness) on screening or otherwise and should be performed immediately.

- In addition to testing for COVID-19, facilities are encouraged to consider testing for other causes of respiratory illness such as influenza.

- **While waiting for results:**
  - **Residents** should be isolated per [MCDPH Isolation Guidance](#) and your facility’s protocol, but these patients should **not** yet be cohorted with known COVID-19 patients until their diagnosis is confirmed.
  - **Staff** should be excluded from the facility and stay isolated at home.

- **POSITIVE** result of ANTIGEN test:
  - **Residents** should be isolated per [MCDPH Isolation Guidance](#) and your facility’s protocol (e.g. in COVID-positive unit).
  - **Staff** should follow [MCDPH Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - If not already in **OUTBREAK** status, facility should initiate **OUTBREAK** response and testing.
  - Positive individuals can be excluded from additional testing (e.g. Follow-Up, Routine, or Outbreak testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.

- **NEGATIVE** result of ANTIGEN test **must be confirmed by a PCR test for symptomatic persons:**
  - Conduct the confirmatory PCR test as soon as possible, no more than 48 hours after the antigen test.
  - Individual should be isolated as described above until PCR test result is known.

- **POSITIVE** result of **confirmatory** PCR test:
  - **Affected residents** should be isolated per [MCDPH Isolation Guidance](#) and facility’s protocol (e.g. cohorted in COVID-positive unit).
  - **Affected staff** should follow [MCDPH Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - People with positive confirmatory PCR tests in this scenario can be excluded from additional testing (e.g. Follow-Up, Routine, or Outbreak testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.

- **NEGATIVE** result of **confirmatory** PCR test requires no new action.
  - **Residents** who have symptoms consistent with COVID-19, but test negative should be placed on transmission-based precautions segregated away from both COVID-positive and COVID-negative residents until 24 hours after their symptoms have resolved (or returned to prior baseline).
  - **Staff** who have symptoms consistent with COVID-19, but test negative should remain at home in isolation and be excluded from the facility until it has been at least 24 hours since their last fever (without the use of fever-reducing medications) and their other symptoms have improved.

- Facility should continue with **EVERYDAY** screening of residents and staff for symptoms throughout this process.
FLOW CHART: FOLLOW-UP Testing of Symptomatic Residents and Staff, Regardless of Vaccination Status

**Antigen Test**
Point-of-Care (POC) immediately after identifying a symptomatic resident or staff

**POSITIVE**

Antigen test result

- **Facility** – Initiate (or extend) OUTBREAK testing of all residents & staff, regardless of vaccination status, followed by serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days until no new cases are identified for 14 consecutive days. Exclude positive individuals from additional testing for 90 days.
- **Resident** – MCDPH Isolation Guidance
- **Staff** – MCDPH Isolation Guidance

**NEGATIVE**

Antigen test result

- **REQUIRES PCR CONFIRMATION**
  - **Facility** – Conduct confirmatory PCR test immediately.
  - **Resident** – Isolate until confirmatory result is known.
  - **Staff** – Isolate until confirmatory result is known.

**POSITIVE**

Confirmatory PCR test result

- **Facility** – Initiate (or extend) OUTBREAK testing of all residents & staff, regardless of vaccination status, followed by serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days until no new cases are identified for 14 consecutive days. Exclude positive individuals from additional testing for 90 days.
- **Resident** – MCDPH Isolation Guidance
- **Staff** – MCDPH Isolation Guidance

**NEGATIVE**

Confirmatory PCR test result

- **Facility** – No action. Continue EVERYDAY screening of all residents and staff for symptoms. (If ongoing OUTBREAK, follow outbreak testing recommendations.)
- **Resident** – Place in transmission-based precautions until 24 hours after symptoms resolve. (If ongoing OUTBREAK, follow outbreak isolation recommendations.)
- **Staff** – Remain isolated until 24 hours since last fever (without fever-reducing medications) and other symptoms have improved.
**ROUTINE Serial Testing of Asymptomatic, Unvaccinated Staff**

ROUTINE testing of asymptomatic **unvaccinated staff** should be performed in addition to EVERYDAY screening of residents and staff for symptoms with FOLLOW-UP testing. Fully vaccinated staff do not need to do ROUTINE testing.

- Routine testing is recommended for **unvaccinated staff only, without** symptoms, when the facility is **not** in OUTBREAK status (no new cases within past 14 days).
- Routine testing of asymptomatic **residents** is not recommended. Facilities may consider routine testing of asymptomatic **unvaccinated residents** who leave the facility frequently, such as for dialysis or chemotherapy.
- Routine testing requires testing unvaccinated, asymptomatic staff at intervals based on the **level of COVID-19 activity in the County**. Activity level is measured by “percent-positivity” of COVID-19 testing in the County, as reported by CMS in a downloadable file at: [https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpyg](https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpyg)

<table>
<thead>
<tr>
<th>County’s COVID-19 Activity Level</th>
<th>County’s Positivity Rate in Past Week</th>
<th>Minimum Testing Frequency of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Less than 5%</td>
<td>Once a month</td>
</tr>
<tr>
<td>Medium</td>
<td>5% to 10%</td>
<td>Once a week</td>
</tr>
<tr>
<td>High</td>
<td>Greater than 10%</td>
<td>Twice a week</td>
</tr>
</tbody>
</table>

- **County COVID-19 activity level should be checked regularly,** and the frequency of ROUTINE testing adjusted accordingly.
  - If the county COVID-19 activity level increases, the facility should begin testing unvaccinated staff at the frequency shown in the table above **as soon as** the criteria for the higher activity are met.
  - If the county COVID-19 activity level decreases, the facility should continue testing unvaccinated staff at the higher frequency level until the county positivity rate has remained at the lower level for at least two weeks.

- **While waiting for initial test result,** no isolation or other action is necessary for residents or staff.
- **POSITIVE** result of ANTIGEN test.
  - **Affected staff** should follow MCPDH Home Isolation Guidance and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be excluded from additional testing (e.g. Follow-Up, Routine, or Outbreak testing) for 90 days, but should be included in EVERYDAY symptom screening after recovery.
  - Of note, **during periods of minimal community spread,** the facility may wish to confirm a positive ANTIGEN test with a PCR test within 48 hours with actions based on the PCR result.
  - Facility should immediately initiate OUTBREAK response and testing.

- **NEGATIVE** result of ANTIGEN test requires no new action:
  - Staff may continue to work as usual.
  - Facility should continue ROUTINE testing of residents and staff.
  - Facility should continue with EVERYDAY screening of residents and staff for symptoms throughout this process.
FLOW CHART: ROUTINE Serial Testing of Asymptomatic Unvaccinated Staff

Antigen Test
Point-of-Care (POC)
Frequency based on County’s COVID Activity Level

**POSITIVE**
Antigen test result

- **Facility** – If community spread is low, facilities may wish to confirm the result with a confirmatory PCR test within 48 hours.
- **Staff** – If **no** confirmatory PCR test is performed, proceed to the “POSITIVE” step below. If a confirmatory PCR test is performed, isolate until the result is known.

**NEGATIVE**
Antigen test result

- **Facility** – No action. Continue EVERYDAY screening of all residents and staff for symptoms. Continue serial ROUTINE testing of unvaccinated staff.
- **Staff** – No action, continue to work as usual.

**POSITIVE**
Confirmatory PCR test result

- **Facility** – Initiate OUTBREAK testing of all residents & staff, regardless of vaccination status, followed by serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days until no new cases are identified for 14 consecutive days. Exclude positive individuals from additional testing for 90 days.
- **Staff** – Home Isolation Guidance

**NEGATIVE**
Confirmatory PCR test result

- **Facility** – No action. Continue EVERYDAY screening of all residents and staff for symptoms. Continue serial ROUTINE testing of unvaccinated staff.
- **Staff** – No action, continue to work as usual.
OUTBREAK status is triggered when a new case of COVID-19 is found among the facility’s residents or staff, regardless of vaccination status, excluding:

- Newly admitted residents known to have COVID-19 at admission
- Recently admitted residents placed in transmission-based precautions who develop COVID-19 during the 14-day period after admission

OUTBREAK status continues until no new cases are found among residents or staff within the past 14 days while serial testing is being performed.

