Iowa Health Care Association
Iowa Center for Assisted Living
Iowa Center for Home Care

# IHCA Summary Guidance on Staff Testing QSO 20-38-NH – 8/27/20

On Aug. 26, 2020, the Centers for Medicare and Medicaid Services (CMS) issued QSO-20-38-NH, providing guidance on the Interim Final Rule released on Aug. 25, 2020, and its requirements for COVID-19 testing of nursing home staff and residents. For AHCA's original summary on the Interim Final Rule, please click here.

QSO 20-38-NH addresses the requirements for when nursing facilities are required to test staff and residents as a requirement of participation in Medicare and Medicaid and provides a revised survey tool for surveyors to assess compliance with the new testing requirements.

**All nursing facilities will be required to test staff at least once a month and up to twice a week, depending on the facility's county positivity rate in the past week, based on data to be displayed on the following website. The website will start showing the county positivity rate on Aug. 28, 2020.**

Only antigen tests and PCR tests are permitted to be used to meet the testing requirement. Antibody tests are not permitted.

**IHCA Guidance Note:** IHCA is preparing a testing toolkit for IHCA members, which will be available Monday, Aug. 31. IHCA will convene an emergency member call on Tuesday, Sept. 1 at 10 a.m. to discuss the Final Rule, QSO 20-38-NF, and the IHCA testing toolkit. IHCA will update the testing toolkit as additional information is received.

## COVID-19 Testing of Nursing Facility Staff & Residents

QSO 20-38 requires testing based on three (3) different triggers:

| Testing Trigger | Staff | Residents |
|---|---|---|
| Symptomatic Individual Identified | Staff with signs and symptoms must be tested | Residents with signs and symptoms must be tested |
| Outbreak | Test all staff that previously tested negative until no new cases are identified* | Test all residents that previously tested negative until no new cases are identified |
| Routine Testing | According to Table 2 below | Not recommended, unless the resident leaves the facility routinely |

- **Symptomatic Individual Identified:** Staff with signs or symptoms should be restricted from the facility pending the results of the test, and if the test is positive, the staff member should adhere to the CDC's Return to Work Criteria. Residents with signs or symptoms should be placed on Transmission-Based Precautions until the results are returned and appropriate action can be taken based on the results.
- **Outbreak:** When any new case arises in a facility among staff or there is a nursing home-onset case in a resident, all staff and residents should be tested, and all staff and residents that tested negative should be tested every three (3) to seven (7) days until no new cases are identified among staff or residents for a period of at least 14 days since the most recent positive result. The term "nursing home-onset" refers to a case of COVID-19 that originated in a nursing facility and does not refer to the following:
    - Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions.
    - Residents who were placed into Transmission-Based Precautions on admission and developed COVID-19 within 14 days of admission.
- **Routine Testing:** Routine testing must be conducted of staff according to the table below based on the facility's county positivity rate in the prior week. As noted above, county-level positivity rates will be available at the following website starting Aug. 28, 2020. Routine testing of residents is not recommended unless a resident leaves the facility routinely.

| Routine Testing Intervals by Community COVID-19 Activity Level | | |
|---|---|---|
| Community COVID-19 Activity | County Positivity Rate in the Past Week | Minimum Testing Frequency |
| Low | <5% | Once a month |
| Medium | 5% -10% | Once a week |
| High | >10% | Twice a week |

The frequency of testing once or twice a week presumes availability of POC testing onsite or when off-site testing turnaround time is less than 48 hours. If the 48-hour turnaround time cannot be met due to community testing supply shortages, limited access, or inability of laboratories to process tests within 48 hours, the facility should have documentation of its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and the facility's contact with the local and state health departments.

**IHCA Guidance:** IHCA has created a sample testing availability documentation log for members in our testing toolkit to assist in documenting attempts to obtain testing.

**Importantly, nursing facilities should begin testing all staff at the frequency prescribed in the Routine Testing table based on the county positivity rate, and facilities should monitor their county positivity rate every other week (i.e., first and third Monday of every month) and adjust the frequency of performing staff testing according to the following:**

**Note the county positivity data will be available beginning Aug. 28, 2020. Testing will need to start upon the effective date of the interim final rule. The effective date of the interim final rule is the date it is published in the Federal Register. This is expected to occur in the next 3-7 days.**

- **If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity is met.**
- **If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.**

As a reminder, "staff" includes employees, consultants, contractors, volunteers, and students in the facility's CNA training program or from affiliated academic institutions. Only individuals who work onsite at the facility will be subject to the testing requirements. Nursing facilities will be required to document each instance of staff or resident COVID-19 testing. If a vendor or volunteer is tested by another source (i.e., their own employer), the facility is required to obtain documentation that the testing was completed.

Generally, for all testing, staff and residents who previously tested positive for COVID-19 do not need to be retested for three (3) months after the date of symptom onset with the prior infection.

