

# COVID-19 TESTING STRATEGY FOR CONGREGATE SETTINGS

Congregate settings include, but are not limited to, long term care (LTC) facilities, basic care facilities, assisted living facilities, group homes, and correctional facilities.

## No cases in the facility:

- Test any resident or staff who has any one symptom (cough, fever, shortness of breath, fatigue, chills, muscle aches, sore throat, runny nose or congestion, headache, new loss of taste or smell, nausea or vomiting, diarrhea) of COVID-19 infection.<sup>§</sup>
- For LTC settings, perform testing according to the [North Dakota LTC Guidance](#) phased-approach and reopening process.
- Conduct routine testing of all staff and residents in the facility every two weeks.<sup>β</sup> North Dakota Department of Health recommendations on the frequency of routine testing may be adjusted based on COVID-19 activity and prevalence.
- If an employee or resident tests positive, refer to below guidance.

## One case (in staff or resident) in the facility:

- Conduct facility-wide point prevalence survey (PPS) of all residents and staff as soon as there is a new case identified to inform clinical management and infection prevention and control recommendations.
- Repeat COVID-19 testing of negatives 5-7 days after initial PPS or cohort testing until testing has identified no new cases in residents or staff for a period of at least 14 days since the most recent positive test result.
- Residents and staff who are not tested or refuse testing:
  - Residents should be placed in isolation precautions for 14 days from the date of the last known positive test result on the unit/floor/grouping.
  - Staff should not provide direct patient care or be considered to provide care to COVID-19 residents.
- Positive COVID-19 cases should remain in isolation until at least 10 days have passed since symptom onset and it has been 24 hours since last fever without the use of fever-reducing medications and improvement in symptoms OR 10 days have passed since the date of their first positive COVID-19 test (if asymptomatic).
  - For positive COVID-19 cases with severe or critical illness or severely immunocompromised<sup>^</sup>, duration of isolation for at least 10 days and up to 20 days after symptom onset or after first positive COVID-19 test for severely immunocompromised patients who are asymptomatic, may be warranted. Consider consultation with infection control experts.

- The test-based strategy is no longer recommended to determine when to discontinue isolation, except in rare circumstances.

Testing should be done using an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV2 RNA.

**Residents and staff who develop symptoms consistent with COVID-19, even if they recently tested negative, should have a diagnostic test for SARS-CoV-2 performed as soon as possible. The facility should continue to monitor all staff and residents for symptoms compatible with COVID-19.**

### Definitions:

- **Healthcare Personnel (HCP):** HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, 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).
- **Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.
- **Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
- **Severely Immunocompromised:** Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions. Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

§ Immediately provide the staff member with a mask and refer them to their medical provider or occupational health, calling ahead. The medical provider should assess the individual for COVID-19 infection and submit a specimen for testing, if indicated.

<sup>β</sup> Residents and HCP who had their initial positive viral test in the [past 3 months](#) and who are now asymptomatic do not need to be retested as part of facility-wide testing. Until more is known, testing should be considered again (e.g., in response to an exposure) 3 months after the date of onset of the prior infection. Residents and HCP who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be evaluated and may need to be retested if an alternate illness etiology cannot be identified.

^ Patients with [\*severe to critical illness\*](#) or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed since symptoms first appeared **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

For **severely immunocompromised** patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.