# [Click to enter the name of the long-term care facility] Response Plan to Support COVID-19 Testing

**Facility approval Date: Click or tap to enter a date.**

[Remove these reminders before publishing your plan: be sure to update the date in the document header. For additional assistance, please reference the Guidance for Long-term Care Testing Plan: How to Effectively Complete the LTC Testing Plan Template to Support COVID-19 Testing.]

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## Purpose

The purpose of this plan is to provide guidance on testing within the facility for residents and staff.

## Background

Nursing home and assisted living populations are at high risk for infection, serious illness, and death from infectious diseases, such as COVID-19. Testing for infection among residents and staff [[1]](#footnote-2) in long-term care (LTC) facilities is a priority to help inform prevention and control actions within the facility.

This plan should be implemented in coordination with continuity of care/service plans that allow residents to safely stay in place if an outbreak exists within the facility:

* [Insert a list of other related plans and protocols.]

## Assumptions

* Testing will be conducted, *in addition to* existing infection prevention and control measures recommended by the Center for Disease Control (CDC) and or Minnesota Department of Health (MDH), as appropriate.
* Contact tracing assessments will continue by the facility and will not be impacted by testing.
* Contingency staffing approaches should be in place ([Long-term Care Contingency Staffing Plan (TEMPLATE) (https://www.health.state.mn.us/diseases/coronavirus/hcp/ltccstemplate.docx](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltccstemplate.docx)).
* Health care worker leave policy should be in place.
* A negative test indicates only that an individual did not have detectable virus material present at the time of testing, and repeat testing may be needed. Widespread community transmission and movement of staff and residents in and out of a facility result in a continuous threat of introduction.
* Develop test strategies in the context of facility’s physical space, existing response plans and capacity, and the current pandemic/epidemic threat.
* Positive tests should result in specific infection prevention and control actions. For example:
  + - Group residents, when possible, to separate those with pandemic infection from those without detectable infection at the time of testing to reduce the opportunity for further transmission.
    - Use transmission-based precautions when treating, delivering meals, or cleaning rooms of positive residents.
    - Identify symptomatic or positive LTC staff for work exclusion.
    - Determine the burden of the pandemic on the operations of the agency, staff, and residents, and the overall impacts to the service being delivered.
* The facility administration should determine the best course of action for testing its staff and residents, while taking into consideration: testing recommendations from MDH, CDC, and other state and federal departments; a pandemic/epidemic threat assessment; and access to testing resources in coordination with the facility’s medical advisors and according to testing recommendations and current best practices and guidelines from MDH and CDC.
* Even with a comprehensive strategy, the facility may experience illness and death during a pandemic.

## Pandemic/epidemic threat assessment

[Address how you will conduct a risk/threat assessment. For more information on how to conduct a threat assessment, connect with your [Regional Health Care Preparedness Coordinators (RHPCs) (https://www.health.state.mn.us/communities/ep/coalitions/rhpc.html](https://www.health.state.mn.us/communities/ep/coalitions/rhpc.html).]

Once the plan is activated, this assessment should be done at least monthly and/or whenever conditions change, such as an increase of cases within the community or symptoms in residents/staff.

## Activation

Activation of this plan will occur when a health emergency is declared by local, county, state, or federal governments. The facility should also activate this plan for an outbreak within the facility before a health emergency is declared, if the administration determines this is needed.

Upon activation, a detailed pandemic/epidemic threat assessment should be conducted. If the threat is low, appropriate infection prevention and control measures and monitoring should be put in place and the situation should be monitored for changes that may necessitate testing (see MDH and CDC for details). If the threat is medium to high, the appropriate testing should be instituted in accordance with this plan and in addition to stringent infection prevention and control measures, and a testing team lead will be appointed by [Enter appointing authority]. The testing lead will complete and follow the actions as laid out in Attachment 1 - Testing team checklist.

## Operational considerations

### Medical orders

Medical orders will be obtained for resident testing by [Enter information regarding how your facility will obtain medical orders for the tests for your residents.]

Medical orders will be obtained for staff testing by [Enter information regarding how your facility will obtain medical orders for the tests for your staff.] Staff will include [This may include all employed staff or a smaller subset, for instance any staff that provides care to the resident, including those who are contracted or volunteer].

