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|  | **COVID-19 GUIDANCE****Surveillance and outbreak testingin residential care facilities** |

**Background**

COVID-19 can spread rapidly within congregate settings, including residential care settings. Because asymptomatic or presymptomatic residents and staff likely play an important role in transmission in this high risk population, additional prevention measures merit consideration, including using expanded testing to guide isolation and cohorting strategies. Testing large numbers of residents and staff with rapid turn-around times will enable the cohorting of residents in locations designated for care of residents with COVID-19 infection, either in separate spaces within individual residential care settings or in separate Facilities.

This document describes requirements for testing of residents and staff within residential care settings. Facilities must comply with the current version of [Public Health Order 20-20](https://drive.google.com/file/d/1_b4T-aCoSiveqTvx6iKnnKn2zhER-l-C/view) pertaining to facility testing and visitation, along with the [Guidance for Indoor Visitation in Residential Care Facilities](https://docs.google.com/document/d/1xr9l84jlKbgNtkbgByTUnFD78PfN2QAwIN11CMPA7vI/edit?usp=sharing) and should continue to apply CDC guidance for infection prevention in residential care settings as required. Residential care settings must develop a policy for implementing surveillance testing within their Facility and routinely evaluate and update the policy as updated guidance is released. Individual Facilities may enact stricter requirements based on their local conditions, but may not waive any of these requirements. The term residential care settings includes nursing homes, skilled nursing facilities, assisted living residences, group homes and intermediate care facilities.

**Goals**

* Employ on-going repeat surveillance testing of all residents and staff in order to identify and mitigate the spread of COVID-19
* Improve COVID-19 outbreak response in residential care settings to prevent transmission and thereby minimize cases and deaths
* Implement strategies for cohorting residents according to COVID-19 status to prevent transmission and conserve personal protective equipment
* Decrease the strain on local healthcare systems

**Advantages of Expanded Testing within Residential Care Settings**

* Residents and staff with asymptomatic and presymptomatic COVID-19 infection, who likely play a significant role in transmission, cannot be identified without testing.
* Cohorting residents within a Facility is difficult without expanded testing. Residents without illness and those with an unknown COVID-19 status should not be cohorted with COVID-19-positive residents. Without routine surveillance testing of staff and residents, residential care settings might implement cohorting strategies that could contribute to increased transmission within the Facility because of others who may be infected and are either at the early stage of infection or are infected with COVID-19 but are asymptomatic.

