

# FAQ: COVID-19 Testing of Residents and Staff of Nursing Homes and Assisted Living Facilities

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## General Questions

### Who should facilities reach out to with question?

All questions related to these frequently asked questions should be directed to the Montana DPHHS communicable disease epidemiologist unit: 406-444-0273.

### Why are these tests being done?

Nursing home and assisted living residents are at high risk for infection, serious illness, and death from COVID-19. Testing, along with other infection prevention and control measures, is a critical tool to identify cases and stop transmission. Centers for Medicare & Medicaid Services (CMS) guidance released 5/18/20 recommend a baseline test for all residents and staff before a facility progresses between any phases of re-opening. The federal recommendations can be found here:

<https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf>

### What benefit is there to gathering a baseline test?

Baseline testing is necessary to understand the current state of individual facilities. Once a facility has established a COVID-19 free environment, ongoing testing of staff is necessary for quick identification of positive individuals to control and prevent the spread of the virus to vulnerable populations. Positive cases can be managed under the appropriate precautions and prevent transmission.

### What is necessary after baseline testing is complete?

Nursing homes and assisted living facilities are required to develop and maintain plans and protocols to minimize the spread of infectious disease consistent with CDC guidance, Montana Code Annotated, Administrative Rules of Montana and state/local public health directives/orders. Screening protocols shall address screening for staff, residents, and all persons entering the facility, such as vendors, volunteers and visitors. The facility must maintain the capacity for assisted living facility staff to be re-tested on a weekly basis in order to allow visitation. Protocols for additional testing if a positive test result is received for staff or residents, in coordination with local public health departments, are required.

### Who pays for the tests?

Facilities have options for accessing testing services:

- Coordinate testing through the state public health lab. The state will provide supplies and process tests at no charge to the facility. The state public health lab will work to prioritize processing these tests for rapid turnaround.
- Arrange for testing with a qualified, private laboratory. The facility is responsible for any costs associated with this option. Agreements with private labs should include requirements for rapid test results (ideally within 24-36 hours).
- Coordinate with participating local community health centers. Contact the Montana DPHHS

communicable disease epidemiologist unit at 406-444-0273 to determine the availability of this option in your community.

## What is the expectation of the role of local public health departments in this process?

Local public health departments are distributing information to facilities and community partners and identifying facility support needs to share with state public health officials. Local public health departments are responsible for responding to positive cases with case investigation, contact tracing, and isolation/quarantine support.

## Deadline Questions

### When does baseline testing need to be completed?

In accordance with the emergency rules and the Governor's directive pertaining to vulnerable populations, baseline testing must be completed, and the results received, prior to a facility allowing visitation.

- **Emergency Rule:** <https://dphhs.mt.gov/Portals/85/rules/37-924adp-arm.pdf>
- **July 13<sup>th</sup> Directive:** <https://covid19.mt.gov/Portals/223/Documents/Nursing%20Home%20Visitation%20I%20Directive.pdf?ver=2020-07-13-143616-250>

### Do past testing cycles count as a baseline test?

Nursing homes and assisted living facilities that participated in the state's baseline facility testing offered in May and June are considered to have met the requirement for baseline testing, providing all test results were negative. Facilities that did not participate must complete their baseline testing prior to allowing visitation. Once baseline testing with zero positive results is achieved, facilities must implement a plan for ongoing testing of staff in order to continue visitation.

### Do test results for ongoing, weekly testing of staff need to be received in order to continue visitation?

No. Once baseline testing is complete, facilities that are following their ongoing testing plan and screening protocols are considered in compliance with requirements. Facilities do not have to have received weekly test results in order to allow visitation but must respond in accordance with their facility infectious disease plan, recommendations from local public health department and guidance from CDC if a positive result is received.

### Who are considered staff?

Staff means all personnel working in the facility including, but not limited to, administrators, medical staff, employees, per diem staff, contractors with a regular presence in the facility, private duty patient or resident-contracted individuals, dietary, laundry and housekeeping personnel, and volunteers.

## Scope of Testing Questions

### Who needs a test?

All residents and staff (all shifts) of nursing homes and assisted living facilities that have not completed baseline testing during the May and June state effort must be tested in order to allow visitation.

### How should facilities manage employees who work in multiple facilities?

Facilities should keep a record of employees who work in multiple facilities, if possible, and establish communications with those facilities. Employees do not need to be tested at each facility where they

work. Employees can provide record of their test to additional employers to fulfill the testing requirements.

