

## COVID-19 Testing Plan and Response Strategy For Long-Term Care Facilities

This template is being provided in follow-up to the “COVID-19 Testing in Long-Term Care” webinar presented on June 4, 2020.

Facility plans should address each section:

1. Infection Prevention & Control interventions  
<http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance>
  - A. Visitor restrictions
  - B. Cessation of communal dining
  - C. Cessation of group activities
  - D. Screening protocols for residents once per shift for temperature, heart rate, respirations, pulse oximetry and symptoms, Blood pressure to be done once daily. Increase monitoring to every four hours with symptomatic residents.
  - E. Screening protocols for HCP (includes vendors, volunteers and visitors) at beginning and mid-shift for temperature and symptoms
  - F. Universal source control for residents, HCP, and any persons entering building including visitors for compassionate care
  - G. Social distancing (at least 6 feet between individuals)
  - H. Residents must wear face mask when leaving the building for appointments. The COVID19 status must be shared with transportation services and with whomever the resident has the appointment.
2. Required training
  - A. COVID-19 (e.g., symptoms, how it is transmitted)
  - B. Hand hygiene (how to use alcohol-based hand rub (ABHR) and properly wash hands with soap and water)
  - C. Donning and doffing of personal protective equipment (PPE)
    - i) Gloves
    - ii) Face protection (goggles or face shield)
    - iii) Face mask (surgical or procedure mask)
    - iv) N95 respirator (if applicable)
    - v) Gowns (disposable, reusable, or alternative sources of protection)
  - D. Cleaning and disinfection (policies addressing cleaning and disinfection surfaces, product selection)
  - E. Specimen collection procedure
3. Facility design  
Facilities must designate a space for
  - A. cohorting and managing care for residents with COVID19
  - B. cohorting and managing care for new/readmissions with unknown COVID19 status (transitional or observational area)

- C. recovered COVID19 residents
  - i) may transfer to a transitional or observational area for 14 days before admitting directly back to the regular unit)
  - ii) may transfer back to the regular unit if unable to designate a transitional or observational area
  
- 4. Identified laboratory
  - A. Every COVID-19 response plan must identify by name a dedicated laboratory contracted or otherwise engaged to provide COVID-19 clinical testing services identified in the testing plan.
  - B. The test used should be able to detect SARS-CoV2 virus polymerase chain reactions (PCR) with greater than 95% sensitivity, greater than 90% specificity, and ability to process results rapidly (preferably within 48 hours).
  - C. Antibody test should not be used to diagnose active SARS-CoV-2 infection.
  
- 5. Specimen Collection
  - A. Facilities must identify who at their facility will conduct onsite specimen collection (ordering physician, method of obtaining consents for test, criteria and frequency for testing residents and HCP)
  - B. Onsite training for specimen collection can be obtained through <https://redcap.dph.illinois.gov/surveys/?s=8TYKCECTCX>
  - C. Facility must have a procedure to address residents that decline to be tested
  - D. Facility must have a procedure to address those residents unable to be tested
  - E. Facility must have a procedure to address HCP that refuse to be tested.
  
- 6. Testing
  - A. Facilities with one confirmed case and one person with COVID-19 like illness meet the case definition of an outbreak. Any new outbreak must be reported to the local health department (LHD).
  - B. In outbreak situations or if a first case is identified, facilities, LHDs, and the IDPH Regional Infection Control Consultant (RICC) will arrange testing for residents and HCP using the facility testing plan. Otherwise, facilities with no COVID-19 cases in the last 28 days should follow their testing plan and arrange for testing with their contracted or engaged lab.
  - C. A point prevalence survey (PPS) must be performed in all IDPH licensed SNFs/ICFs facilities with suspected or confirmed cases of COVID-19.
  - D. Baseline testing of all residents and staff should be performed as part of the reopening process for SNFs/ICF facilities.
  - E. If cases are identified, continue to test residents until no positive cases are identified per CDC (and CMS guidance as applicable). Previously positive cases do not need to be retested.
  - F. Any resident identified to be positive for COVID-19 (symptomatic or asymptomatic) will be placed into droplet/contact precautions and moved to the COVID-19 designated area.
  - G. Weekly retesting of HCP until no positive cases are identified and at least 14 days have passed without a new case, or per CDC (and CMS guidance as applicable).

- H. If a new case is confirmed (facility- onset) in a resident or HCP, test all residents and HCP and continue to test until at least 14 days have passed without a new case, or per CDC (and CMS guidance as applicable). Facility-wide retesting of all residents at regular intervals is not necessary if no new COVID-19 cases or symptomatic individuals have been identified. Facility-wide retesting of all residents is warranted for outbreak situations.
  - I. Previously positive residents do not need to be retested unless they develop new symptoms consistent with COVID-19 per CDC.
  - J. If testing capacity is limited follow CDC guidance:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
7. Personal Protective Equipment (PPE)
- A. Response strategy must include policy on PPE that specifies the type and quantity of PPE required to care for facility residents
  - B. PPE required for specimen collection
  - C. PPE required for unit designations
  - D. Training and return demonstration competencies for PPE donning and doffing
8. Communication
- A. Facilities should communicate testing plans and results to the local health departments.
  - B. Facilities should communicate testing plans and results to residents, families, representatives, and healthcare personnel.
9. Reopening LTCF
- A. Further guidance by IDPH on reopening nursing homes is forth-coming.**