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To: Skilled Nursing Facilities, Rest Homes, Assisted Living Residences

From: Kevin Cranston, MDiv, Director, BIDLS
Elizabeth Daake Kelley, MPH, MBA, BHCSQ

Date: August 27, 2020

RE: Updates to Long-Term Care Surveillance Testing

A. Overview

This memorandum applies to all long-term care settings including nursing homes, rest homes and assisted living residences (ALRs). Compliance with the testing program is required in nursing homes and rest homes. Compliance with the testing program is recommended in ALRs.

B. New Baseline Staff Testing

To protect the health and safety of long-term care residents and staff against the spread of COVID-19 all long-term care settings should conduct new baseline testing of staff no later than July 19, 2020, and adopt a surveillance testing program based on the results of the baseline staff testing, as outlined below.

This testing program may be updated as more is learned about the COVID-19 virus.

C. Surveillance Testing Program

1. No New Positive COVID-19 Cases from Baseline Staff Testing

If the new baseline testing results indicate there are no positive COVID-19 staff and the regional transmission rate for the Emergency Medical Services (EMS) region in which the long-term care provider (hereafter "provider") is located is below 40 cases per 100,000 residents as a 7-day rolling average, the provider should conduct testing every two weeks on 30% of its staff. The staff to be included for testing should be a representative sample from all shifts and varying staff positions. If the ongoing surveillance testing indicate there are positive COVID-19 staff member(s), the provider should follow the surveillance testing program outlined below for "New Positive COVID-19 Cases from Baseline Staff Testing" beginning the next full week.

If the new baseline testing results indicate there are no positive COVID-19 staff and the regional transmission rate for the EMS region in which the provider is located is at or above 40 cases per 100,000 residents as a 7 day rolling average, the provider should conduct testing every 2 weeks on all of its staff. If the ongoing surveillance testing indicate there are positive COVID-19 staff member(s), the provider should follow the surveillance testing program outlined below for "New Positive COVID-19 Cases from Baseline Staff Testing" beginning the next full week.

EMS regions may be found here: https://www.mass.gov/doc/map-of-massachusetts-ems-regions-0/download.

Cases per 100,000 residents by EMS region are included in the weekly report that may be found here: https://www.mass.gov/info-details/covid-19-response-reporting#covid-19-weekly-public-health-report-.

2. New Positive COVID-19 Cases from Baseline Staff Testing

If the new baseline staff testing results indicate there are positive COVID-19 staff member(s), the provider should conduct weekly testing of all staff until the testing results in no new positive COVID-19 staff for 14 days. Once testing results in no new positive COVID-19 staff for 14 days, the provider should follow the surveillance testing program outlined above for "No New Positive COVID-19 Cases from Baseline Staff Testing" beginning the next full week.

Additionally, if the new baseline staff testing results indicate a positive COVID-staff member(s) the provider should conduct one-time re-testing of all residents to ensure there are no resident cases and to assist in proper cohorting of residents.

During surveillance testing, if a resident or staff tests positive for COVID-19 or exhibits symptoms of COVID-19, the provider should test any resident or staff close contacts of the positive or symptomatic resident or staff. For purposes of this memorandum, close contact is defined as being within 6 feet of someone who has COVID-19, for at 10-15 minutes, while they were symptomatic or within the 48 hours before symptom onset or, if asymptomatic, the 48 hours before the test was completed to the 10 days after the test was completed. Symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

D. Previously Positive Individuals Cleared from Isolation:

Individuals previously diagnosed with COVID-19 infection confirmed by molecular diagnostic testing may continue to have PCR detection of viral RNA for several weeks. This does not correlate with the presence or transmissibility of live virus.

Accordingly, for the purposes of the surveillance testing program, recovered or previously COVID-19 positive residents and staff do not need to be re-tested; however, it is clinically recommended for individuals previously diagnosed with COVID-19 to be retested under the following circumstance:

i. Individuals who were previously diagnosed with COVID-19, and who develop clinically compatible symptoms, may warrant being retested if they are more than 3 months past their release from isolation and an alternate etiology cannot be identified by a provider. If viral RNA is detected by PCR testing, the patient should be isolated and considered to be re-infected.

ii. Individuals who were previously diagnosed with COVID-19 and who are identified as a close contact of a confirmed case should be subject to quarantine if they are more than 3 months from their release from isolation. These individuals may quarantine in place.

E. Staff Definition:

For purposes of conducting baseline testing and implementing a surveillance testing program and, in accordance with CMS and CDC guidance, long-term care staff includes all persons, paid or unpaid, working or volunteering at the long-term care setting's physical location and with whom the facility has a contractual agreement or relationship, who have the potential for exposure to residents or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. Staff includes, but is not limited to, physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual personnel, and persons not directly involved in resident care (such as clerical, dietary, house-keeping, laundry, security, maintenance or billing staff, chaplains, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from staff and residents. For the purposes of a long-term care provider's surveillance testing program, staff does not include persons who work entirely remotely or off-site, employees on leave, such as paid family medical leave, or staffing provided at the Commonwealth's expense (such as those provided by EOHHS through a clinical rapid response team or the Massachusetts National Guard). Any testing completed by the provider should capture required Department of Public Health information about each staff person including but not limited to gender, age, race, ethnicity, primary city/town of residence, disability, primary language and occupation.

For the purposes of a provider's surveillance testing program, a "week" means from 7:00 AM Thursday morning through 6:59 AM the following Thursday morning.

Long-term care providers in Massachusetts are encouraged to monitor the CMS and CDC website for up-to-date information and resources:

- CMS website: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
- CDC website: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: https://www.mass.gov/2019coronavirus.