



VCU

Nursing Home ECHO COVID-19 Action Network

Virginia Nursing Homes * VCU Department of Gerontology
VCU Division of Geriatric Medicine * Virginia Center on Aging

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Agency for Healthcare
Research and Quality





VCU

SESSION 6

COVID-19 Testing
Quality Assurance Performance Improvement-
5-step Improvement Model

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The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:

Christian Bergman, MD – none; Dan Bluestein, MD – none; Joanne Coleman, FNP-none; Laura Finch, GNP - none; Tara Rouse, MA, CPHQ, CPXP, BCPA – none; Sharon Sheets-none;

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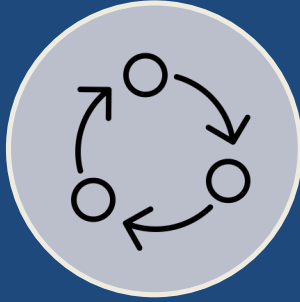
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ECHO is All Teach, All Learn



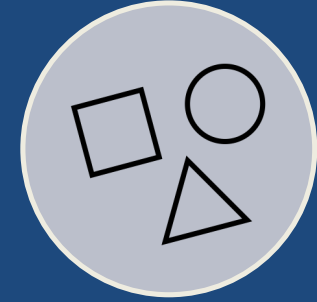
Interactive



Co-
Management
of Challenges



Peer-to-Peer
Learning



Collaborative
Problem
Solving



Week 6 Learning Objectives

Covid-19 Content: Testing

1. Describe the different SARS-CoV-2 testing options and considerations for their use
2. Apply the SARS-CoV-2 testing guidance for nursing home residents and healthcare personnel (HCP)
3. Discuss factors that impact the interpretation of test results

Quality Assurance/Performance Improvement:

1. Describe the 5-step Improvement Method

SARS-CoV-2 Testing Considerations

for more information visit: www.cdc.gov/COVID19

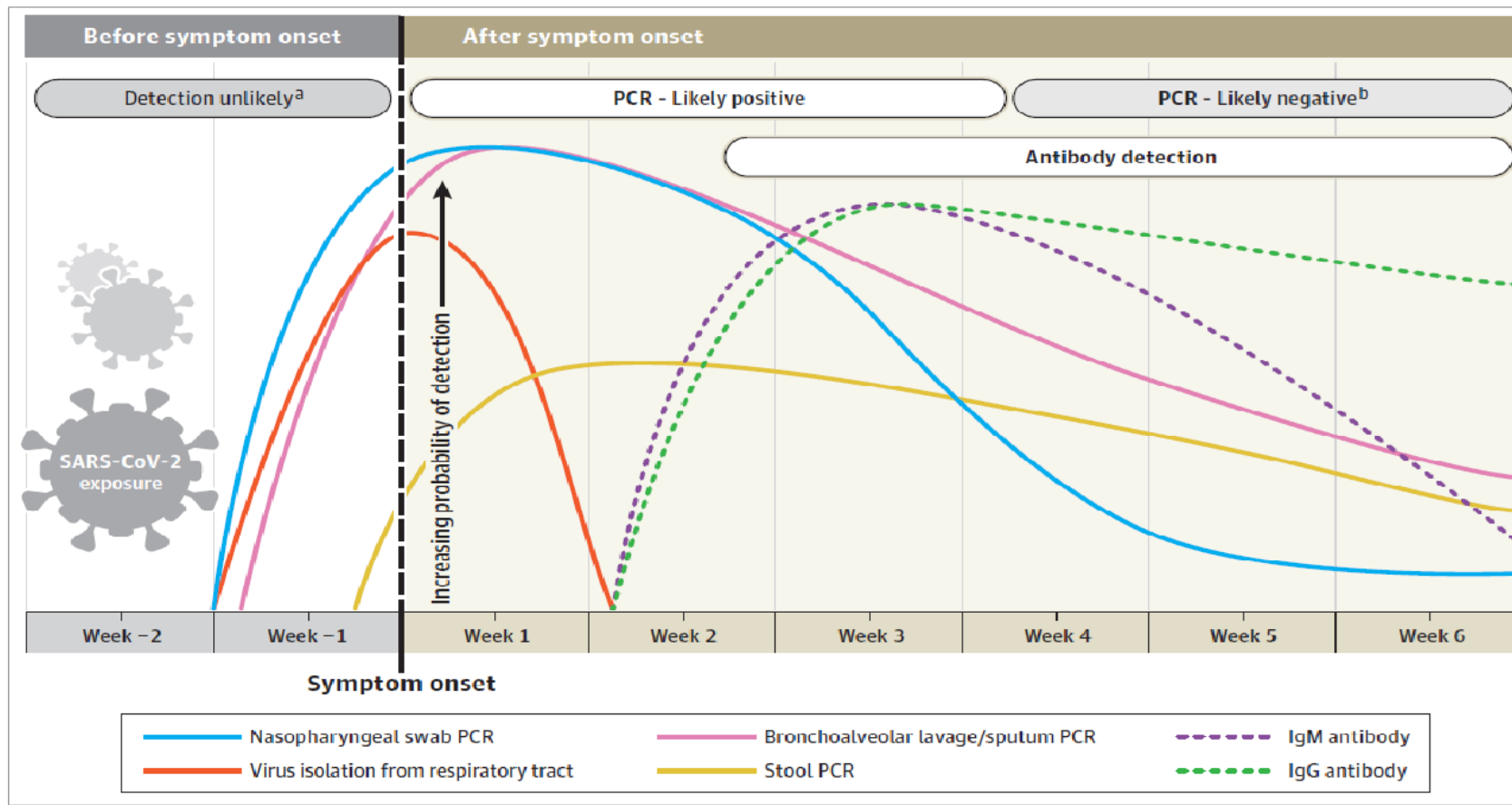
Question 1

PCR tests are most likely to be positive

- a) Immediately upon the virus entering one's system
- b) At symptom onset
- c) 4 weeks post symptom onset
- d) a and b

COVID-19 infection timeline and testing

Figure. Estimated Variation Over Time in Diagnostic Tests for Detection of SARS-CoV-2 Infection Relative to Symptom Onset



Question 2

Which of the following are diagnostic tests for COVID-19:

- a) Antigen tests
- b) PCR tests
- c) Antibody tests
- d) a and b
- e) b and c

SARS-CoV-2 Virus

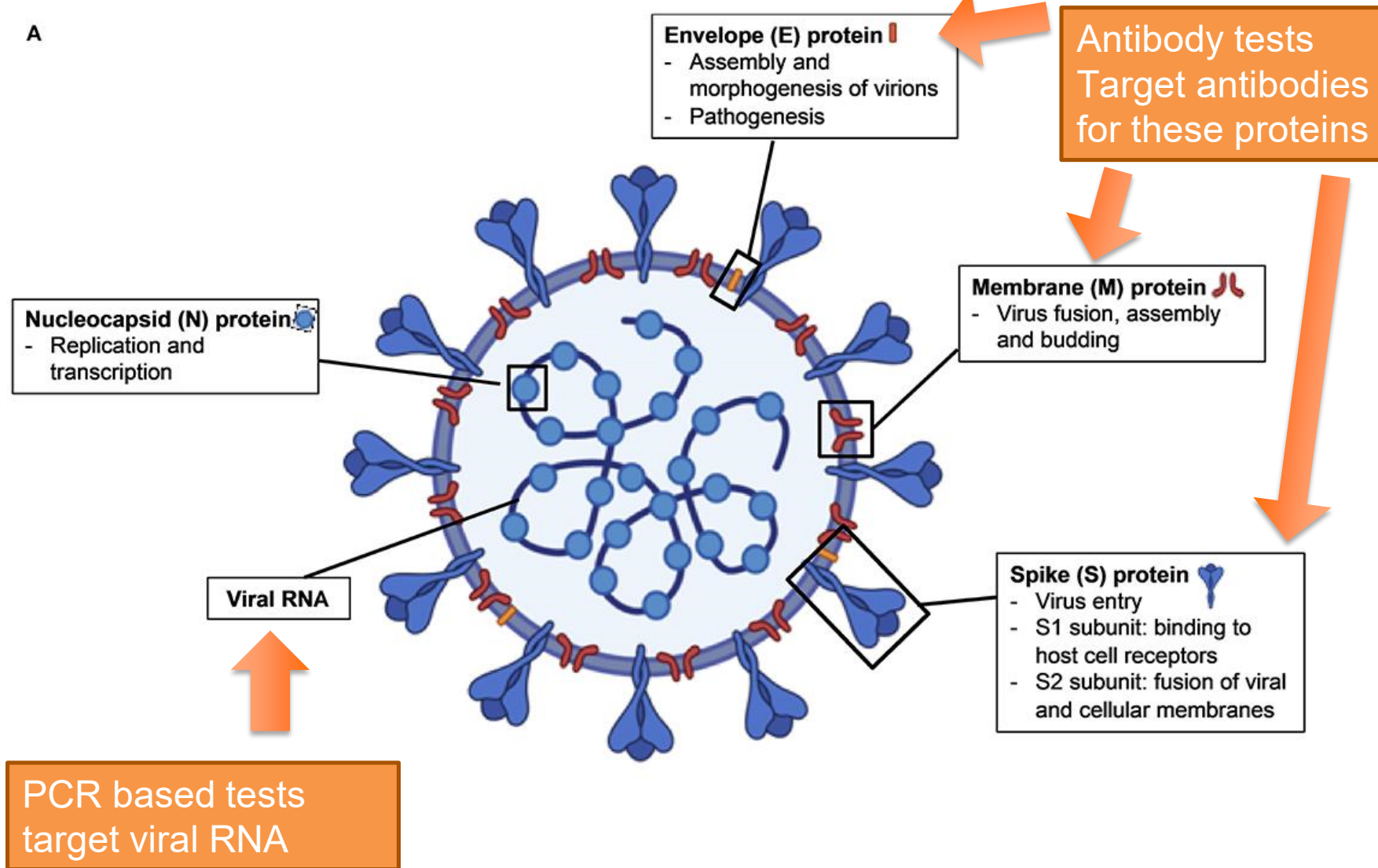
Antigen tests target N protein:

- Quidel Sofia SARS
- Abbott BinaxNOW
- BD Veritor
- LumiraDx

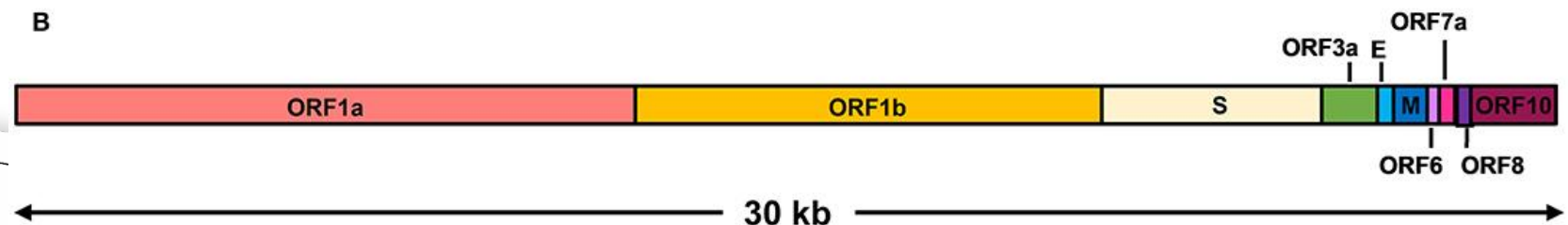
Key: Antibody tests are not for diagnosis. Different tests target different parts of the virus

<https://www.frontiersin.org/articles/10.3389/fimmu.2020.00879/full>

A



B



SARS-CoV-2 viral testing:

Molecular vs. Antigen

- **Clinical sensitivity:** Accuracy of detecting positive patients with infection – lower sensitivity leads to higher false negative results
- **Clinical specificity:** Accuracy of detecting negative patients without infection – lower specificity leads to higher false positive results

Table 2. Summary of Some Differences between RT-PCR Tests and Antigen Tests

	RT-PCR Tests	Antigen Tests
Intended Use	Detect current infection	Detect current infection
Analyte Detected	Viral RNA	Viral Antigens
Specimen Type(s)	Nasal Swab, Sputum, Saliva	Nasal Swab
Sensitivity	High	Moderate
Specificity	High	High
Test Complexity	Varies	Relatively easy to use
Authorized for Use at the Point-of-Care	Most devices are not, some devices are	Yes
Turnaround Time	Ranges from 15 minutes to >2 days	Approximately 15 minutes
Cost/Test	Moderate	Low

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>

Question 3

A test's sensitivity is the percentage of persons with disease who have a positive test

- a) True
- b) False

Question 4

A test's specificity is the percentage of people without disease who have a negative test:

- A. True
- B. False

Question 5

All of the following factors affect test performance EXCEPT:

- a) Experience of tester
- b) Cleanliness of testing area
- c) Time of day test is run
- d) Adequacy of specimen collection

Extrinsic Factors that can impact interpretation of test results

- Quality of the specimen collection
 - Inadequate sampling or specimen mishandling
 - Running tests on specimens collected outside of the recommended time period recommended by manufacturer's instructions for use
- Proper use of the testing platform
 - Trained personnel, proficient in sample handling with dedicated time
 - Space designated for running POC tests should be free of clutter, with regular surface cleaning/disinfection to prevent sample contamination
 - Quality controls should be used according to manufacturer's instructions for use (e.g., new operators, new lots of test kits/reagents)
- Clinical presentation at the time of the test (e.g., symptoms)
- Prevalence of COVID-19 infections in the center and community

<https://www.youtube.com/watch?v=8oCRqIY1kJw>

<https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html#decentralized>

**Human
Environmental
Disease activity**

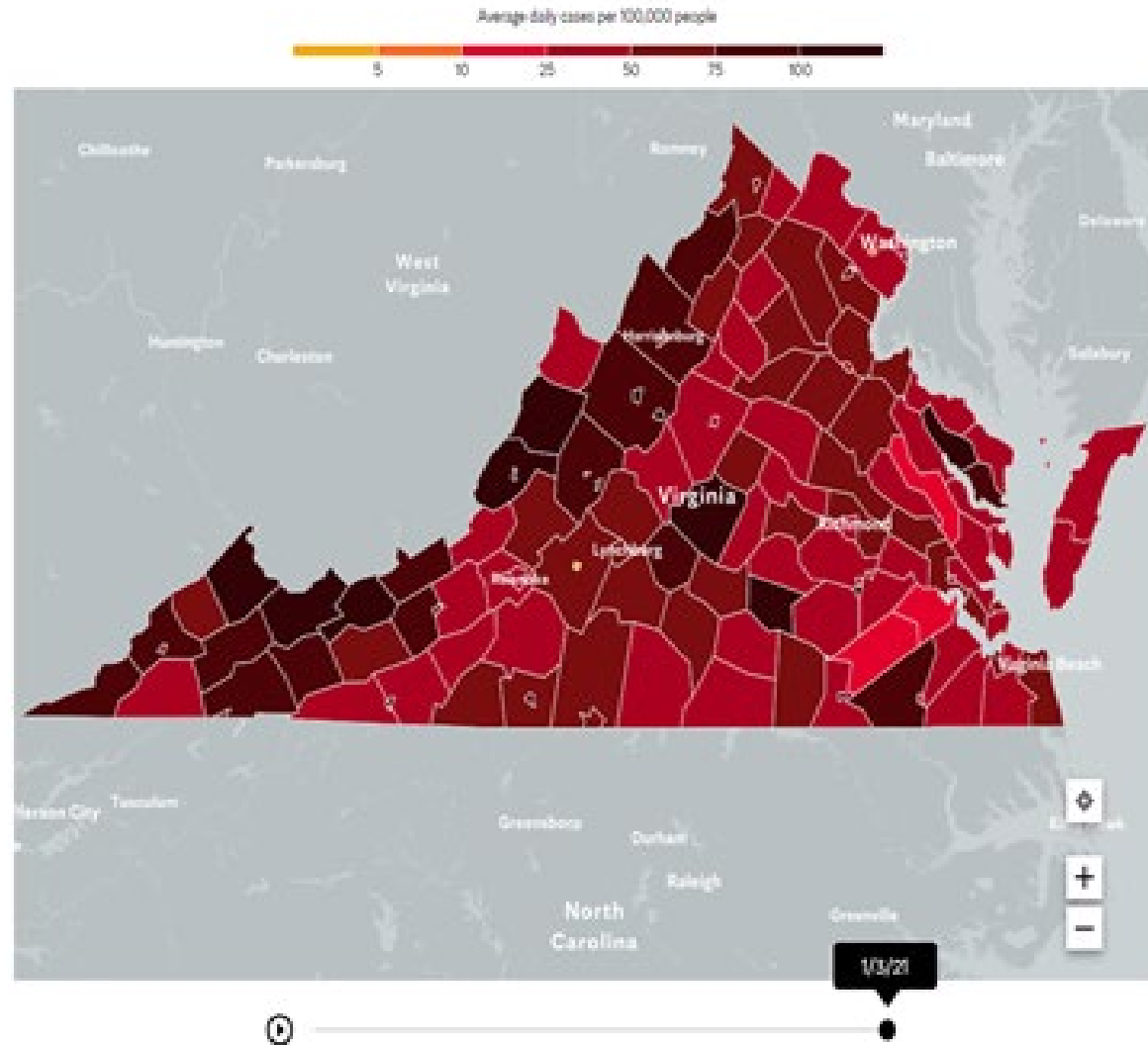
Current recommendations for testing in nursing homes

- Diagnostic testing:
 - Test any symptomatic residents and HCP immediately
 - Testing practices should aim for rapid turnaround times (e.g., less than 24 hours) in order to facilitate effective interventions
- Outbreak testing:
 - Triggered by a new SARS-CoV-2 infection in any HCP or any [nursing home-onset](#) SARS-CoV-2 infection in a resident
- Non-outbreak testing:
 - **Baseline testing:** Test all residents and staff once as part of reopening
 - **Serial staff screening:** test asymptomatic staff at frequency determined by county positivity (monthly, weekly, twice weekly)

<https://www.cms.gov/files/document/qso-20-38-nh.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

VDH Community Test Positivity



Outbreak testing in response to a new SARS-CoV-2 case

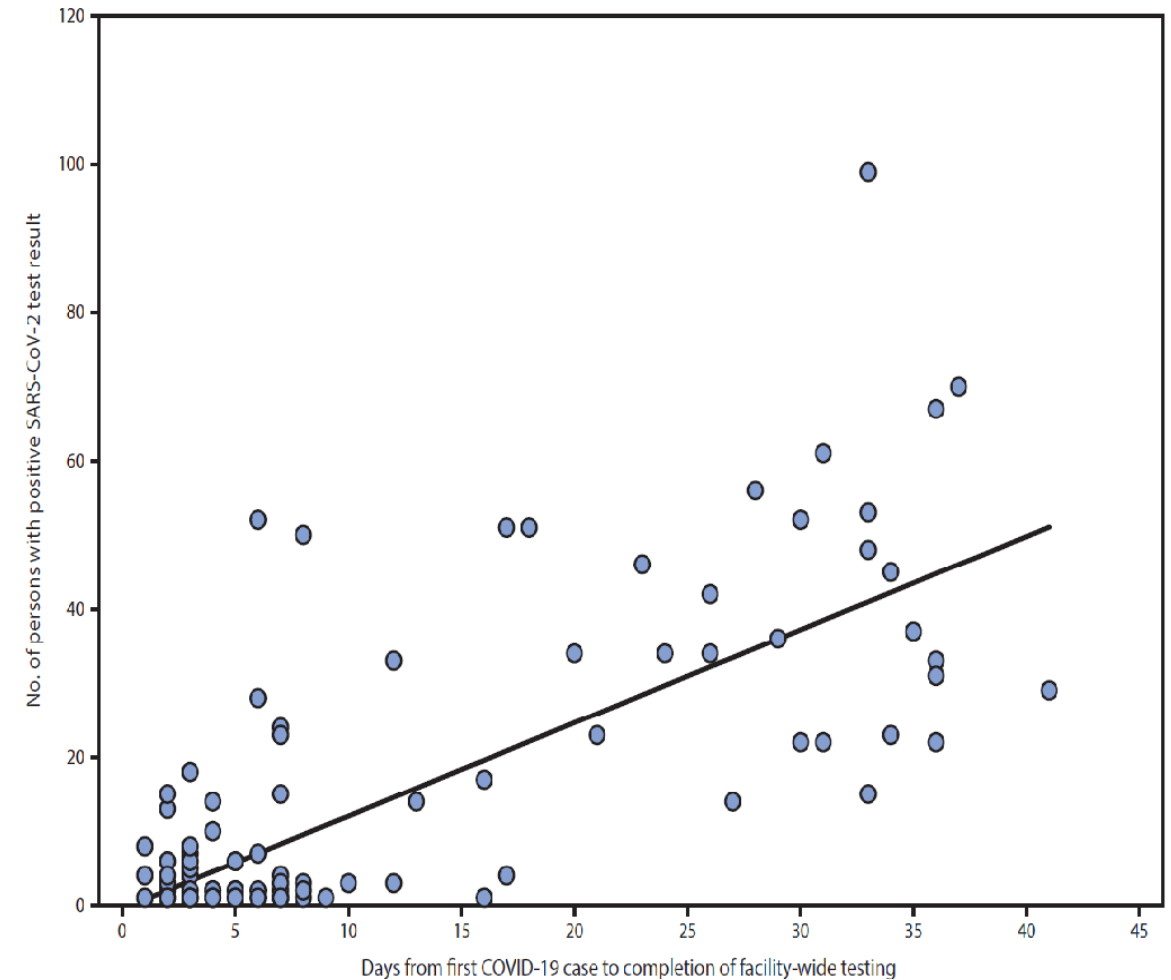
- Expand diagnostic testing for all residents and HCP
 - Initiate facility-wide testing as soon the **first** SARS-CoV-2 case is confirmed
- Perform repeat testing of all previously negative residents and HCP
 - Optimal outbreak testing occurs every 3 days during the first 14 days from the initial case identification; followed by testing every 7 days
 - Continue serial testing until no new positive cases are identified for a period of 14 days from the most recent positive result.
 - If testing capacity is limited, prioritize testing for residents with known exposure to a case, residents and HCP on affected units, and residents who leave and return to the facility

Timing of facility-wide testing associated with new cases

- 93 nursing homes working with 5 health departments performed targeted COVID-19 testing in response to a case
- Median time was 7 days from first case to facility-wide testing (range: 1-41)
- For each additional day before completion of initial facility-wide testing, an estimated 1.3 additional cases were identified

Sooner the better

FIGURE. Association between total number of persons with positive SARS-CoV-2 test results after facility-wide testing and number of days from first case identification until completion of facility-wide testing* — five state and local health department jurisdictions,† United States, March–June 2020



Considerations when implementing testing in nursing homes: **Post COVID-19 retesting, Asymptomatic testing**

- Managing residents and HCP clinically recovered from COVID-19
 - Within 3 months of symptom onset of their most recent illness, no need to quarantine or retest for SARS-CoV-2 during outbreak response or staff screening
 - If testing positive for SARS-CoV-2 more than 3 months from recovery, should be considered infectious and placed in isolation or work exclusion
 - Retesting within first 3 months may be warranted for new symptoms consistent with COVID-19 if alternative etiologies for the illness cannot be identified
- Unclear benefit to regular screening tests for asymptomatic residents outside of outbreak response
 - Could result in false-positive results and lead to unnecessary testing
 - Consideration could be given to testing asymptomatic residents who frequently leave the facility of medical treatment, especially in communities with moderate to substantial SARS-CoV-2 transmission

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrent-Positive-Tests>

Question 6

A resident develops a fever, cough, and malaise. Her POC antigen test is negative. After isolation, you should:

- a) Do serial antigen tests
- b) Do a PCR
- c) Discontinue isolation when she improves
- d) Obtain a sputum culture for bacterial pathogens

(Note: can consider influenza testing in addition)

Question 7

An asymptomatic employee has a positive on a monthly POC antigen test. COVID-19 prevalence is 2%. After restricting from work, You should:

- a) Repeat the antigen test after cleaning the testing area
- b) Order a PCR
- c) Do a different antigen test
- d) Do stool testing

Question 8

During an outbreak, an asymptomatic employee has a positive antigen test. You should

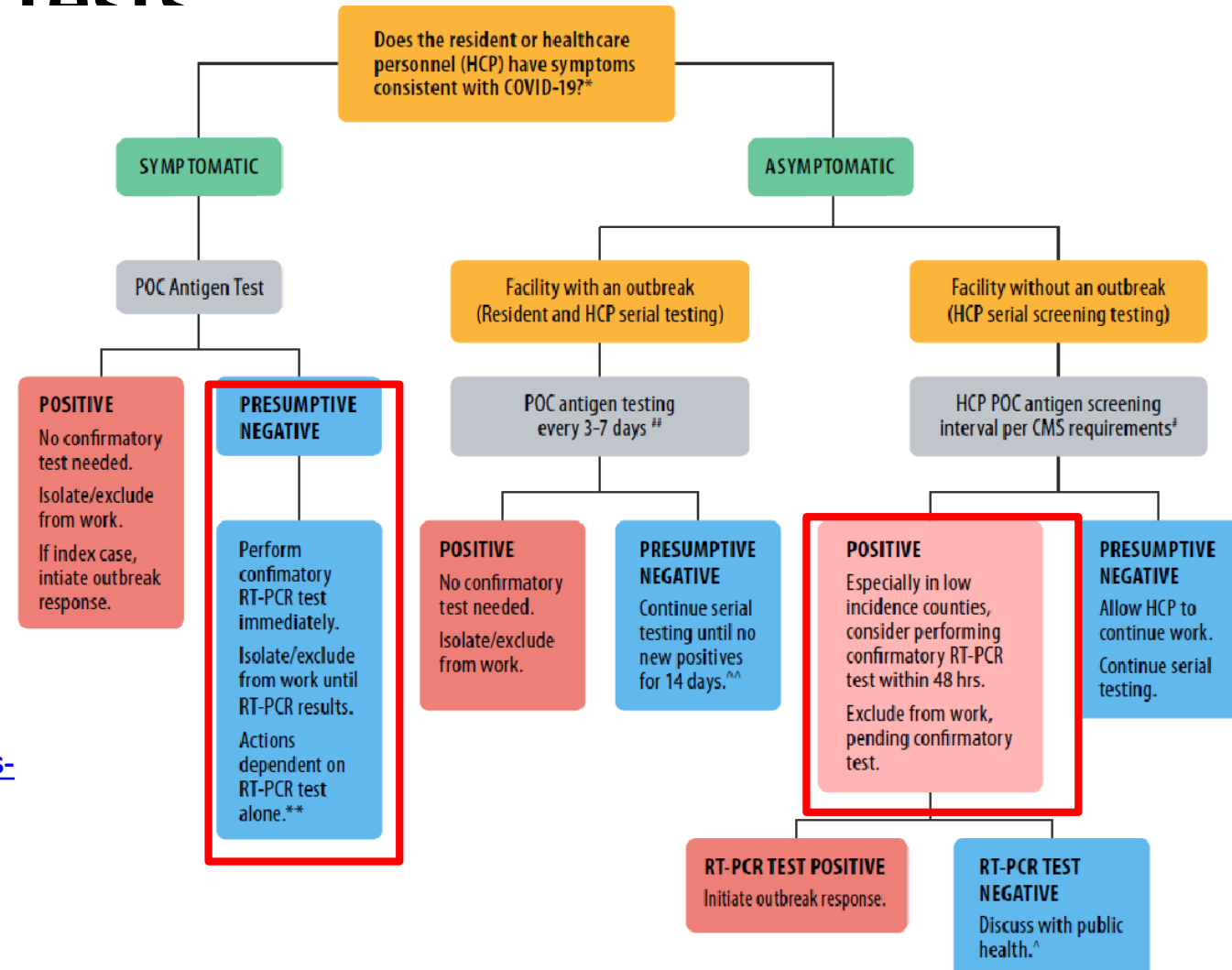
- a) Do a PCR
- b) Repeat the Antigen test
- c) Do a different Antigen test
- d) Consider that the employee has COVID-19

Considerations for use of SARS-CoV-2 POC antigen tests

- Testing scenarios:
 - Symptomatic individuals
 - Asymptomatic individuals in facilities with an outbreak
 - Asymptomatic staff in facilities without an outbreak
- Identifies when POC antigen results should be confirmed by RT-PCR

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>

tests



Responding to POC antigen results

- While awaiting confirmatory test results for potential false-negative or false-positive antigen test results, maintain IPC measures (e.g., HCP work exclusion, resident placement in Transmission-Based Precautions)
 - Select a confirmatory test with high sensitivity (e.g., RT-PCR)
 - Perform confirmatory test within 2 days of initial result
 - Additional testing of asymptomatic residents or other close contacts can be delayed until results of confirmatory testing are available, unless additional symptomatic individuals are identified
 - Only move residents with confirmed infection to a dedicated COVID-19 unit
- Confirmatory RT-PCR testing after a positive antigen test result is not recommended when the person being tested is symptomatic or had recent exposure to a SARS-CoV-2 case (e.g. during an outbreak)

**PCR to determine
false - or false
+ antigen tests**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing> -in -Nursing -Homes

Limitations to SARS-CoV-2 testing

- A single negative test may not rule out COVID-19 infection in asymptomatic individuals
 - A person can be incubating SARS-CoV-2 for up to 14 days before manifesting clinical illness or having detectable virus
 - Testing immediately before or after admission cannot be used to remove a resident from 14-day quarantine
- Clinicians must consider the likelihood of COVID-19 infection as part of interpreting test results
 - A negative test in someone with exposure and symptoms consistent with COVID-19 infection should be verified
 - A positive test in an asymptomatic person, in a community with low prevalence of COVID-19 infection should be verified
- Testing alone cannot prevent the spread of SARS-CoV-2
 - Facilities must remain committed to all infection prevention strategies to protect residents and staff

Break slide

Next up – Case Discussion

Case Study example

Situation: Increased falls 5% since COVID-19 pandemic have caused some injuries and ED visits.