### Laboratory services

[Enter details about the laboratory with which the facility has an established relationship or the laboratory that the State has directed the facility to work with in processing specimen collections. Also indicate whether the testing team will coordinate directly with the lab or if the facility has a list of responsibilities as directed by the laboratory.] See [Attachment 2 - Lab worksheet](#_Attachment_2_-).

### Specimen collection

The facility will [Insert information about whether the facility will use its own staff to conduct the testing or request assistance from another source.]

### Testing resources

The testing team will coordinate securing necessary supplies to complete the testing using the supplies list in [Attachment 3 - Testing supplies worksheet](#_Attachment_3_-). The collection media will be obtained by [enter the process to obtain the specimen collection supplies]. Other needed supplies will be secured through [identify where the supplies are kept on site or the process to order if needed].

## Testing requirements

MDH and CDC should be consulted for current recommendations for the particular disease epidemiology at the time that testing is considered. Administration should routinely check for updated guidance from health officials. The facility will meet those minimum requirements.

Routinely, active screening of residents for symptoms should be conducted when they are admitted, and thereafter, at least once daily. All residents who are positive for fever or symptoms should be isolated, placed under transmission-based precautions, and tested.

When this plan is activated, active symptom screening should be conducted for all staff when entering the facility. All symptomatic staff should be tested. Asymptomatic staff should be considered for testing if they have worked within 14 days at another facility that has a disease outbreak, have a known high-risk PPE breach while working with a resident who tested positive, or have a household member or social contact with confirmed or suspected disease. If a staff member is found to be positive, testing should be considered for co-workers who had contact with the positive staff member, starting 48 hours prior to onset of symptoms through the positive employee’s last work date, and a point prevalence survey should be scheduled. [Insert any additional isolation or cohort measures that should be instituted or referenced an appropriate isolation protocol]

Whenever there is a potential for the outbreak to spread within the facility, facility-wide testing by serial point prevalence survey should be completed.

[Include any other specific testing requirement the facility has. This section can list different testing requirements based on the threat/risk assessment level that the facility is experiencing at that time.

## Testing approach

Testing approach should follow any guidelines put out by MDH or CDC. The testing team should examine current MDH/CDC guidance and include that guidance in their testing approach. The test team lead will develop a specific course of action for carrying out the testing. The following are standard key components that should be addressed in the testing teams approach to testing:

* When collecting specimens, the testing team must wear the appropriate PPE.
* The testing should be performed in [Enter location and other details for the facility.]
* [Include any other specific details that the facility would like to detail for the testing teams, such as differences between resident and staff testing]

## Testing implementation

When this plan is activated, the administration will inform the staff, residents, and appropriate family members/guardians about the importance of testing to maintaining a safe environment for all and about the details of when and where testing will take place.

If a resident refuses to be tested, the testing team will [Enter action to be taken.] If a staff member refuses to be tested, the testing team will [Enter actions to be taken.] If a staff member misses the testing or refuses testing, administration will [Enter actions to be taken.]

If any test results come back inconclusive or the test could not be processed for some reason, the testing team will [List what the action should be.]

[List other actions that the facility wants the testing team or administration to take in response to other scenarios that might apply.]

### Reporting/tracking results

Administration will ensure records are maintained regarding the testing process; resident and staff consent for testing; test results; and gaps/concerns identified during the process, and administration will ensure that any required reporting elements have been submitted to MDH. At a minimum, the testing team will inform MDH of the testing (e.g. number of residents and staff tested). See [Attachment 1- Post testing checklist](#_Post_Testing_Checklist) for details. Any positive test results will also be shared with local and/or state public health, as required.

The results of the testing will be sent by the laboratory to [Enter who receives the results]. The [Enter responsible role] will ensure that thetest results are entered into resident medical records and shared with the resident/guardian as appropriate.

Employees will be informed of their results by [List your facility’s process to privately provide the result to employees tested and inform employees that they should share this information with their providers.]

[List your facility’s process/system to privately maintain records of positive staff test results, if received.]

### Cost

The cost for the resident’s test will be billed to insurance. [Insert the process detail.] The cost for the employee test will be [List if the facility will cover the cost of the test or bill insurance.]

## Plan maintenance

Administration should review this plan at least annually and update as appropriate. Administration should also ensure that staff who need to activate or implement this plan are familiar with it and have the appropriate training and resources needed.

## Attachment 1 - Testing team checklist

**Directions:** the following checklist is to be completed by the testing team lead. It outlines the tasks to be completed prior, during, and post testing.

Key Points of Contact

Team lead(s): Enter name of Team Lead(s)

Ordering provider(s): Enter name of Ordering Provider(s)

Swabbing staff: Enter name/Points of Contact of swabbing team

Trainer for swabbing staff, if applicable: Enter name of trainers

### Prior to testing checklist

Medical orders

* Obtain medical orders from appropriate provider for each resident to be tested.
* Obtain medical orders from appropriate provider for each staff to be tested.

Lab services (if using a mobile swabbing team, they will inform you of the lab process)

* Contact lab to be used to process the specimens. Upload/email order to lab for both residents and staff.
* Discuss with the lab whether the lab will provide the specimen collection material, and if appropriate, arrange to ship testing material to the facility.
* Confirm lab arrangement for a courier to pick up lab specimens and deliver then to the lab.
* Identify with the lab who will receive test results (facility team lead, ordering provider or State Nurse Triage Line.

Communications

* Complete the [MDH RedCap COVID-19 Testing Requests and Allocations for Long Term Care survey (https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX](https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX)).
* Upload the listing of residents and staff to be tested into the survey ([Template: Point Prevalence Survey (PPS) Roster (https://www.health.state.mn.us/diseases/coronavirus/hcp/pps5roster.xlsx](https://www.health.state.mn.us/diseases/coronavirus/hcp/pps5roster.xlsx))).
* Write down the survey identifier, as it will be needed to re-enter the survey to report results after testing.
* Contact local public health, [Who is My Public Health Nurse Consultant? (https://www.health.state.mn.us/communities/practice/ta/phnconsultants/yourphnc.html](https://www.health.state.mn.us/communities/practice/ta/phnconsultants/yourphnc.html)), and MDH case manager, if assigned. Inform them of testing date, connect for support on creating/updating continuity staffing plans, and discuss potential strategies for contact tracing if there are any positive results.

Documentation

Review forms needed:

* + - [COVID-19 Testing: Long-term Care Staff and Resident Consent form (PDF) (https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestconsent.pdf](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestconsent.pdf)).
    - Medical order
    - Facility’s Staff Authorization of Release of Information form
    - If using State mobile swabbing team: [2020-21 COVID-19 Testing Registration form (PDF) (https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestform.pdf](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestform.pdf)), with insurance information.
    - Lab-specific order form.
* Obtain consent and authorization for release of information from staff and inform staff (including other care providers, e.g. therapy, dietary) of the reasons/need for testing, the testing process, the frequency, and the testing dates.
* Obtain consent from residents/guardians per facility policy and inform them of testing and frequency.

Floor plans

Evaluate facility floor plans and workflows to determine the best testing process including:

* + - Develop a swabbing plan for collecting specimens that will minimize the likelihood of spread and maximize the swabbing team’s time (example: in each resident’s room by wing, by floor) using the facility diagram and resident list with room numbers to make sure all planned areas are covered.
  + Identify private area to swab staff.
  + Identify area for swabbing team to work from that has the following:
    - Tables for the team to place supplies.
    - Containers to place specimens in once collected.
    - Ice packs to keep specimens cool until they can be placed in a refrigerator.
    - Space in a non-food refrigerator for specimens until the courier can pick them up. Specimens should be stored at 2–8C (35-47F).

### Day of testing checklist (swabbing team)

Ensure the labels are attached to the specimen for lab processing per *lab specific* requirements.

Ensure staff have appropriate PPE to collect the swabs (i*f using a mobile swabbing team, they typically bring their own PPE).*

Identify, if needed, additional staff to assist swabbing team with logistics and handling of specimens

If swabbing team will be training others, provide a debriefing area once the swabbing is done to answer any questions.

