



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Acting Commissioner

Tel: 617-624-6000
www.mass.gov/dph

To: Skilled Nursing Facilities, Rest Homes, Assisted Living Residences
From: Kevin Cranston, MDiv, Director, BIDLS
Elizabeth Kelley, MBA, MPH, Bureau Director
Date: September 24, 2021
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) and shall take effect on September 24, 2021. In consideration of recent indicators of community transmission and in recognition of the emergence of the Delta variant of SARS-CoV2 in Massachusetts, the Department of Public Health (DPH) is updating this surveillance testing memorandum to incorporate recent changes the Centers for Disease Control and Prevention (CDC) made to outbreak testing. Compliance with the testing program is required in nursing homes and rest homes. Compliance with the testing program is recommended in ALRs.

To protect the health and safety of long-term care residents and staff against the spread of COVID-19, all long-term care settings must continue to implement the surveillance testing program that began with baseline staff testing completed no later than July 19, 2020, in accordance with this updated memorandum and, with respect to nursing homes participating in MassHealth, with accompanying MassHealth guidance. Any test conducted in accordance with this guidance must be able to detect SARS-CoV-2 virus, with a polymerase chain reaction (PCR) of greater than 95 percent sensitivity and greater than 90 percent specificity. 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. This testing program may be updated as more is learned about the COVID-19 virus.

B. Surveillance Testing Program

Long-term care facilities must continue to conduct weekly testing of all staff.

If the staff testing results indicate a positive COVID-19 staff member(s) who worked while potentially infectious, then the provider must conduct outbreak testing of all potentially exposed residents and staff, **including those who are fully vaccinated and those who are not**, to ensure there are no additional cases and to assist in proper cohorting of residents. Testing must take place as soon as possible. If the long-term care facility, identifies that the resident or staff member's first exposure occurred less than 2 days ago, then they should wait to test until 2 days after any exposure, if known).

For purposes of this memorandum, CDC and CMS define a close contact as while they were symptomatic or within the 48 hours before symptom onset or, if asymptomatic, the 48 hours before the positive sample was collected through the 10 days after symptoms began or the positive sample was collected. 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.

C. 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 many weeks. This does not correlate with the presence or transmissibility of live virus. Due to evidence of local transmission of variants of concern, and limited data of the effectiveness of natural immunity from a prior infection, individuals more than 3 months from the date of original infection should be included in surveillance testing.

Accordingly, for the purposes of the surveillance testing program, recovered or previously COVID-19 positive staff less than 3 months from the date of original infection do not need to be re-tested and will not be included as part of total staff when determining if the facility met the required staff surveillance testing thresholds. Additionally, it is clinically recommended for individuals previously diagnosed with COVID-19 to be retested under the following circumstances:

- i. Individuals who were previously diagnosed with COVID-19, and who develop clinically compatible symptoms, should be retested if they are more than 3 months past the date of original infection. If viral RNA is detected by PCR testing, the patient must be isolated and considered to be possibly re-infected. Consult the DPH epidemiologist for guidance.
- ii. Individuals who were previously diagnosed with COVID-19 and who are identified as a close contact of a confirmed case should be retested and subject to quarantine if they are more than 3 months from their date of original infection. It may be appropriate to allow these individuals to quarantine in place.

D. Staff Definition:

For purposes of conducting testing and implementing a surveillance testing program and, in accordance with CMS and CDC guidance, long-term care staff includes employees, consultants, contractors, volunteers, caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions reporting to the facility during the relevant testing period. 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). Any testing completed by the provider must 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.

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/EPRO/Current-Emergencies/Current-Emergencies-page>

CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/facility-planning-operations.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus> and DPH's COVID-19 Public Health Guidance and Directives: <https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives>