



OKLAHOMA

State Department of Health

Facility Testing Requirements, Revised COVID-19 Focused Survey Tool, LTC Coordinators and Supervisors Map, PPE Usage Grid

September 17, 2020

Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool

On August 28th, CMS issued Memo [QSO-20-38-NH](#) and provided guidance related to 42 CFR § 483.80(h), which requires nursing homes to test all residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19. Noncompliance related to this new requirement will be cited at new tag F886.

For the purpose of testing “individuals providing services under arrangement and volunteers,” facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff. CMS indicated the facility may have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source (e.g., their employer or on their own). However, the facility is still required to obtain documentation that the *required testing was completed during the timeframe that corresponds to the facility’s testing frequency*, as described in Table 2 below.

When prioritizing individuals to be tested, facilities should prioritize individuals with signs and symptoms of COVID-19 first, then perform testing triggered by an outbreak.

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs and symptoms must be tested	Residents with signs and symptoms must be tested

Outbreak (Any new case arises in facility)	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.

**For outbreak testing, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.*

An outbreak is defined as a single new COVID-19 infection in any healthcare personnel (HCP), or any resident who becomes infected with COVID-19 while in the nursing home. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak.

Routine Testing of Staff

Routine testing should be based on the extent of the virus in the community, therefore facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates are available on the following website (see section titled, "COVID-19 Testing"):

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

Table 2: Routine Testing Intervals Vary 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*

**This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.*

Monitor your county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above.

- If the county positivity rate increases to a higher level of activity, begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- If the county positivity rate decreases to a lower level of activity, 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.

Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances, such as the identification of a confirmed COVID-19 case in the facility. Facilities may consider testing asymptomatic residents who leave the facility frequently, such as for dialysis or chemotherapy.

Frequently asked questions related to the use of these testing devices in high-risk congregate settings such as nursing homes can be found [here](#).

The above information is an overview and introduction to the testing requirements. Be sure and read all of [QSO-20-38-NH](#) for complete information.

COVID-19 Focused Survey Tool

In Memo [QSO-20-38-NH](#), CMS indicated they are revising the COVID-19 Focused Survey tool to reflect the new testing requirements. The revised tool will also help assess the nursing homes compliance with appropriate infection prevention standards (e.g., transmission-based precautions, face coverings, etc.) and the designation of one or more individuals as the infection preventionist(s) (IPs) who are responsible for the facility's infection prevention and control program at 42 CFR § 483.80(b). Noncompliance related to this requirement will be cited at tag F882.

Survey and Certification Update

Survey teams have been redistributed and assigned new coverage districts. To assist you in identifying your teams and ease of contacting them we have developed a [Long-Term Care Coordinator and Supervisor Map and Phone Tree](#). Please let us know if you have any questions or concerns that we may assist you with.

PPE Usage Grid Revised

The OSDH revised the [PPE Usage Grid](#) in an attempt to help clarify the appropriate PPE to utilize in various situations and Cohorts. In addition to the Usage Grid, examples have been provided on PPE optimization strategies recommended before shortages occur and removal and disposal of PPE.

Long Term Care Questions?
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