pennsylvania
DEPARTMENT OF HEALTH

May 19, 2020

Universal Testing in Long-Term Care Facilities During the COVID-19 Response

Frequently Asked Questions

Q: What is universal testing?
A: This term refers to various strategies involving the testing of asymptomatic staff and residents for SARS-CoV-2, the virus that causes COVID-19. These strategies inform infection prevention and control in long-term care facilities[1] (LTCF). The goal of universal testing is to rapidly detect asymptomatic positive residents in order to manage their care appropriately and to identify asymptomatic positive staff so they may be excluded appropriately to prevent transmission.

Q: Is universal testing being mandated in Pennsylvania?
A: Universal testing is not a mandate. It is a test-based strategy to aid in the prevention of virus transmission.

Q: We have already tested all residents and have cohorted appropriately. Must we retest all residents again?
A: It is not necessary to re-test everyone who has already been tested. The CDC identifies circumstances where nursing homes may consider retesting including: retest any resident or staff who develops symptoms suggestive of COVID-19; retest to make informed decisions about when to discontinue transmission-based precautions and/or move a resident out of COVID positive cohorts; or retest all previously negative residents at some frequency after initial universal testing to detect newly developed infection. Additional details and a fuller discussion of these considerations may be found on the CDC's page on Testing for Coronavirus (COVID-19) in Nursing Homes.

Q: In which facilities would universal testing be most valuable?
A: Universal testing is currently most valuable for facilities with "early" outbreaks, meaning facilities with a minimal number of positive cases (e.g., 1 positive health care worker with no known cases among residents or only a 1 to 3 residents who tested positive) to establish cohorts as early as possible after introduction into a facility to limit further transmission.

A universal testing strategy may be less valuable for facilities that have had known widespread transmission and are already following the guidance on cohorting in PA-HAN 496. In those facilities, universal testing may be an intervention to consider for the identification of unknown cases leading to sustained transmission at a unit level, facility wide or continued pockets of health care workers who test positive.

The Department of Health (Department) is committed to testing all residents and staff of long-term care facilities. To prioritize, based on current supplies, the Department has directed facilities without positive cases to test 20 percent of the residents weekly to identify early transmission. For facilities with suspected or confirmed positive cases, the Department recommends facility-wide testing. The CDC has created a complete guidance for nursing homes that consider using this Testing for Coronavirus (COVID-19) in Nursing Homes.

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[1] For the purposes of universal testing, LTCF includes, but is not limited to skilled nursing facilities (SNF), personal care homes (PCH), assisted living residences (ALRs), Community Residential Rehabilitation (CRR), Long-Term Structured Residence (LTSR), Residential Treatment Facility for Adults (RTFA), Community Homes, Life Sharing Homes, and Intermediate Care Facilities (ICFs).

This guidance recognizes that with the increased availability of testing in nursing homes, testing can be used to identify the asymptomatic but positive residents and staff who contribute to ongoing spread of virus in the facility or on a specific unit. Results allow for strategic implementation of Infection Prevention measures including cohorting of residents, dedication of staff, and allocation of resources (optimization of personal protective equipment (PPE) to prevent further transmission.

As universal testing is not mandatory, LTCF who are considering universal testing should review in detail PA-HAN 508 (released 5/12/20), which expands upon the Testing for Coronavirus (COVID-19) in Nursing Homes.

Q: What steps should our facility take if we are interested in pursuing universal testing?
A: A facility should begin by evaluating the current scope of disease in their facility. If the facility leadership agrees that this strategy would be valuable, the facility should first consider what laboratory resources (i.e., commercial laboratories) they routinely use or explore other labs in their area with approval to process asymptomatic persons. Next, the facility should determine who should be tested and what their plan would be to manage residents and staff once the disease status of staff and residents becomes known through testing. Additional guidance on this topic may be found in PA-HAN 508.