Maintain a confidential list of who was tested and who was not tested, and why.

Report total number tested to MDH in original RedCap survey using the survey identifier (return code on the upper right-hand corner of form) to re-enter the survey.

### Post testing checklist

Reporting/documentation

Enter the lab result, including the number of residents and staff who were tested and received positive results, into the [MDH RedCap COVID-19 Testing Requests and Allocations for Long Term Care survey (https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX](https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX)).

Follow facility policy and procedure for entering results for residents into each resident’s medical record.

Inform residents or resident representatives of their results per facility policy.

Inform staff that they are responsible for sharing their results with their primary care physician.

Share positive results with county public health and MDH (through case manager, if one is assigned) for contract tracing and further guidance.

Track residents tested, those who were not tested and the reason, and results for each resident.

Floor plans

Map the location of positive patients and determine isolation timelines in coordination with public health authorities.

Complete any needed follow up testing.

## 

## Attachment 2 - Lab worksheet

**Directions:** use the following information to capture lab-specific information for the processing of specimen collection from your facility. It is important to assess this information and revise it if necessary prior to every new cycle of testing.

NOTE: it is important for the facility to communicate with the lab in advance to ensure all details are communicated. Most labs have very specific requirements for the types of swabs they can accept, how and by whom they want specimens labeled, and how specimens are conveyed.

NOTE: if you are using a mobile swabbing team, confirm lab details with the team.

### Contact information

Name of lab [Enter the name of the lab]

Lab point of contact [Enter the name of the individual if known]

Phone number [Enter phone number]

Types of swabs required for lab [Enter details]

Lab pick-up/delivery Instructions   
[Enter details provided by the lab or the mobile testing team used regarding pick up of the samples]

### Key dates

Date of sample collection Click or tap to enter a date.

Date of sample submission Click or tap to enter a date.

Date of sample collection Click or tap to enter a date.

Date results received Click or tap to enter a date.

### Results data

NOTE: all data will need to be reported to MDH.

Total number of samples processed [Enter Number]

Number of positive staff [Enter Number]

Number of positive residents [Enter Number]

Inconclusive samples or with processing issues [Enter Number]

### Specific labeling requirements

[Insert any specific requirements the lab has for labeling]

### Additional notes

## 

## Attachment 3 - Testing supplies worksheet

Directions: this worksheet helps your facility capture details on the number and types of testing supplies needed for your testing efforts.

Note: if you are working with a mobile swabbing team, please document what your responsibilities are for providing supplies, what specific supplies are needed, and what the team will bring as part of their swabbing service.

### Logistics

Number of staff to be tested [Enter total number of staff to be tested]

Number of residents to be tested [Enter the total number of residents to be tested]

Total number to be tested [Total of the two numbers above]

Supply Details

| **Supply Items Needed** | **Details** |
| --- | --- |
| Specimen collection | [Enter information regarding where the specimen collection supplies will come from and where they will be stored for the team to obtain on the testing.] |
| Place for swabbing team to use to set up testing supplies | [Indicate location where the testing team will gather and prep for testing |
| Containers to place specimens in once collected | [Indicate the number to be used and where they are located.] |
| Ice packs/coolers to keep specimens cool until they can be placed in a refrigerator | [Indicate the number to be used and where they are located.] |
| Space in a non-food refrigerator for specimens until the courier can pick up. Specimens should be stored at 2–8C (35-47F). | [Indicate location.] |
| Masks (swabbing team) | [Indicate number needed and location] |
| Gloves (swabbing team) | [Indicate number needed and location] |
| Gown (swabbing team)s | [Indicate number needed and location] |
| Face shield (swabbing team) | [Indicate number needed and location] |
| Other (swabbing team) | [Indicate the items, the number needed and location] |

#### Additional comments or instructions

This space is for any additional key instructions to ensure testing runs as smoothly as possible.

1. LTC staff include, but are not limited to: nurses; nursing assistants; physicians; technicians; therapists; phlebotomists; pharmacists; emergency medical service personnel; students; trainees; contractual staff not employed by the health care facility; essential caregivers; and persons not directly involved with in-patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting, for example, clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel. [↑](#footnote-ref-2)