- After an OUTBREAK is identified, all residents and staff, regardless of vaccination status, should be tested as soon as possible.
- After all residents and staff are tested, regardless of vaccination status, serial testing of asymptomatic COVID-negative residents and staff should be performed every 3 to 7 days.
  - Specific interval (within 3- to 7-day range) may be selected by the facility.
  - Shorter interval (e.g. 3 days) requires more testing/supplies/expenses but may detect end of OUTBREAK status earlier.
  - Interval should be equal to or shorter than that required for ROUTINE testing by current level of COVID-19 activity in the County (i.e., twice a week during HIGH level of activity).
- While waiting for test results under OUTBREAK status, all residents are considered exposed and must be placed in COVID-19 transmission-based precautions.
- All residents should be cohorted and quarantined/isolated based on their COVID-19 status (positive, negative, unknown) and these cohorts kept segregated from each other.
- POSITIVE result of ANTIGEN test:
  - Affected residents should be isolated per MCPDH Home Isolation Guidance and facility’s protocol (e.g. cohorted in COVID-positive unit).
  - Affected staff should follow MCPDH Home Isolation Guidance and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be excluded from additional testing (e.g. FOLLOW-UP, ROUTINE, or OUTBREAK testing) for 90 days, but should be included in EVERYDAY symptom screening after recovery.
- NEGATIVE result of ANTIGEN test:
  - During OUTBREAK status, all residents (including those testing negative) are considered exposed and must be placed in COVID-19 transmission-based precautions (e.g. standard, contact, and droplet precautions with eye protection). Maintain segregation of negative residents away from residents of unknown or positive COVID-19 status.
  - Staff may continue to work as usual with appropriate PPE.
  - Facility should continue with OUTBREAK testing of residents and staff.
- When no new cases are found among residents or staff for 14 consecutive days, OUTBREAK status is ended.
  - COVID-negative residents may come off COVID transmission-based precautions.
  - Facility returns to ROUTINE testing of asymptomatic unvaccinated staff.

EVERYDAY screening of residents and staff for symptoms with FOLLOW-UP testing should continue during OUTBREAK status.
**FLOW CHART: OUTBREAK Serial Testing of Asymptomatic Residents and Staff, Regardless of Vaccination Status**

**Antigen Test**

**Point-of-Care (POC)**

Initial testing of all residents & staff, **regardless of vaccination status**, followed by serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days.

- **POSITIVE**
  - Antigen test result
  - **Facility** – Cohort all COVID-positive residents. Continue **OUTBREAK** serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days until no new cases are identified for 14 consecutive days. Exclude positive individuals from additional testing for 90 days.
  - **Resident** – Home Isolation Guidance
  - **Staff** – Home Isolation Guidance

- **NEGATIVE**
  - Antigen test result
  - **Facility** – Continue **OUTBREAK** serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days until no new cases are identified for 14 consecutive days.
  - **Resident** – Keep in COVID transmission-based precautions until no new cases are identified for 14 consecutive days.
  - **Staff** – No action, continue to work as usual.
**FOLLOW-UP Testing of Symptomatic Residents and Staff, Regardless of Vaccination Status**

**FOLLOW-UP** testing is for anyone (resident or staff), regardless of vaccination status, found to have new symptoms (or worsening/change in symptoms of a chronic illness) on screening or otherwise and should be performed immediately.

- In addition to testing for COVID-19, facilities are encouraged to consider testing for other causes of respiratory illness such as influenza.

- **While waiting for results:**
  - **Residents** should be isolated per [MCPDH Home Isolation Guidance](#) and your facility’s protocol, but these patients should **not** yet be cohoited with known COVID-19 patients until their diagnosis is confirmed.
  - **Staff** should be excluded from the facility and stay isolated at home.

- **POSITIVE** result of primary PCR test:
  - **Affected residents** should be isolated per [MCPDH Home Isolation Guidance](#) and your facility’s protocol (e.g. in COVID-positive unit).
  - **Affected staff** should follow [MCPDH Home Isolation Guidance](#) and be excluded from the facility until they meet the criteria for release from isolation.
  - If not already in **OUTBREAK** status, facility should initiate **OUTBREAK** response and testing.
  - Positive individuals can be **excluded** from additional testing (e.g. **FOLLOW-UP**, **ROUTINE**, or **OUTBREAK** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.

- **NEGATIVE** result of primary PCR test:
  - Residents who have symptoms consistent with COVID-19, but test negative should be placed on transmission-based precautions and segregated away from both COVID-positive and COVID-negative residents until 24 hours after their symptoms have resolved completely (or returned to prior baseline).
  - Staff who have symptoms consistent with COVID-19, but test negative should remain at home in isolation and be excluded from the facility until it has been at least 24 hours since their last fever (without the use of fever-reducing medications) and other symptoms have improved.
  - Facility should continue with **EVERYDAY** screening of residents and staff for symptoms throughout this process.
FLOW CHART: FOLLOW-UP Testing of Symptomatic Residents and Staff, Regardless of Vaccination Status

**PCR Test**
- By external lab
- Immediately after identifying a symptomatic resident or staff, **regardless of vaccination status**

**POSITIVE**
Primary PCR test result

- **Facility** – Initiate (or extend) **OUTBREAK** testing of residents & staff, **regardless of vaccination status**, as outlined in the **OUTBREAK** protocol (or alternate protocol). Exclude positive individuals from additional testing for 90 days.
- **Resident** – Home Isolation Guidance
- **Staff** – Home Isolation Guidance

**NEGATIVE**
Primary PCR test result

- **Facility** – No action. Continue **EVERYDAY** screening of all residents and staff for symptoms. (If ongoing **OUTBREAK**, follow outbreak testing recommendations.)
- **Resident** – Place under transmission-based precautions until 24 hours after symptoms resolve. (If ongoing **OUTBREAK**, follow outbreak isolation recommendations.)
- **Staff** – Remain isolated at home until 24 hours since last fever (without fever-reducing medications) and other symptoms have improved.
**ROUTINE Serial Testing of Asymptomatic Unvaccinated Staff (Consistent with CMS Requirements)**

**ROUTINE** testing of asymptomatic **unvaccinated staff** should be performed in **addition** to **EVERYDAY** screening of residents and staff for symptoms with **FOLLOW-UP** testing. **Fully vaccinated staff do not need to do ROUTINE testing.**

- Routine testing is recommended for **unvaccinated staff only, without** symptoms, when the facility is **not** in **OUTBREAK** status (no new cases within past 14 days).
- Routine testing of asymptomatic **residents** is not recommended. Facilities may consider routine testing of asymptomatic unvaccinated residents who leave the facility frequently, such as for dialysis or chemotherapy.
- Routine testing requires testing staff at intervals based on the **level of COVID-19 activity in the County**. Activity level is measured by “**percent-positivity**” of COVID-19 testing in the County, as reported by CMS in a downloadable file at: [https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg](https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg)

<table>
<thead>
<tr>
<th>County’s COVID-19 Activity Level</th>
<th>County’s Positivity Rate in Past Week</th>
<th>Minimum Testing Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Less than 5%</td>
<td>Once a month</td>
</tr>
<tr>
<td>Medium</td>
<td>5% to 10%</td>
<td>Once a week</td>
</tr>
<tr>
<td>High</td>
<td>Greater than 10%</td>
<td>Twice a week</td>
</tr>
</tbody>
</table>

- **Activity level should be checked regularly**, and the frequency of **ROUTINE** testing adjusted accordingly.
  - If the county positivity rate increases, the facility should begin testing unvaccinated staff at the frequency shown in the table below as soon as the criteria for the higher activity are met.
  - If the county positivity rate decreases, the facility should continue testing unvaccinated staff at the higher frequency level until the county positivity rate has remained at the lower level for at least two weeks.
- **While waiting for initial test result**, no isolation or other action is necessary for staff.
- **POSITIVE** result of primary PCR test:
  - **Affected staff** should follow [MCPDH Home Isolation Guidance](https://www.mcpdh.org/mcpdh-home-isolation-guidance) and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be **excluded** from additional testing (e.g. **FOLLOW-UP**, **ROUTINE**, or **OUTBREAK** testing) for 90 days, but should be included in **EVERYDAY** symptom screening after recovery.
  - Facility should immediately initiate **OUTBREAK** response and testing using the **OUTBREAK** testing protocol.
- **NEGATIVE** result of PCR test **requires no new action**.
  - Staff may continue to work as usual.
  - Facility should continue **ROUTINE** testing of residents and staff.
  - Facility should continue with **EVERYDAY** screening of residents and staff for symptoms throughout this process.
Flow Chart: **Routine** Serial Testing of **Asymptomatic Unvaccinated Staff** (Consistent with CMS Requirements)