**Surveillance Testing Criteria**

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| **Testing Frequency and Type** |
| * All Facilities must implement COVID-19 ongoing surveillance testing, and outbreak testing as needed, for all staff and residents. As the most effective test for detecting infection with COVID-19 at this time is polymerase chain reaction (PCR) tests, Facilities are required to utilize PCR testing for all testing requirements outlined in the Fourth Amended Public Health Order. Facilities may use additional testing modalities at their discretion for more frequent or expanded testing.
* All Facilities must at a minimum implement weekly surveillance testing for all staff, if at any time the county the Facility is located in reaches a two-week test positivity rate of 10% (using the [Colorado COVID-19 dashboard](https://covid19.colorado.gov/data/covid-19-dial/covid-19-dial-dashboard)) or greater, the Facility should increase testing to twice weekly. Facilities should remain at the higher testing frequency until the two-week positivity rate returns to a rate of less than 10% for two consecutive weeks.
* Additionally, Facilities shall implement weekly surveillance testing for all residents who have left the Facility premises to interact with individuals outside of the Facility in the last 14 days. Facilities may choose to expand testing beyond these minimum requirements, such as testing all residents on a weekly basis.
* Providers of health care or ancillary non-medical services for residents of the Facility must either participate in the Facility’s surveillance testing, or bring to the Facility evidence of negative PCR test results within the preceding week.
* Types of tests allowed:
	+ Ongoing surveillance testing, and outbreak testing when needed, shall be conducted utilizing a PCR test; however, as needed, other types of tests may be approved by CDPHE.
		- It is recommended that antigen tests be reserved and used with symptomatic individuals to test for the presence of COVID-19.
* CDPHE will provide testing supplies for all Facilities to implement surveillance and outbreak testing, or Facilities may choose to procure their own resource for PCR testing supplies and test processing that meets or exceeds the testing timeframes for performing and processing the testing services provided by CDPHE.
	+ Facilities shall provide all information required to enable processing of the tests by the provider, including but not limited to each staff or resident’s name, phone number, address, date of birth, gender and identification of each individual as either a staff or resident.
	+ Facilities must follow all CDPHE reporting requirements and guidance related to testing.
	+ Facilities utilizing other resources and labs for supplies and processing of tests must demonstrate that all requirements set out within these guidelines are met.
	+ Facilities should request the extra personal protective equipment needed to safely collect specimens from residents and staff through the State Laboratory using this [form](https://docs.google.com/forms/d/e/1FAIpQLSd26YFa0UQvy_r4HAHyrF0YcYrNCJf7_khUywi5x-HccUSAmA/viewform).
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| **Individuals Subject to Testing**  |
| Residential care settings must arrange and facilitate the testing of all staff and residents as specified below:* For the purposes of surveillance testing, “Residents” are those individuals residing in the facility who have left the Facility premises to interact with individuals outside of the Facility in the last 14 days.
* Facility “Staff” are defined as employees, consultants, contractors, volunteers, students, caregivers, and others who provide care and services to residents.
* Providers of health care or ancillary non-medical services for residents of the Facility must either participate in the Facility’ssurveillance testing, or bring to the Facilityevidence of negative PCR test results within the preceding week.
	+ Ancillary non-medical services include services such as those provided by hairstylists, barbers, cosmetologists, estheticians, nail technicians, and massage therapists not employed by the Facility, but who enter the building to provide services to residents. Ancillary service providers must either participate in the Facility’ssurveillance testing or provide proof of COVID-19 PCR testing in accordance with these requirements.
	+ Providers of health care services include those individuals providing medical services (such as podiatrists, dentists, physical or occupational therapists, or hospice nurses), not employed by the Facility, but who enter the building to provide care or services to residents. Health care service providers must either participate in the Facility’ssurveillance testing or provide proof of COVID-19 PCR testing in accordance with these requirements.
* For outbreak testing, the Facility must utilize PCR tests. All staff and residents who have not tested positive for COVID-19 in the last 90 days must be tested whenever outbreak testing has been initiated. Outbreak testing will occur every 3 to 7 days, the ongoing frequency will be determined in conjunction with the CDPHE infection prevention consultation team and the results of the most recent round of outbreak testing. Outbreak testing continues until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.
* Staff and residents who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms. Those that develop symptoms again within 3 months should be tested if no other cause for their symptoms have been identified.
* Facilities must have procedures in place to address residents, staff, and others 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 the return to work criteria are met. If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed.
	+ Staff and residents (or resident guardians/representatives) may exercise their right to decline COVID-19 testing. Facilitiesmust have written infection control policies and procedures in place to address staff and residents who refuse COVID-19 testing.
	+ Staff refusing testing shall be excluded from the Facilityfor 14 days while facility-wide testing is implemented. If one or more persons is identified as having COVID-19, the staff should continue to be excluded from the facility for an additional 14 days or until the outbreak is resolved, whichever is longer.