## Refusal of Testing

Nursing facilities must have procedures in place to address staff 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. The facility should follow its occupational health and local jurisdiction policies with respect to any asymptomatic staff who refuse routine testing. Residents (or their designated representative) may exercise their right to decline COVID-19 testing, but if they refuse must be placed in transmission-based precautions until criteria for discontinuation of such precautions is met.

## Reporting Test Results

Facilities conducting tests under a CLIA certificate of waiver are subject to regulations that require laboratories to report data for all testing completed for each individual tested. For additional information on these reporting requirements, please click here and here. In addition to CLIA reporting requirements, nursing facilities should continue to report to NHSN on a weekly basis.

**IHCA Guidance:** Per IDPH, IHCA expects to have more guidance on how to report results to IDPH on our emergency member call Tuesday, Sept. 1, 2020.

## Documentation of Testing

Facilities must demonstrate compliance with the testing requirements through the following documentation:

- For symptomatic residents and staff, document the date(s) and time(s) of the identification of signs or symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on the results.
    - **IHCA Guidance:** IHCA has created a symptoms sheet for member use. We would recommend you utilize the symptom sheet for each test. If a symptomatic resident or staff member tests negative, they should be considered "highly suspected" to have COVID-19 and a confirmatory PCR test should be conducted per IDPH guidance.
- Upon identification of a new COVID-19 case in the facility (i.e., outbreak), document the date the case was identified, the date that all other residents and staff are tested, the dates that staff and residents who tested negative are retested, and the results of all tests.
- For routine staff testing, document the facility's county positivity rate, the corresponding testing frequency indicated, the date each positivity rate was collected, the date(s) that testing was performed for all staff, and the results of each test.
- Document the facility's procedures for addressing residents and staff that refuse testing or are unable to be tested, and document any staff or residents who refused or were unable to be tested and how the facility addressed those cases.
- When necessary, such as in emergencies due to testing supply shortages, document that the facility contacted state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.

## Updated Survey Tools

Going forward, surveyors will ask for a facility's documentation as outlined above and will review a sample of staff and resident records. Surveyors are also encouraged to observe testing in real-time or at least interview an individual responsible for testing to inquire how testing is conducted.

## Noncompliance Due to Lack of Testing Capacity

If the facility has a shortage of testing supplies, or cannot obtain test results within 48 hours, the surveyor will ask for documentation that the facility contacted state and local health departments to assist with these issues. Noncompliance related to these new testing requirements will be cited at new tag F886. If the facility has documentation that demonstrates their attempts to perform and/or obtain testing in accordance with these guidelines (i.e.., timely contacting state officials, multiple attempts to identify a laboratory that can provide testing results within 48 hours), surveyors should not cite the facility for noncompliance and should inform the state and local health department of the facility's lack of resources. Lack of testing supplies or testing with appropriate turnaround time should also be reported on your RMCC data

**IDPH Antigen Testing Guidance**

The guidance provides that the POC machines can be used for rapid testing of symptomatic staff or residents. If a positive result is received appropriate action should be taken to isolate the resident or staff and results should be reported to public health. The guidance notes that the possibility of a false negative test is higher with these types of tests. If a negative test result is received for a resident or staff member who is "highly suspected," IDPH recommends conducting a confirmatory PCR test. Positive and negative external quality control is required with each new lot of cartridges. Staff must be appropriately trained, and that training should be documented prior to using the device. IDPH will require that results be reported to them but has not specified the exact method of reporting at this time. IHCA will provide updated guidance as information becomes available.

IDPH written guidance is inconclusive about the use of the machines for routine employee testing as required in QSO 20-38-NH, however, in discussions IDPH has indicated that it would be acceptable to use the machines for those purposes understanding that the negativity rate is higher and it may be difficult to obtain additional tests from suppliers. CDC guidance indicates that it is acceptable to use rapid antigen tests for screening in high risk congregate settings where repeat testing can identify those with COVID-19 to inform infection prevention and control measures and prevent additional transmission of the virus.

**IHCA Guidance:** Members must act now to ensure they have adequate capacity to test staff. If facilities are unable to locate adequate testing capacity for complying with the testing requirements, facilities should utilize the POC testing machines and tests. As facilities make efforts to locate adequate testing capacity, they should document all efforts taken to locate and acquire tests in the testing availability documentation log in the testing toolkit.

IHCA suggests you designate a "super user" or responsible party to oversee the POC Testing process. Other individuals can and should be trained to use the testing machine but this person would be ultimately responsible for the project and would respond to any DIA questions or requests relating to the POC Testing process. Please note that this individual as well as other individuals performing tests do

not need to have a particular medical licensure such as RN so long as they are appropriately trained. A best practice would be to have the infection preventionist oversee the program but that individual could oversee and delegate to other appropriately trained staff.

IHCA will continue to review this QSO and update this article as more information is learned and any additional guidance is issues. IHCA has compiled a toolkit for facilities related to Antigen Testing with additional guidance.