Coronavirus Disease 2019

Ohio | **Department of Health**

ODH GUIDELINES FOR TESTING OF NURSING HOME RESIDENTS AND STAFF

PURSUANT TO DIRECTOR'S ORDER FOR TESTING OF THE RESIDENTS AND STAFF OF ALL NURSING HOMES DATED MAY 27, 2020

June 15, 2020

Effective May 27, 2020 at 11:59 PM, all nursing home facilities are subject to the Ohio Department of Health (ODH) Director's Order and Guidelines indicated above. The state is supporting efforts to test nursing home residents and staff. The following Guidelines and all documents referenced comprise Ohio's approach to conducting baseline testing for nursing home residents and staff. While the state's current operations emphasize staff testing, the state may also assist with strategic resident testing for COVID-19 outbreaks and/or to test residents who have been exposed to staff who have tested positive for COVID-19. Forthcoming guidance will address additional resident testing considerations, and this document will be updated as testing strategies and processes evolve.

GUIDING PRINCIPLES

Nursing home residents are among the most vulnerable for severe COVID-19 infection and comprise a high percentage of COVID-19 deaths in Ohio. To protect these residents and the staff who take care of them, the presence of COVID-19 in nursing home facilities must be identified so that measures can be put into place to isolate the virus and contain its spread. To support this work, the state has been divided into three zones, each with a hospital lead, working with local coalitions that include the facility and local health department. As newer evidence reveals a much higher than expected rate of infection for those without symptoms, testing individuals before symptoms are evident can be effective in containing the infection in a more proactive manner. The CCURT was developed to implement Ohio's approach for testing staff and residents of congregate care facilities.

Ohio's Congregate Care Unified Response Team (CCURT) has developed an approach for testing these residents and staff guided by the following principles:

- Protect Ohioans in communities and congregate facilities, including prioritization for nursing home facilities.
- Use the best available clinical information and Centers for Disease Control and Prevention guidance adapted to best meet the needs of Ohioans, including testing prioritization within minority communities.
- Empower local communities with resources to mitigate and control outbreaks.
- Leverage the private sector for resources and partnerships.

APPLICABILITY

Each nursing home licensed by the ODH or certified by the U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services (CMS), or the Ohio Department of Medicaid (ODM) shall cooperate with the COVID-19 testing for staff and residents as required by ODH. This includes, but is not limited to, strategic testing of residents to prevent the spread of COVID-19 within a facility and a community. Each nursing home facility (facility) in Ohio shall require all its employees to be tested.

Currently, licensed and/or certified nursing homes must follow the infection control requirements set forth in regulations. These include developing a system of identifying and controlling the spread of communicable diseases among residents, employees, contract and agency staff (including hospice staff, attending physicians, etc.), volunteers, and private caregivers. As part of its infection control activities, the facility may encourage or require these types of individuals who are not employees to participate in the facility's testing plan or obtain and verify their testing status.

Facilities may meet the requirements of the order by participating in state-supported, Ohio National Guard (ONG) testing, and/or by conducting testing without state support. Nursing facilities that have conducted or plan to conduct employee testing without state support can meet the requirements of the Order if each employee's test for COVID-19 is: (1) conducted on or after May 6, 2020, and (2) performed as a RT-PCR diagnostic test. Facilities that conduct employee testing without state / ONG support must verify that they have met the requirements of the Order by sending a signed letter on the facility's letterhead to CCURT@odh.ohio.gov. The letter must provide summary-level testing results for all facility employees. The facility should maintain a complete ongoing individual-level resident and staff COVID-19 test results for compliance purposes. Upon ODH request, a compiled list of individual-level staff and resident testing results must be made immediately available in a spreadsheet format.

NURSING HOME TESTING TERMINOLOGY, APPROACH, PROCESSES, AND RESOURCES

The Administration of Ohio Governor Mike DeWine created a multi-agency, multi-discipline response team, the Congregate Care Unified Response Team (CCURT), to coordinate testing in congregate care environments. CCURT will provide technical assistance and support to facilities during the COVID-19 pandemic.

Our goal is to save lives, to slow the spread of the virus, and to provide clinically driven approaches through collaboration with facilities, communities, hospital zone partners, and local health departments.

Terminology:
- Congregate Care Unified Response Team (CCURT): in coordination with the state's Emergency Operations Center (EOC) under the authority of the ODH Director, the CCURT collaborates with facilities, labs, hospital zone leads, local hospital partners, and local health departments. The CCURT team is comprised of representatives of staff from multiple state agencies who are organized into four key areas of responsibility:
    - Unified Response Teams (URTs): teams of state staff accompany facilities through the testing, resulting, and aftercare processes. A Contact Administrator (CA) from a URT will contact facilities prior to testing, coordinate with other state and local partners, and remain a contact person throughout the testing process. Three teams are being led by:
        - Zone 1 - James Hodge, Chief, Bureau of Regulatory Operations, ODH
        - Zone 2 - Rebecca Sandholdt, Chief, Bureau of Survey and Certification, ODH
        - Zone 3 - Julie Evers, Medicaid Health System Administrator 3, ODM
    - Bridge Team: working with the URTs, this team will assist facilities to address urgent staffing, supply, and other needs. This team is described in more detail below.
    - Lab Team: a team that coordinates efforts among ODH and other state-supported labs. By working with all of Ohio's testing labs and monitoring Ohio's lab testing capacity, an efficient schedule for testing can be managed and adjusted to provide an appropriate cadence of testing.
    - Local Health Department Liaisons: state agency staff who work with the local health departments to coordinate and support overall communications, testing, and contact tracing.
- Emergency Operations Center (EOC): unifies Ohio's statewide emergency management by coordinating activities to mitigate, prepare for, respond to, and recover from disasters, including the COVID-19 pandemic. It is important for facilities to continue coordinating with local emergency response and local health departments as they do today unless otherwise instructed in these Guidelines.
- Office of the State Long-Term Care Ombudsman: state employees and regional representatives who advocate for and work with individuals, families, and facilities to offer information, link residents to services, and resolve problems or concerns.
- Local Coalitions: Congregate care facilities, local health departments, and hospitals are forming local coalitions to provide expert infection control and clinical leadership across Ohio. These coalitions coordinate with regional public

health and hospital leadership, which coordinate with hospital zone leadership. The purpose of local clinical alignment is to create a broader community view that extends beyond individual facilities and systems to share planning and problem-solving for maximal collective impact. Examples of alignment opportunities include, but are not limited to:

- o Streamlining real-time sharing of information and communications to alert coalition partners to early signs of shortages or surges.
- o Standardizing processes to improve clinical efficiency and effectiveness while also meeting the unique characteristics of each community.
- o Maximizing allocation and use of resources based on broader areas of needs, with an emphasis on PPE, testing, personnel, and transportation.
- o Swiftly conveying information about local situations, including resource allocation, to regional and zone leadership.
- o Organizing for local or community surges.
- o Integrating efforts with state-level monitoring and rapid response.
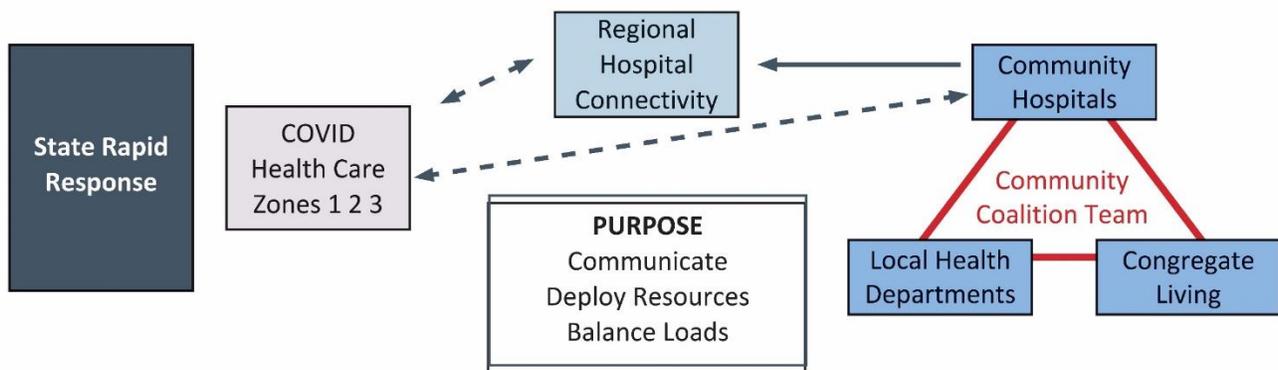
Approach

Testing in nursing homes requires collaboration and coordination between facilities, labs, local health departments, Hospital Preparedness Zone leadership, local partner hospitals, and state resources. Testing provides important data for infection control that limits the spread of the virus, as well as person-centered clinical planning.

The ONG is being deployed to oversee logistical and operational support for Ohio's collaborative testing effort. ONG teams are comprised of licensed and credentialed medical and health care professionals. These teams will visit each facility to collect and transport specimens for COVID-19 testing.

While the ONG is currently focused on collecting specimens to test nursing facility staff, residents who need or want to be tested can be swabbed to have specimens taken when the ONG is onsite.

The ONG may also assist with strategic resident testing for widespread COVID-19 outbreaks and/or to test residents who have been exposed to staff who have tested positive for COVID-19. Prior to engagement with the CCURT, facilities that identify residents or staff who are symptomatic or who have known COVID-19 exposure should immediately contact their local health department for testing guidance.

Each facility should work with their local coalition and assigned partner hospital to conduct additional testing that will lead to cohorting of individuals within facilities. Testing of symptomatic residents or staff should not be delayed until the ONG is onsite.

Process

The following is an overview of the process that will be used to collect specimens from employees and other staff at nursing homes. Additional guidance will be issued at a later date regarding processes for testing of residents. The process for testing staff outlined below recognizes the need to:

- Coordinate resources, including lab testing capacity across lab sites.
- Identify facilities to be tested and coordinate the scheduling of testing.
- Communicate with facilities, labs, local health departments; hospital zone and local hospital partners, and regional health care coordinators.
- Provide technical assistance and support to facilities from beginning to end of the benchmark testing process.
- Provide additional guidance for facilities to ensure access to testing for residents through local health departments.

The outline below provides an overview of the steps and actions involved in this effort. Note: changes in these steps and actions are likely to be implemented as teams gain new insights into best practices and processes.

Brief Guidance Regarding Testing of Residents Who Live in Nursing Facilities

While the ONG may assist with strategic resident testing for widespread COVID-19 outbreaks and/or test residents who have been exposed to COVID-19, **the facility should immediately notify their local health department and/or hospital partner for guidance and access to COVID-19 testing when they identify symptomatic residents or staff.**

Detailed guidance regarding caring for individuals with COVID-19 within congregate care settings can be found in the Long-Term Services and Supports Toolkit on Ohio's Testing in Nursing Homes website.

Nursing facility residents who have tested positive for COVID-19 and are asymptomatic or have mild symptoms should continue to receive care in place when clinically appropriate.

In order to determine if a resident should be transferred to the hospital, the facility should follow ODH's Criteria for COVID-19 Positive Skilled Nursing Facility Patient Transfer and Admission to Acute Hospital, which is available on Ohio's Testing in Nursing Homes website. If a hospital-level of care is not required and the facility determines it cannot meet the individual's needs in the present location, the facility may also consider transferring the resident who needs to be quarantined or isolated to a Health Care Isolation Center.

Benchmark Testing of Facility Staff

The outline that follows is primarily intended to detail the process for testing employees of facilities, particularly for facilities that are not experiencing an acute need for testing of residents or staff. Questions regarding the applicability of this process to your facility should be directed to CCURT@odh.ohio.gov.

Scheduling & Planning

1. Facility Identification
   a. The CCURT will develop a list of facilities that will be tested in blocks of time or "sprints." Testing for the sprint period will begin approximately one week after the list is developed.