Background: Due to the COVID-19 pandemic, our nursing home has had significant staff turnover and reduced staffing throughout the units. As a result, snacks for residents that used to be twice a day have been cut back to 'when possible'.

Assessment: Without reminders to drink fluids during the day, residents have become dehydrated more often than usual. Several of them have demonstrated poor balance, unsteadiness, and have fallen more than during the pre-COVID-19 period. Some of those falls resulted in emergency department transfers and injuries.

Recommendation: Problem solve with CNAs, nurses, therapy staff and activities to develop a team approach to falls. Collect data on falls to determine causes and outcomes. Use the daily huddle to discuss ideas for optimizing hydration and snacks and lowering fall risk. What would you recommend?

Break slide

Next up – Quality Assurance / Performance Improvement: 5-step model

Follow-up on last week's "Leave in Action"

- What process did you investigate?
- What did you learn?



NATIONAL NURSING HOME COVID-19 ACTION NETWORK

HOW TO STOP THE SPREAD OF COVID-19 IN NURSING FACILITIES

HOW TO MAKE CHANGE STICK

- Focus initially on KEY PROCESS rather than on benchmarked outcomes.
- Evaluate if staff KNOW the process.
- KEEP it SIMPLE!
- Commit to be a LEARNING ORGANIZATION.

REASSESS THE GOAL

- The goal is 95% performance.
- WHY? 95% or better means it is likely to be SUSTAINABLE over time.

KEEP IT SIMPLE

- It is more important that the process be STANDARD than it be perfect.
- When you design for perfection - you often get overly complex protocols, planning for every contingency.
- A policy and procedure make look great

FOCUS ON PROCESS

If you think a PROCESS works pretty well, test the FIVE ATTRIBUTES

5

- WHO does it
- WHEN should it be done
- WHERE is it done
- HOW is it done
- WHAT is needed to do it

- Ask **5 staff** to describe the 5 attributes.
- If 5 direct care staff can describe the work with the 5 attributes, you have a good chance to achieve 95% performance and SUSTAIN the performance over time.
- If they can't, determine which attribute they can't describe and develop a simple process for improvement.

5

If you have a process that does NOT work so well

- Determine if it is a COMMON or INFREQUENT failure.
- Observation of ONE PERSON does not mean it is a common failure.
- Fix ONE Attribute (*who, when, where, how, what*) at a time.

COMMON

- Don't rely too heavily on education as THE FIX.
- Get CURIOUS to determine WHY this is occurring.
- Inform staff on the WHY:
 - WHY is this process important.
 - WHY do we do it this way.
- Get CURIOUS - WHY are they **NOT** following the process.
- Develop a plan to fix ONE process, test and refine.
- Keep it SIMPLE!

INFREQUENT

- Infrequent does NOT mean you have a bad process.
- Don't try to make it perfect - you will use up too many precious resources.
- Talk to that one person to reeducate or determine WHY it is occurring.
- Accept defeat & MOVE ON to focus on another process.

Improving Our Processes

**AHRQ ECHO National Nursing
Home COVID-19 Action Network**



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Reflections: Reliability

- Choose one process or procedure in your facility's COVID-19 response that you are unsure of its reliability
- Ask 5 staff
 - WHO does it?
 - WHEN should it be done?
 - WHERE is it done?
 - HOW is it done?
 - WHAT is needed to do it?
- Observe if the responses are correct and consistent



PROCESS IMPROVEMENT

HOW TO MAKE CHANGE STICK

- Focus initially on KEY PROCESS rather than on benchmarked outcomes.
- Evaluate if staff KNOW the process.
- KEEP it SIMPLE!
- Commit to be a LEARNING ORGANIZATION.

REASSESS THE GOAL

- The goal is 95% performance.
- WHY? 95% or better means it is likely to be SUSTAINABLE over time.

KEEP IT SIMPLE

- It is more important that the process be STANDARD than it be perfect.
- When you design for perfection - you often get overly complex protocols, planning for every contingency.
- A policy and procedure make look great on paper, but if it is too complicated it likely won't be remembered or followed.
- Shift away from RESOURCE INTENSIVE meetings to MINIMAL RESOURCE approach. Smaller is better. Play around with improvements and pilot test.

FOCUS ON PROCESS

If you think a PROCESS works pretty well, test the FIVE ATTRIBUTES

5

- WHO does it.
- WHEN should it be done
- WHERE is it done
- HOW is it done
- WHAT is needed to do it

Ask 5 staff to describe the 5 attributes.

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If they can't, determine which attribute they can't describe and develop a simple process for improvement.

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- Determine if it is a COMMON or INFREQUENT failure.
- Observation of ONE PERSON does not mean it is a common failure.
- Fix ONE Attribute (who, when, where, how, what) at a time.

COMMON	INFREQUENT
<ul style="list-style-type: none">Don't rely too heavily on education as THE FIX.Get CURIOUS to determine WHY this is occurring.Inform staff on the WHY:<ul style="list-style-type: none">WHY is this process important.WHY do we do it this way.Get CURIOUS - WHY are they NOT following the process.Develop a plan to fix ONE process, test and refine.Keep it SIMPLE!	<ul style="list-style-type: none">Infrequent does NOT mean you have a bad process.Don't try to make it perfect - you will use up too many precious resources.Talk to that one person to reeducate or determine WHY it is occurring.Accept defeat & MOVE ON to focus on another process.

REMEMBER - HOW DO YOU EAT AN ELEPHANT?

ONE BITE AT A TIME!
PERFECTION IS THE ENEMY OF RELIABLE DESIGN!

Process Improvement by Roger Resar and Frank Federico, IHI, Maïa Dev'ries, THE GREENHOUSE* Project, and Arkansas COVID-19 Action Network

Using a Performance Improvement Project (PIP) for Covid-19 Vaccinations

Improvement in 5 Steps

1. Get curious about the nature of the problem
 - Observe it
 - Talk to staff (huddles!)
 - Map/diagram/brainstorm
 - Measure it
2. Set a goal for what you want to achieve
3. Decide what you want to try
4. Test/try it on a small scale...1 day, 1 resident
5. Measure your impact in ways that make sense



Covid-19 Vaccination PIP



Step 1. Get curious... Can we find out:

- How do we get vaccines into the facility?
- Who will be eligible and when?
- What are staff currently feeling/thinking about the vaccine?
- What supports exists or are in development to help us?
- What previous experience do we have with vaccination programs that we can build on?

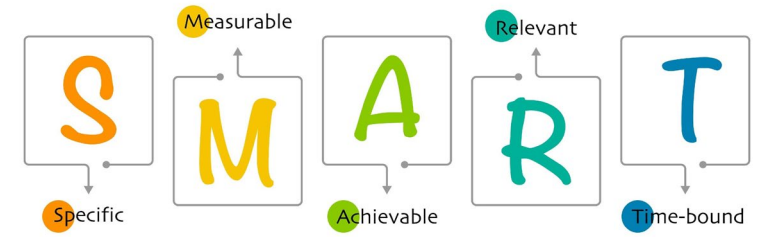
Covid-19 Vaccination PIP

Areas to address:

- What are the logistics of vaccinating all our residents?
- What are the logistics of vaccinating our staff?
- What concerns do residents and families have about the vaccine?
- What concerns do staff have about the vaccine?
- What do we need to message about 'post vaccination' behaviors and immunity expectation?



Covid-19 Vaccination PIP



Step 2. Define your goal.

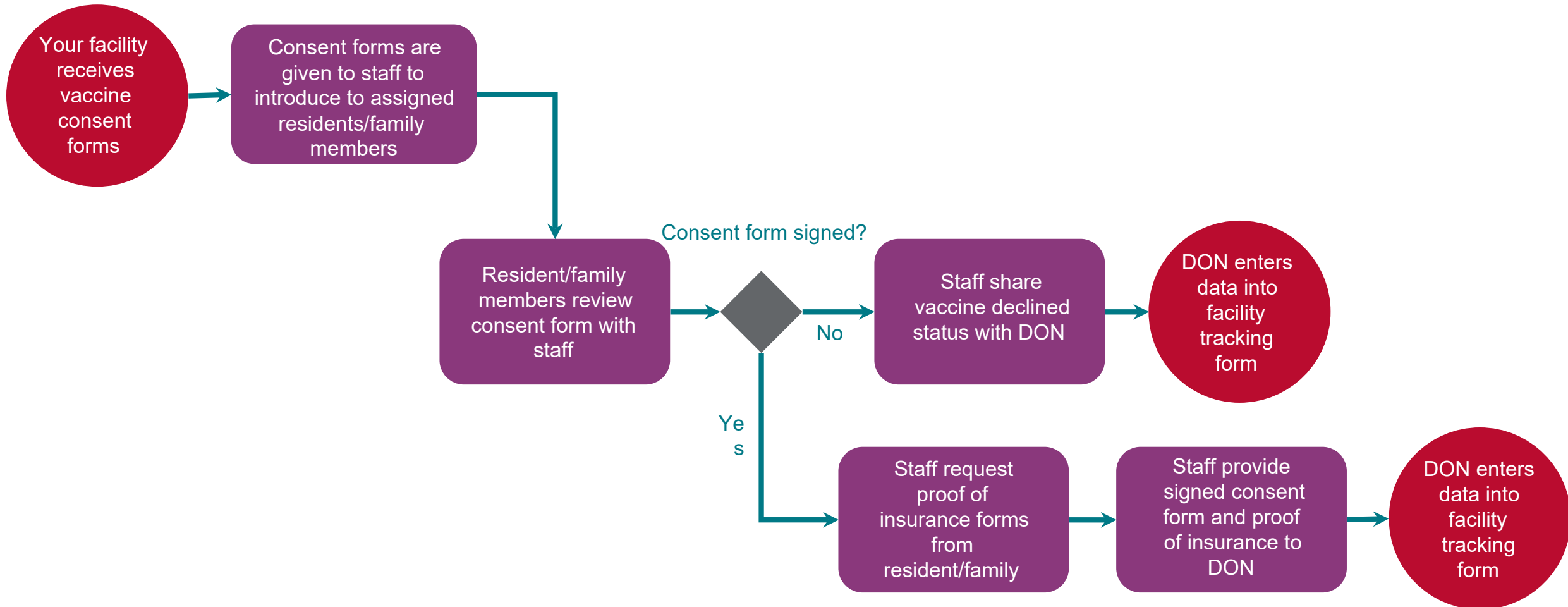
- 90%* of staff are immunized against Covid-19 by March 31st 2021
- 90%* of residents are immunized against covid-19 by March 31st 2021

*Dependent on vaccine availability

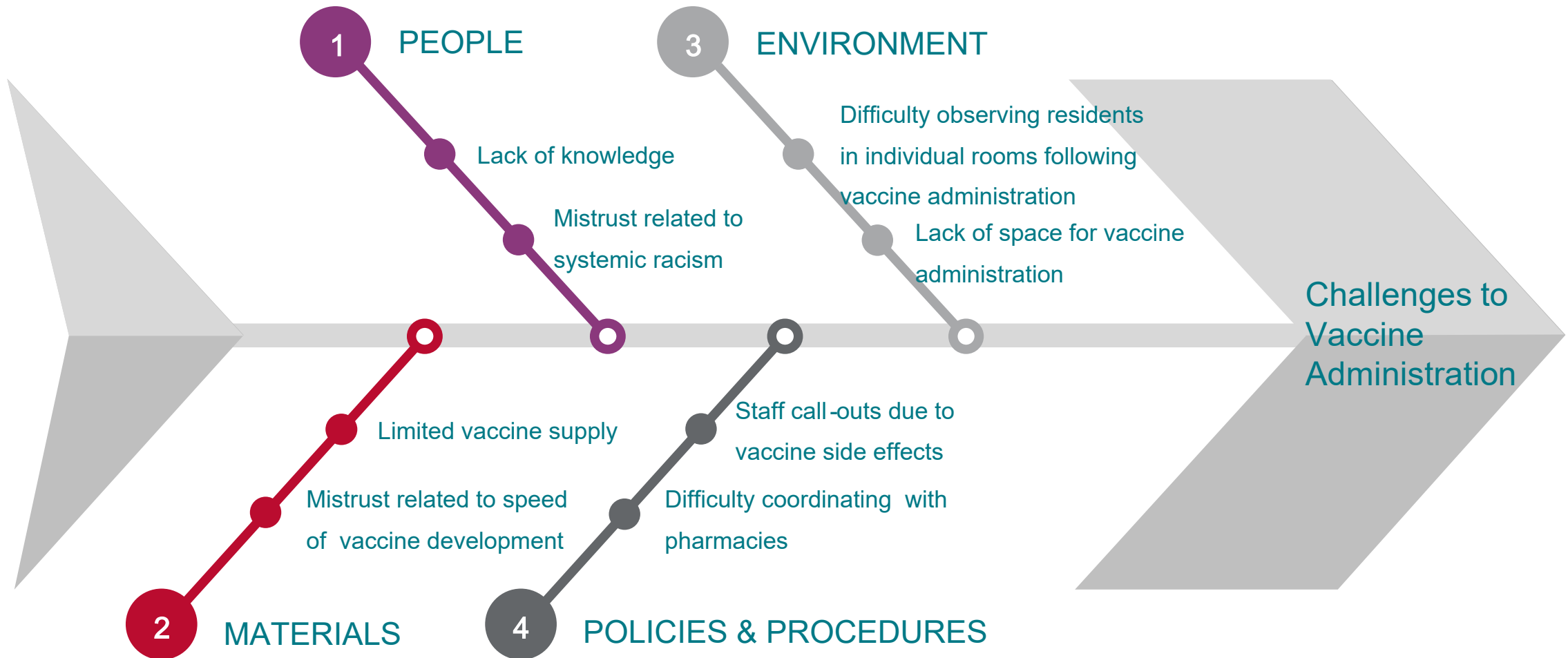
Step 3. Pick something to try.

- Map out the process of 'vaccination day' using a process map
- Use a 'fishbone diagram' to brainstorm the various issues you might need to address for a smooth vaccination program
- Connect with staff 1:1 to discuss their questions and concerns around getting the vaccine
- Find a staff 'Vaccine Champion' to speak to hesitant colleagues
- Control the information flow and ensure reliable resources are being used and shared
- Simulate 'vaccination' day with staff and leaders to ensure process works as intended

Tools You Can Use: Process Diagram



Tools You Can Use: Fishbone Diagram



Covid-19 Vaccination PIP

Step 4. Try something small.

- Map and simulate 'vaccination day'
- Test using 1:1 conversations using the questions below to uncover concerns and tactics regarding vaccine hesitancy in staff – start with 3 staff this week
 - What concerns do you have for residents, yourself, or the team regarding the covid-19 vaccine?
 - What information would be helpful to address your concerns?
 - Would it be alright if I shared with you some of what I've learned about the vaccine? (ASK-TELL-ASK)

Step 5. Measure your impact.

- # of residents and staff engaged in vaccine conversations
- % staff immunized, % residents immunized

Leave in Action



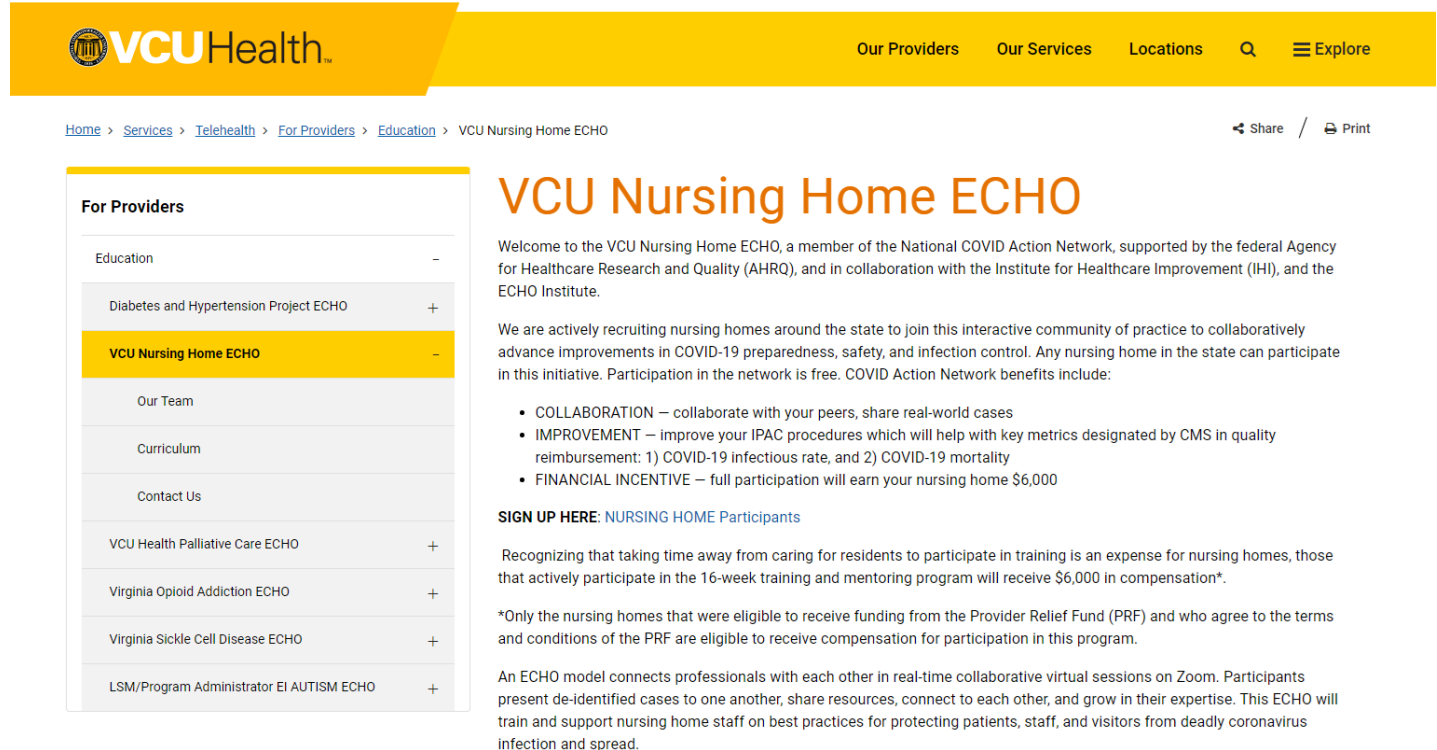
1. In the next week connect with 3 staff regarding being vaccinated for covid-19 and ask them the three questions:
 - What concerns do you have for patients, yourself, or the team regarding the covid-19 vaccine ?
 - What information would be helpful to address your concerns? How can we answer these questions together?
 - Would it be alright if I shared with you some of what I've learned about the vaccine?
2. Start on your 'vaccination day' process map and simulation
3. Find your facility staff 'vaccine champion' who can help with reliable messaging regarding the covid-19 vaccine

Break slide

NEXT UP – WRAP UP & NEXT STEPS

VCU Nursing Home ECHO Website

- Team members
- Curriculum content
- Handouts-Don't forget your 1-Pager!
- Contact information



The screenshot shows the VCU Health website's "VCU Nursing Home ECHO" page. The header is orange with the VCU Health logo and navigation links: "Our Providers", "Our Services", "Locations", a search icon, and "Explore". A breadcrumb trail reads: "Home > Services > Telehealth > For Providers > Education > VCU Nursing Home ECHO". On the left, a "For Providers" sidebar lists various ECHO programs, with "VCU Nursing Home ECHO" highlighted in orange. The main content area is titled "VCU Nursing Home ECHO" and includes a welcome message, a description of the program, a list of benefits (COLLABORATION, IMPROVEMENT, FINANCIAL INCENTIVE), a "SIGN UP HERE" link for nursing home participants, and details about compensation and the ECHO model.

VCU Nursing Home ECHO

Welcome to the VCU Nursing Home ECHO, a member of the National COVID Action Network, supported by the federal Agency for Healthcare Research and Quality (AHRQ), and in collaboration with the Institute for Healthcare Improvement (IHI), and the ECHO Institute.

We are actively recruiting nursing homes around the state to join this interactive community of practice to collaboratively advance improvements in COVID-19 preparedness, safety, and infection control. Any nursing home in the state can participate in this initiative. Participation in the network is free. COVID Action Network benefits include:

- COLLABORATION – collaborate with your peers, share real-world cases
- IMPROVEMENT – improve your IPAC procedures which will help with key metrics designated by CMS in quality reimbursement: 1) COVID-19 infectious rate, and 2) COVID-19 mortality
- FINANCIAL INCENTIVE – full participation will earn your nursing home \$6,000

SIGN UP HERE: [NURSING HOME Participants](#)

Recognizing that taking time away from caring for residents to participate in training is an expense for nursing homes, those that actively participate in the 16-week training and mentoring program will receive \$6,000 in compensation*.

*Only the nursing homes that were eligible to receive funding from the Provider Relief Fund (PRF) and who agree to the terms and conditions of the PRF are eligible to receive compensation for participation in this program.

An ECHO model connects professionals with each other in real-time collaborative virtual sessions on Zoom. Participants present de-identified cases to one another, share resources, connect to each other, and grow in their expertise. This ECHO will train and support nursing home staff on best practices for protecting patients, staff, and visitors from deadly coronavirus infection and spread.