- **PCR Test**
  - By external lab
  - Frequency based on County’s COVID Activity Level

- **Positive**
  - Primary PCR test result
  - **Facility** – Initiate **Outbreak** testing of all residents & staff, regardless of vaccination status, followed by serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days until no new cases are identified for 14 consecutive days. Exclude positive individuals from additional testing for 90 days.
  - **Staff** – Home Isolation Guidance

- **Negative**
  - Primary PCR test result
  - **Facility** – No action. Continue **Everyday** screening of all residents and staff for symptoms. Continue serial **Routine** testing of unvaccinated staff.
  - **Staff** – No action. Continue to work as usual.
**OUTBREAK Serial Testing of Asymptomatic Residents & Staff, Regardless of Vaccination Status (Consistent with CMS Requirements)**

**OUTBREAK** status is triggered when a new case of COVID-19 is found among the facility’s residents or staff, regardless of vaccination status, **excluding**:

- Newly admitted residents known to have COVID-19 at admission
- Recently admitted residents held under transmission-based precautions who develop COVID-19 during the 14-day period after admission

**OUTBREAK** status continues until no new cases are found among residents or staff within the past 14 days

- After an **OUTBREAK** is identified, all residents and staff, regardless of vaccination status, should be tested as soon as possible.
- After all residents and staff are tested, serial testing of asymptomatic COVID-negative residents and staff should be performed every 3 to 7 days.
  - Specific interval of testing (within a 3- to 7-day range) may be selected by the facility.
  - Shorter interval (e.g. 3 days) requires more testing/supplies/expenses, but may detect end of **OUTBREAK** status earlier.
- While waiting for test results under **OUTBREAK** status, all residents are considered exposed and must be quarantined under standard, contact, and droplet precautions (with eye protection).
- All residents should be cohorted and quarantined/isolated based on their COVID-19 status (positive, negative, unknown) and these cohorts kept segregated from each other.
- **POSITIVE** result of primary PCR test:
  - Affected residents should be isolated per MCPDH Home Isolation Guidance and facility’s protocol (e.g., in COVID-positive unit).
  - Affected staff should follow MCPDH Home Isolation Guidance and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be excluded from additional testing (e.g. FOLLOW-UP, ROUTINE, or **OUTBREAK** testing) for 90 days, but should be included in EVERYDAY symptom screening after recovery.
- **NEGATIVE** result of primary PCR test requires no new action.
  - During **OUTBREAK** status, all residents (including those testing negative) are considered exposed and must be placed in COVID-19 transmission-based precautions (e.g. standard, contact, and droplet precautions with eye protection). Maintain segregation of negative residents away from residents of unknown or positive COVID-19 status.
  - Staff may continue to work as usual.
  - Facility should continue with **OUTBREAK** testing of residents and staff.
- When no new cases are found among residents or staff for 14 consecutive days, **OUTBREAK** status is ended.
  - COVID-negative residents may come off isolation precautions.
  - Facility returns to ROUTINE testing of asymptomatic staff.

