

Non-Nursing Home Facility Testing Grid

NOTE: The Centers for Disease Control and Prevention (CDC):

- Is one of the major operating components of the Department of Health and Human Services
- Is the nation's leading science-based, data-driven, service organization that protects the public's health
- Provides infection prevention and control recommendations related to COVID-19

The information provided in the grid below is from the CDC unless otherwise indicated.

To view the Community Transmission Levels, go to the CDC COVID-19 Integrated County View site. Click on the link below, enter your state and county.

[CDC COVID Data Tracker: County View – Community Transmission Levels](#)

[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC](#)

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic | CDC](#)

Topic	Red (High)	Orange (Substantial)	Yellow (Moderate)	Blue (Low)
CDC Terms/Definitions	<p>Long Term Care Facilities provide a variety of services, both medical and personal care, to people who are unable to live independently. Per CDC, long term care facilities include: Nursing homes, Skilled nursing facilities, and Assisted living facilities.</p> <p>https://www.cdc.gov/longtermcare/index.html</p> <p>Healthcare Personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances, contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to: nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Ftesting-healthcare-</p>			
Symptomatic Residents and Staff	<p>Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible.</p>			
Testing Considerations	<p>o Testing Community Transmission Levels are found in the link above</p> <p>o Either an antigen test or nucleic acid amplification test (NAAT) can be used</p> <p>o In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended</p>			

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Outbreak	<p>During Outbreak Investigation there are two approaches:</p> <ul style="list-style-type: none"> o Contact Tracing (e.g. specific close contacts) -The approach to an outbreak investigation should take into consideration whether the facility has the experience and resources to perform individual contact tracing. Perform contact tracing to identify any HCP who have had a higher-risk exposure or residents who may have had close contact with the individual with SARS-CoV-2 infection. All HCP who have had a higher-risk exposure and residents who have had close contacts, regardless of vaccination status, should be tested immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure. If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, contact tracing should be continued to identify residents with close contact or HCP with higher-risk exposures to the newly identified individual(s) with SARS-CoV-2 infection o Broad-based Testing (e.g. unit, facility wide) - If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor, or other specific area(s) of the facility). Perform testing for all residents and HCP on the affected unit(s), regardless of vaccination status, immediately (but generally not earlier than 24 hours after the exposure, if known) and, if negative, again 5-7 days later <ul style="list-style-type: none"> o Facilities shall report positive test results to the OSDH Long Term Care Services (Chapter 663, Chapter 680, Chapter 675) o See the Visitation Grid for guidance on visitation 			
POC Testing per CLIA Certificate of Waiver	<ul style="list-style-type: none"> o The use of Point of Care (POC) COVID-19 testing is allowed per CLIA, but the use of POC is not required o Orders from a physician, physician assistant, nurse practitioner, or clinical nurse specialist are required for a resident to be tested for COVID-19 			
OSDH Suggested Guidance for COVID-19 Infection Prevention and Control	<ul style="list-style-type: none"> o Testing Visitors Not Required <p>Staff:</p> <ul style="list-style-type: none"> o If outbreak testing has been triggered (see above), and a staff member refuses testing, the facility may consider restricting the staff member from the building until the procedures for outbreak testing have been completed, per facility policy <p>Residents:</p> <ul style="list-style-type: none"> o Residents (or resident representatives) may exercise their right to decline COVID-19 testing 			