2. Facility Outreach and Notification
   a. At the beginning of the sprint, the CCURT's Contact Administrators (CAs) will contact each facility to provide notification that their facility will be involved in the "sprint."
   b. The CA will provide a brief introduction to the testing process, answer preliminary questions, and:
      i. Send a link to an online survey that will help the URT, ONG, and Zone labs plan for scheduling, specimen collection, and lab testing. The survey must be completed within 24 hours of receipt.
      ii. Alert facility leader of an informational webinar scheduled to provide more detailed instructions.

3. Online Survey/Information for Planning
   a. The facility will be asked to complete the survey within 24 hours of notification. Survey questions currently request the following information, but may change as the testing effort matures:
      i. Facility name, address, and phone
      ii. Primary point of contact, email, and phone
      iii. Secondary clinical point of contact, email, and phone

        iv. Current census of residents and staff

        v. Facility floor plan (submitted to assist with strategic resident testing)

        vi. Preferred time(s) for testing

        vii. Special Notes

    b. Facilities may use the survey to indicate that they have already conducted or plan to conduct employee testing that meets the requirements of the Order. Facilities that indicate they already meet or intend to meet the requirements of the order without state/ONG support can "opt-out" of the rest of this process. Facilities that opt-out may opt back in at a later date by contacting CCURT@odh.ohio.gov.

    c. The CCURT may share facility survey results with the following groups to plan testing:

        a. Zone leads, partner hospital contacts, and labs assigned to the facility.

        b. ONG members who will be planning the mission to collect specimens.

        c. The LHD where the facility is located.

4. <u>Informational Webinar, Notification of Testing Day</u>

    a. Within 1-2 days of facility notification, the CCURT and the ONG will host an informational webinar for all facilities involved in the two-week testing sprint.

    b. Webinar attendees will include facilities, Zone clinical and lab leads, state-supported lab leadership, local health departments, and local partner hospitals.

    c. The webinar will provide a detailed overview of the testing process and operations.

    d. The webinar will provide details about lab requisition form(s) and clinical orders for tests.

    e. Attendees will have the opportunity to ask questions.

    f. Following the webinar, facilities will be notified of their testing day.

5. <u>Notification of Testing Day, Creation of Individualized Testing Plan</u>

    a. At least 2-3 days prior to testing, the CCURT or others involved in the testing process will schedule a meeting with facilities to provide additional information, develop each facility's testing plan, and answer any outstanding questions regarding:

        i. The number of individuals who will be swabbed

        ii. Onsite logistics, including time of day for testing

        iii. Ordering of tests & lab requisition forms

    b. Zones, local health departments, and local hospital partners may attend these meetings.

6. <u>Brief Logistics Confirmation</u>

    a. On the day prior to the scheduled visit, the ONG and/or the CA will confirm testing logistics.

    b. Test kits may be shipped to the facility, or the ONG may bring them when they arrive.

    c. The CA will ask if the facility would like to have additional staff or residents swabbed by the ONG during their visit.

Testing

7. <u>Testing Day</u>

    a. All testing will occur inside the facility. The ONG team will arrive, don PPE, and set-up.

    b. The facility will need to provide staff to escort ONG teams, and they may need to provide a table for the ONG to use while onsite.

    c. Prior to swabbing, the ONG team will verify the completion of the required sections on each lab form.

    d. The ONG will perform swabbing to collect specimens.

    e. While onsite to conduct staff specimen collection, the ONG will have extra test kits and will collect specimens from residents who are experiencing symptoms or may have been exposed to COVID-19.

f. The ONG will conduct tear-down activities, exit the premises, and ensure kits are delivered to the facility's assigned laboratory.

g. Nursing facilities are responsible for ensuring all employees, including those who are not present on testing day, have a baseline COVID-19 test. Facilities should verify that they meet this requirement within three weeks of the ONG's visit to the site.

Resulting

8. Awaiting Staff Testing Results
    a. All nursing facilities must comply with ODH Contingency and Crisis Facility Staffing Guidance before considering scheduling staff that have tested positive, been exposed to, or are displaying symptoms of COVID-19. This guidance is available on Ohio's Testing in Nursing Homes website.
    b. As outlined in the ODH Contingency and Crisis Facility Staffing Guidance, asymptomatic staff can continue to work and should continue COVID-19 infection control precautions, including wearing appropriate PPE.
    c. The facility should continue daily monitoring of staff for the symptoms of COVID-19.
    d. The local health department and/or partner hospital should be immediately notified if staff or residents develop symptoms.