**EVERYDAY** screening of residents and staff for symptoms with **FOLLOW-UP** testing should continue during **OUTBREAK** status.
FLOW CHART: OUTBREAK Serial Testing of Asymptomatic Residents & Staff, Regardless of Vaccination Status (Consistent with CMS Requirements)

**PCR Test**

*By external lab*

Initial testing of all residents & staff, **regardless of vaccination status**, followed by serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days

**POSITIVE**

Primary PCR test result

- **Facility** – Cohort all COVID-positive residents. Continue **OUTBREAK** serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days until no new cases are identified for 14 consecutive days. Exclude positive individuals from additional testing for 90 days.
- **Resident** – Home Isolation Guidance
- **Staff** – Home Isolation Guidance

**NEGATIVE**

Primary PCR test result

- **Facility** – Continue **OUTBREAK** serial testing of all asymptomatic, COVID-negative residents & staff every 3-7 days until no new cases are identified for 14 consecutive days.
- **Resident** – Keep in COVID transmission-based precautions until no new cases are identified for 14 consecutive days.
- **Staff** – No action, continue to work.
Alternate OUTBREAK Protocol — Testing of Close Contacts, Regardless of Vaccination Status

- Non-CMS facilities without point-of-care testing should follow the OUTBREAK protocol on pages 17–18 to the extent possible based on access to frequent PCR testing with reasonably rapid turnaround time (i.e., within 48 hours).
- Alternately, if the OUTBREAK protocol above is not feasible, instead of testing all asymptomatic residents, these facilities may choose to test only close contacts (e.g., roommates, residents on the same unit/floor, etc.), regardless of vaccination status, each time a new case is identified.

OUTBREAK status is triggered when a new case of COVID-19 is found among the facility’s residents or staff, regardless of vaccination status, excluding:

- Newly admitted residents known to have COVID-19 at admission
- Recently admitted residents held under transmission-based precautions who develop COVID-19 during the 14-day period after admission

OUTBREAK status continues until no new cases have been found among residents or staff within the past 28 days

- Requires testing of close contacts of a COVID-19 case (e.g., roommate, residents on the same unit/floor, etc.), regardless of vaccination status, each time a new COVID-19 case is identified.
- All residents should be kept in COVID-19 transmission-based precautions until the end of the outbreak, regardless of PCR test results.
- All residents should be cohorted and quarantined/isolated based on their COVID-19 status (positive, negative, unknown) and these cohorts kept segregated from each other.
- POSITIVE result of a PCR test:
  - Affected residents should be isolated per MCPDH Home Isolation Guidance and facility’s protocol (e.g., cohorted in COVID-positive unit).
  - Affected staff should follow MCPDH Home Isolation Guidance and be excluded from the facility until they meet the criteria for release from isolation.
  - Positive individuals can be excluded from additional testing (e.g. FOLLOW-UP, ROUTINE, or OUTBREAK testing) for 90 days, but should be included in EVERYDAY symptom screening after recovery.
- NEGATIVE result of a PCR test requires no new action.
  - During OUTBREAK status, all residents (including those testing negative) are considered exposed and must remain in COVID-19 transmission-based precautions until the outbreak is over. Maintain segregation of negative residents away from residents of unknown or positive COVID-19 status.
  - Staff may continue to work as usual.
  - When no new cases are found among residents or staff for 28 consecutive days, OUTBREAK status is ended.
    - COVID-negative and COVID-unknown residents may come off isolation precautions.
    - Facility returns to ROUTINE testing of asymptomatic staff.

EVERYDAY screening of all residents and staff for symptoms of COVID-19 and FOLLOW-UP testing of symptomatic individuals, regardless of vaccination status, is still required and remains unchanged under this alternative OUTBREAK protocol.
FLOW CHART: Alternate OUTBREAK Protocol — Testing of Close Contacts, Regardless of Vaccination Status

**PCR Test**
By external lab
Test close contacts of COVID-19 cases (e.g., roommates, residents on the same ward/floor), regardless of vaccination status

**POSITIVE**
Primary PCR test result
- **Facility** — Perform OUTBREAK testing of any residents and staff identified as close contacts of a COVID-19 case, regardless of vaccination status, until no new cases are identified for 28 consecutive days. Exclude positive individuals from additional testing for 90 days.
- **Resident** — Home Isolation Guidance
- **Staff** — Home Isolation Guidance

**NEGATIVE**
Primary PCR test result
- **Facility** — Perform OUTBREAK testing of any residents and staff identified as close contacts of a COVID-19 case, regardless of vaccination status, until no new cases are identified for 28 consecutive days.
- **Resident** — Keep in COVID transmission-based precautions until no new cases are identified for 28 consecutive days.
- **Staff** — No action, continue to work.