### Should contractors and vendors be tested?

Facilities should work with those who are regularly entering their building (e.g., hospice, pharmacy personnel, lab techs, etc.) to coordinate testing. Contractors and vendors should be tested according to the same procedure as staff. The facility must continue to screen contractors, vendors, and any others entering the building for fever and symptoms of COVID.

### Are there special considerations for testing in memory care units?

Yes, we acknowledge that residents in memory care units have specialized needs and recommend following the testing and infection prevention guidance in memory care setting developed by the CDC that can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

## Consent and Refusal Questions

### Do I need to obtain consent to test residents?

Yes, consent must be obtained. Verbal consent documented in the health record is acceptable. A consent form with the resident's signature is not necessary.

### What are the consequences of facilities or individual staff refusing?

All staff must be tested in facilities in order to allow visitation. All residents in nursing homes and assisted living facilities must be offered testing, but residents are within their rights to refuse. Facilities must have alternative protocols in place for increased assessment and monitoring of residents who refuse and/or are unable to participate in testing. The protocols must be submitted to and approved by the Quality Assurance Division-Licensing Bureau prior to allowing visitation under these circumstances.

## Personal Protective Equipment (PPE) during Resident Specimen Collection

### What PPE is required during specimen collection?

Healthcare workers (HCW) collecting the COVID-19 specimen via anterior nasal swab should wear gown, gloves, medical mask or N95, and eye protection. Anterior nasal specimens may be self-collected. If the resident or staff member self-collecting can be instructed from 6 feet away, the HCW should wear mask, eye protection, and gloves, but may opt not to wear a gown (unless other transmission-based precautions indicate).

### Do we need new PPE for each test?

Gown and gloves should be changed with every resident encounter, including nasal specimens. Mask and eye protection can be worn for repeated close encounters with several residents without removing between encounters according to extended use protocol.

### Do we need to test asymptomatic residents in their rooms or can we bring them to one testing location in the building?

If facility policy allows, asymptomatic individuals may be brought to one location for testing. Individuals must follow universal masking protocol and social distancing protocol. Only one person to be tested should enter the testing area at a time.

### Can hand sanitizer be used to sanitize gloves to extend use?

No. Hand sanitizer should not be used to decontaminate gloves. Gloves must be changed with every encounter and after touching potentially contaminated surfaces. Hand hygiene must be performed after glove removal.

## Specimen Collection Supply and Resource Questions

### What is being provided to facilities to conduct tests?

Facilities are being provided with kits for specimen collection including swabs and transport media, personal protective equipment (PPE), and return shipment to a designated laboratory. Specimens may need to be sent in multiple shipments.

### How will facilities get supplies and when will they arrive?

Supplies can be obtained by contacting DPHHS at 444-0273 and will be shipped to sites within a week when readily available. A one- to three-month supply will be provided as supplies allow.

### Who do we contact if our test kits are incomplete (e.g., missing medium, swabs, etc.)?

Contact the Montana DPHHS communicable disease epidemiologist unit: 406-444-0273

### How will our allocation nasal swab tests be determined? How many will facilities receive?

Facilities should receive enough testing supplies to conduct baseline testing (if not already complete), and to facilitate ongoing testing of staff for one to three months. Specific instruction for collecting, storing and shipping specimens will be provided with testing supply kits.

### How do we get supplies for cold shipping?

You can request cold shipping supplies when you confirm your order of testing supply kits.

### What if we procured our own supplies?

If you procured your own supplies, you can either (1) use them and we will send only the communications packet and labels to send specimens to the lab, or (2) wait for our supplies to arrive and save your testing supplies for a future use.

### Where can I find education for specimen collection?

DPHHS suggests self-swabbing of the anterior nares (nasal cavity) when possible following the guidelines outlined in the following link: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>. If self-collection is not possible, sampling by a qualified individual following CDC guidelines is recommended.

### What can we do if we don't have the staff or resources to complete this work?

DPHHS may be able to refer you to a qualified partner in your area for assistance. Please call 444-0273 for more information and we will provide you with current options.

### Where can a facility access back-up staff to replace COVID-positive employees?

Healthcare facilities should work with local disaster emergency services to access emergency staffing resources: <http://readyandsafe.mt.gov/Emergency/DES-Coordinator-Map>