9. Receipt of Testing Results
    a. Lab results for staff and residents will be delivered to the nursing facility's identified contact person. The lab will report both positive and negative results for each person tested. Results may be delivered through electronic means or fax.
    b. The testing lab will report positive test results on an individual level, and negative results on an aggregate level, to ODH in accordance with the ODH Director's Journal Entry of March 14, 2020, "Amended Reporting Requirements for 2019- Novel Coronavirus Under Ohio Revised Code 3721.13 and 42 C.F.R 483.10."

Aftercare

10. Action Based on Receipt of Results
    a. All nursing facilities must comply with ODH Contingency and Crisis Facility Staffing Guidance before considering scheduling staff that have tested positive, been exposed to, or are displaying symptoms of COVID-19.
    b. Nursing facility residents who have tested positive for COVID-19 and are asymptomatic or have mild symptoms should continue to receive care in place when clinically appropriate.
        i.   Additional detailed guidance regarding caring for individuals with COVID-19 within congregate care settings can be found in the LTSS Toolkit on Ohio's Testing in Nursing Homes website.
        ii. The facility should follow ODH's Criteria for COVID-19 Positive Skilled Nursing Facility Patient Transfer and Admission to Acute Hospital, which is available on Ohio's Testing in Nursing Homes website.
        iii. The facility may also consider transferring residents who need to quarantine or isolate to a Health Care Isolation Center.

11. Bridge Team Assistance with Resident or Staff Related Problems
    a. Should testing and/or results lead to challenging situations, facilities, local health departments, local hospital partners, and zone leads can contact the Bridge Team for assistance. Information regarding engaging and using the Bridge Team, including its staff augmentation resources, can be found in the CCURT Bridge Team Guidance and Information document posted on the Ohio's Testing in Nursing Homes website.
    b. Once activated, the Bridge Team will coordinate facility communication with all relevant state agencies, the Emergency Operations Center, health care zones, hospitals in the area, and the local health department to provide immediate assistance.

12. Contact Tracing for Resident and Staff
    a. Exposure notification specialists from local health departments will conduct case investigations with staff and residents from nursing facilities who test positive for or are diagnosed with COVID-19.
    b. Exposure notification specialists will follow individuals who have been exposed to or test positive for COVID-19 until the end of their quarantine or isolation periods.

For additional information, visit coronavirus.ohio.gov.

For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

Your mental health is just as important as your physical health. If you or a loved one are experiencing anxiety related to the coronavirus pandemic, help is available 24 hours a day, seven days a week. Call the COVID-19 CareLine at 1-800-720-9616.

CORONAVIRUS DISEASE 2019

Ohio | **Department of Health**

Protect yourself and others from COVID-19 by taking these precautions.

PREVENTION

STAY HOME EXCEPT FOR WORK AND OTHER NEEDS

WEAR A FACE COVERING WHEN GOING OUT
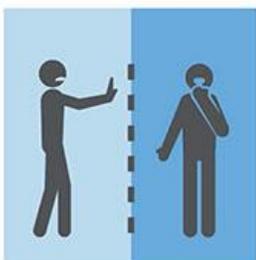
PRACTICE SOCIAL DISTANCING OF AT LEAST 6 FEET FROM OTHERS

SHOP AT NON-PEAK HOURS

WASH HANDS OFTEN WITH WATER AND SOAP (20 SECONDS OR LONGER)

AVOID TOUCHING YOUR EYES, NOSE, OR MOUTH WITH UNWASHED HANDS OR AFTER TOUCHING SURFACES

COVER YOUR MOUTH WITH A TISSUE OR SLEEVE WHEN COUGHING OR SNEEZING

CLEAN AND DISINFECT "HIGH-TOUCH" SURFACES OFTEN

DON'T WORK WHEN SICK

CALL BEFORE VISITING YOUR DOCTOR