<https://www.vcuhealth.org/NursingHomeEcho>

Curriculum Content

1. Preventing and Limiting the Spread of COVID-19 in Nursing Homes
2. Guidance and Practical Approaches for use of Personal Protective Equipment (PPE) During COVID-19
3. Approaches to Cohorting during COVID-19
4. Promoting Solutions for Making the Built Environment Safe During COVID-19
5. Guidance for Cleaning and Disinfecting During COVID-19
6. COVID-19 Testing for Nursing Homes
- 7. COVID-19 Community Transmission and Nursing Home Screening Strategies**
8. Staff Returning to Work Safely During COVID-19

Break slide

NEXT UP – RESOURCES

CDC Testing Guidance and FAQs

The image shows two screenshots of the CDC website. The top screenshot displays the 'Testing Guidelines for Nursing Homes' page, which includes a sidebar with navigation links like 'Infection Control', 'Using PPE', and 'Hand Hygiene'. The main content area has a 'Summary of Changes' section with bullet points about updates to testing guidelines for nursing home residents and healthcare personnel. A note at the bottom states that the document is intended to provide guidance on the appropriate use of testing and does not dictate payment decisions or insurance coverage. The bottom screenshot shows the 'Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2' page, which includes a sidebar with navigation links like 'Testing Overview', 'Performing Broad-Based Testing', and 'Testing Healthcare Personnel'. The main content area has a 'Note' section stating that the document is intended to provide guidance on the appropriate use of testing and does not dictate payment decisions or insurance coverage. It also includes a section on 'Testing of HCP' with four situations: 1. Testing HCP with signs or symptoms consistent with COVID-19, 2. Testing asymptomatic HCP with known or suspected exposure to SARS-CoV-2, 3. Testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 for early identification in special settings (e.g., nursing homes), and 4. Testing HCP who have been diagnosed with SARS-CoV-2 infection to determine when they are no longer infectious. A section on 'Viral tests' states that authorized nucleic acid or antigen detection assays are recommended to diagnose acute infection. Testing practices should aim for rapid turnaround times (i.e., less than 24 hours) in order to facilitate effective interventions. Testing the same individual more than once in a 24-hour period is not recommended. A section on 'HCP undergoing testing' states that HCP should receive clear information on: the purpose of the test, the reliability of the test and any limitations associated with the test.

Testing Guidelines for Nursing Homes
Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel
Updated July 21, 2020

Summary of Changes:

Revisions were made on July 17, 2020, to reflect the following:

- Updated "Testing to determine resolution of infection" to add information about people immunocompromised.

Revisions were made on July 1, 2020, to reflect the following:

- Focus on testing recommendations for nursing home residents only.
- Create separate guidance for testing healthcare personnel (HCP), which is available in the [Testing Healthcare Personnel for SARS-CoV-2](#).

Note: This document is intended to provide guidance on the appropriate use of testing residents and does not dictate the determination of payment decisions or insurance coverage except as may be otherwise referenced (or prescribed) by another entity or federal or state agency.

Nursing home residents are at high risk for infection, serious illness, and death from COVID-19 virus that causes COVID-19. In respiratory specimens can detect current infections (referred to as residents in nursing homes). Viral testing of residents in nursing homes, with authorized nucleic acid assays, is an important addition to other [infection prevention and control](#) (IPC) recommendations for nursing homes, detecting cases quickly, and stopping transmission. This available information about COVID-19 and will be refined and updated as more information is available.

Testing conducted at nursing homes should be implemented *in addition to recommended IPC*

Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2
Updated July 17, 2020

Note: This document is intended to provide guidance on the appropriate use of testing among healthcare personnel and does not dictate the determination of payment decisions or insurance coverage of such testing, except as may be otherwise referenced (or prescribed) by another entity or federal or state agency.

This document provides a summary of considerations and current Centers for Disease Control and Prevention (CDC) recommendations regarding testing healthcare personnel (HCP) for SARS-CoV-2. This document does not apply to individuals who do not meet the definition of HCP as defined below. The CDC recommendations for SARS-CoV-2 testing have been developed based on what is currently known about COVID-19 and are subject to change as additional information becomes available.

Testing of HCP can be considered in four situations:

- Testing HCP with [signs or symptoms](#) consistent with COVID-19
- Testing asymptomatic HCP with known or suspected exposure to SARS-CoV-2
- Testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 for early identification in [special settings](#) (e.g., nursing homes)
- Testing HCP who have been diagnosed with SARS-CoV-2 infection to determine when they are no longer infectious

Viral tests (authorized nucleic acid or antigen detection assays) are recommended to diagnose acute infection. Testing practices should aim for rapid turnaround times (i.e., less than 24 hours) in order to facilitate effective interventions. Testing the same individual more than once in a 24-hour period is not recommended.

HCP undergoing testing should receive clear information on:

- the purpose of the test
- the reliability of the test and any limitations associated with the test

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes>

COVID-19 Resources for Nursing Homes

The screenshot shows the CDC's 'Nursing Homes and Long-Term Care Facilities' page. The sidebar on the left lists various topics under 'Healthcare Workers', with 'Infection Control' and 'Nursing Homes & Long-Term Care Facilities' expanded. The main content area features a header image of a person wearing a face mask, followed by links to 'Infection Control Guidance' and 'SARS-CoV-2 Testing Guidance'. Below these are links to 'Infection Control Assessment Tool' and 'Training Resources'. The 'Training Resources' section includes a link to 'Applying COVID-19 Infection Control Strategies in Nursing Homes' and a link to 'Nursing Home Infection Preventionist Training Course (CDC TRAIN)'. The 'Videos for Training Front Line Long-Term Care Staff' section features a video player and a link to 'Keep COVID-19 Out'.

Healthcare Workers

Testing +

Clinical Care +

Infection Control -

Infection Control Guidance

Using PPE

Hand Hygiene

Alternate Care Sites

Assisted Living Facilities

Blood & Plasma Facilities

Dental Settings

Dialysis Facilities +

Nursing Homes & Long-Term Care Facilities -

Infection Control for Nursing Homes

Responding to COVID-19

Testing Residents

Testing Facility-Wide

Memory Care Units

Infection Control Assessment Tool

Pharmacies

Postmortem Guidance

Optimize PPE Supply +

Potential Exposure at Work +

First Responder Guidance

HEALTHCARE WORKERS

Nursing Homes and Long-Term Care Facilities

Updated Aug. 24, 2020 Print

Infection Control Guidance

[Infection Control for Nursing Homes](#)

[Public Health Response in Nursing Homes](#)

[Infection Control in Memory Care Units](#)

[Infection Control FAQs](#)

SARS-CoV-2 Testing Guidance

[Testing Nursing Home Residents](#)

[Testing Healthcare Personnel](#)

[Facility-wide Testing in Nursing Homes](#)

[Testing FAQs](#)

Infection Control Assessment Tool

[Nursing Home COVID-19 Infection Control Assessment and Response \(ICAR\) Tool](#)

Tool to help nursing homes and assisted living facilities develop a comprehensive COVID-19 response plan.

Training Resources

[Applying COVID-19 Infection Control Strategies in Nursing Homes](#)

Clinical Outreach and Communication Activity (COCA) Webinar, June 16, 2020. Case-based scenarios are used to discuss how to apply infection prevention and control guidance for nursing homes and other long-term care facilities preparing for and responding to COVID-19.

[Nursing Home Infection Preventionist Training Course \(CDC TRAIN\)](#)

CDC TRAIN course, a free service from the Public Health Foundation

Videos for Training Front Line Long-Term Care Staff

Mini Webinar training series for front-line staff to help protect residents from COVID-19

• [Keep COVID-19 Out](#)

- Infection Control Guidance
- SARS-CoV-2 Testing Guidance
- Assessment tools
- Training resources

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>