	+ If a resident refuses testing during an outbreak they shall be quarantined until the outbreak is resolved, and staff shall care for the individual using full personal protective equipment (PPE) effective against COVID-19.
* Facilities may not restrict Ombudsman, Adult Protective Services workers or Emergency Medical Services workers from entering their building for any reason, including the absence of proof of testing.
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| **Documentation**  |
| * If testing is conducted by a testing source other than the facility, the staff must provide proof of negative COVID-19 testing to the residential care setting in accordance with the weekly frequency for such testing as required.
	+ If the residential care setting does not receive staff test results directly, the Facility must require all tested staff to notify the Facility of the test results the same day the results are received. Written documentation of test results must be provided to the Facility upon receipt by the staff.
* Residential care settings must document all staff testing, including the name of the individual, time, and date of the test.
* Residential care settings must keep copies of all staff and resident testing documentation on site and readily available for review by state and local public health officials.
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| **Positive Case Identification: Implement Outbreak Testing** |
| Residential care settings must immediately report one or more cases of COVID-19 among residents or staff by completing [this form](https://drive.google.com/file/d/1XedRlgn7JmeJD9gVhRgnPmpVlXsVm4hd/view) and sending it via secure email to the local public health agency, or to the Colorado Department of Public Health and Environment (CDPHE\_HAIOutbreak@state.co.us).Upon identification of a single positive case of COVID-19 (resident or staff) facilities must take immediate action and implement all rapid response measures not already implemented from the [LTC checklist](https://covid19.colorado.gov/ltcf). Facility-wide outbreak testing must be initiated and specimens be received by the testing laboratory within 48 hours. **Outbreak testing:** Testing of all facility residents and staff that have not previously tested positive for COVID-19 in the last 3 months must be initiated. Residents and staff that have recovered from COVID-19 during the last 3 months and are asymptomatic, do not need to be tested or quarantined unless they develop symptoms of COVID-19 and another cause is identified. Residents or staff that have recovered greater than 3 months ago, must participate in outbreak testing and isolation and quarantine in consultation with public health. * **Repeat testing:**
	+ **Tier 1 Facility:**
		- Facilities that identify **no additional cases, or only staff cases** during the initial round of outbreak testing. Facility admissions, communal dining and group activities may continue at this level.
	+ **Tier 2 Facility:**
		- Facility moves to a Tier 2 status if **one or more new resident cases** are identified during the initial round of outbreak testing *(In addition to positive cases that initiated outbreak testing)*. Facilities in Tier 2 must: Stop all facility admissions, communal dining and group activities; participate in facility-wide outbreak testing **every 3 days** unless otherwise directed by CDPHE; participate in an infection prevention consult call and virtual assessment.
		- When the facility has one round of testing that identifies no new resident cases, the facility moves to resolving status.
	+ **Tier 3 Facility:**
		- **Tier 2 facilities that meet any of the following criteria** will move to a Tier 3 status:
			* COVID-19 transmision outside of the initial unit/pod/neighborhood or,
			* Greater than 10% of resident population impacted or,
			* COVID-19 transmission that continues in a resident population for > 4 weeks or CDPHE/LPHA discretion.
		- Tier 3 facilities must: Stop all facility admissions, communal dining and group activities; participate in facility-wide outbreak testing **every 3 days** unless otherwise directed by CDPHE; participate in an infection prevention consult call and virtual assessment if not already completed in Tier 2; provide a daily update via phone or email update to the CDPHE infection prevention team.
		- When the facility has one round of testing that identifies no new resident cases, the facility moves to resolving status.
	+ **Resolving Status:**
		- Facilities in a resolving status have had **at least 1 round of facility-wide testing that identified no new resident COVID-19 infections**. Facilities in resolving status transition to a once weekly testing schedule. Weekly testing must continue until no new cases of COVID-19 infection are identified for a period of at least 14 days since the most recent positive result. Facilities in resolving status may resume communal dining and group activities.
		- Admissions to the facility may resume once the facility is in resolving status and has met the requirements for a COVID-19 neighborhood or when the outbreak is resolved, whichever is sooner.
* If the Facility is utilizing rapid antigen tests for expansion of these testing requirements and timeframes, and encounters a negative result among symptomatic residents or staff, the facility must conduct a PCR test to confirm the results.
* **Isolation and Cohorting:** For test-based and non-test-based strategies for removal of residents from isolation or from a designated COVID-19 care unit, refer to current [CDPHE guidance](https://drive.google.com/file/d/1B2ERnkuo2kcE_nj6LcXKw4W_isnpxUwg/view).
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| **Implementation Requirement** |
| The required surveillance testing and outbreak testing must be implemented by all Colorado licensed or certified skilled nursing facilities, intermediate care facilities, assisted living residences and group homes, by November 20, 2020 or at a later date as determined by CDPHE, as required by the [Fourth Amended Public Health Order 20-20](https://drive.google.com/file/d/1_b4T-aCoSiveqTvx6iKnnKn2zhER-l-C/view). |