Q: Can the Department provide specific guidance on testing staff?
A: The facility should determine who to test if they choose to pursue the use of test-based strategies. If testing all staff at once is not feasible, a prioritization scheme could be created. One sample model for prioritization, after testing residents, might be:

Tier 1: Nursing staff, therapy and social services
Tier 2: Housekeeping, dining services, and maintenance
Tier 3: Other staff as needed

Q: Do we need physician orders for tests?
A: Laboratories require that the test be ordered by a qualified provider. For universal testing, a standing order from a qualified provider may be a useful option.

Q: How do we obtain test results?
A: The method of obtaining test results will be dependent upon which laboratory is used for processing specimens.

Q: What if we want to conduct universal testing but we do not have the resources, either due to a lack of PPE or a lack of supplies to conduct testing?
A: As resources allow, the Department can fulfill critical PPE needs, or provide specimen collection kits to help support facilities who wish to conduct testing. These needs should be identified and a request submitted through the Universal Testing Needs Assessment Form.

Q: What if we cannot locate a commercial laboratory to conduct testing?
A: The Department can help determine if there is a laboratory in your region that is conducting testing for SARS-CoV-2. If you cannot locate a laboratory, you may make a request to utilize the Department's state public health laboratory through the Universal Testing Needs Assessment Form. The request will be assessed for completeness, action plan upon receipt of results, and available resources. Do not send specimens without prior approval.

Q: Is a signed consent form required for testing?
A: A facility should adhere to facility policies on this issue. If you have questions about what type of consent is required for residents or staff, you should consult your Legal Counsel.

Q: What if a resident or staff member refuses?
A: This is a voluntary test. Occasionally asymptomatic residents may refuse to be tested; these residents, if potentially exposed to COVID-19, should ideally be cared for in an area dedicated to exposed residents until at least 14 days after exposure. More information can be found in PA-HAN 508. If the resident develops symptoms of COVID-19 including cough, shortness of breath or difficulty breathing, and fever. Other symptoms can be found on the Centers for Disease Control and Prevention's website.

Q: Do employers have the right to mandate testing of staff? Are there protections in place for employers who do mandate staff to be tested?
A: The Department cannot speak to whether employers can mandate testing for staff. Facilities should consult their Human Resource Officer and their Legal Counsel.

In Pennsylvania, testing is not mandated. Facilities may belong to large corporate organizations where testing has been mandated in other states, but the Commonwealth of Pennsylvania has not mandated testing for residents and staff of Pennsylvania facilities.

Q: Is federal funding in place to pay for the testing and needed retesting of both residents and staff?
A: Currently, the most likely funding mechanism is through an individual's health care coverage provider (insurance or other employer-based coverage, Medicare, or Medicaid) to pay for the testing of residents and staff (including re-testing). There may also be community locations, such as pharmacies, that offer no-cost testing. As with any pandemic, crisis or disaster, it is a best practice to maintain expense documentation, should reimbursement become available through federal or state means later. The general cost to run a COVID-19 test is between $150-$200. Both commercial insurers and government health care programs such as Medicaid and Medicare are covering testing when recommended by their attending health care provider. If uninsured, the Families First Coronavirus Response Act may provide coverage during the federal emergency period for the COVID-19 testing administered and the associated visit costs.

Q: Should we consider antibody testing (serology)?
A: The decision to test for antibodies depends on the purpose for testing. Additional data on the development of the immune response to SARS-CoV-2 are needed to make evidence-based recommendations for all testing scenarios. Scientists from the CDC and other partners are investigating how SARS-CoV-2 antibody responses develop over time. Currently, the Department's Bureau of Laboratories is not performing antibody testing.

For additional information sources:

- Testing for Coronavirus (COVID-19) in Nursing Homes:: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html
- Key Strategies for Long-Term Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html
- Strategies to Optimize the Supply of PPE and Equipment: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
- Additional Pennsylvania Health Advisories on COVID-19 can be found at: https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx