Southeast & South Central Minnesota Coalitions Regional Response Plan for Supporting COVID-19 Testing

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Southeast & South Central Minnesota Coalitions
Regional Response Plan for Supporting COVID Testing

Purpose

Through collaboration, the purpose of this plan is to increase the availability of testing for long term care facilities that want to test their residents and staff.

Background

Nursing home populations are at high risk for infection, serious illness, and death from COVID-19. Reverse transcription polymerase chain reaction (RT-PCR) testing (referred to here as testing or test) for SARS-CoV-2 infection among residents and healthcare personnel (LTC staff) in long term care facilities has become a priority to help inform prevention and control in the facility. LTC staff 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).

On May 7, 2020 Governor Walz announced his 5-Point Battle Plan for Protecting Minnesota's Long-Term Care Residents, Workers to provide more robust support to the state's long-term care (LTC) facilities. The 5-Point Battle Plan includes expanded testing for residents and workers in long-term care facilities; as well as testing support and troubleshooting to clear barriers. The Governors' plan also addresses the need to support staffing, training and supplies for LTCs. The support for LTCs in these areas is addressed in two other response plans. (Contact the coalition to get a copy of these plans.)

Prior to testing, LTC facilities need to ensure that there are continuity of care plans that allow residents to safely stay in place if there are positive COVID cases in the facility. Cohorting or isolation protocols should be developed. Additionally, LTCs should to have continuity plans that ensure adequate staff and supplies of PPE through conservation measures and advance planning. Additionally LTC facilities need to train their staff on what PPE is appropriate for a given situation to protect them and how to correctly don and doff the equipment as well as infection prevention and control procedures.

For more details about MDH Testing recommendations, see https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf.

Assumptions:

Point Prevalence Survey (PPS) is a facility level testing of all residents and staff to establish a snapshot of COVID 19 status. Typically this is performed in facilities with known active cases, usually completed within 48 hour window, and repeated weekly to enable cohorting of populations within the facility until transmission is stopped. This can be used as surveillance screening in facilities with no known cases. (See Attachment 1 for more details on priorities for testing.)
Testing will be conducted *in addition to* existing infection prevention and control measures recommended by CDC/MDH, including visitor restriction, cessation of communal dining and

group activities, monitoring all LTC staff and residents for signs and symptoms of COVID-19, and universal masking as source control. (See CDC guidance on Preparing for COVID-19: Long-Term Care Facilities and Nursing Homes for more details.)
Testing will not replace contact tracing risk assessment determinations for individuals. Those who are determined to need exclusion from work or isolation precautions on the basis of contact tracing will not be released from that status on the basis of a negative test.
Testing can be used to determine contingency staffing approaches in collaboration with local public health.
Testing should result in specific Infection prevention and control actions. For example:

- Cohorting residents to separate those with SARS-CoV-2 infection from those without detectable SARS-CoV-2 infection at the time of testing to reduce the opportunity for further transmission.
- Identifying LTC staff with SARS-CoV-2 infection for work exclusion.
- Determining the SARS-CoV-2 burden across different units or facilities and allocating resources.

Areas of Operations

The Governor's Battle Plan issued new guidance on testing, screening and monitoring, with requirements for long-term care facilities to:

- Institute consistent "active screening" practices for residents and staff
- Expand testing to all symptomatic residents & staff, as well as facility-wide testing when a case is confirmed or when multiple people develop symptoms
- Continue routine testing of residents/staff meeting specific risk criteria
- Amplify, expand and accelerate work on facilities' action plans for COVID-19 cases among residents or staff, including steps for dealing with many cases
- Continue to ensure staff are trained on proper use of masks and other protective equipment

Long Term Care Facility

The LTC facility will remain in charge of their respective facilities at all times including decisions to accept / deny recommended assistance options, and next steps their facilities will take.
When a LTC facility decides that testing should be done, the MDH testing RedCap survey will be completed. (https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX)

Note: Save your return code provided in the survey upon submission for future use. Once your testing is completed you should re-open the survey to update the results. Additionally, if there are changes to your answers you can use this code to open the survey and make changes. For example, if you decide to do your own testing after you requested a mobile team.

If the facility is testing in-house already and has coordinated to bring in an external partner to conduct testing, the facility can indicate this. The purpose of completing the survey under this situation is to provide MDH and the Coalition situational awareness of the testing. Attachment 2 provides a process to facilitate this in-house testing. If the facility needs testing supplies or a mobile testing team to come to assist with the testing, this can be indicated in this survey.

The information needed to completing survey include:

- Requested Date for Testing
- Number of residents and staff at facility
- Number of symptomatic residents and staff
- Number of tests being requested for residents and staff
- Facility License ID and address
- Health System affiliation and % of residents

The facility should inform local public health of their desire for testing so that planning can be coordinated with other facilities in the area. Local Public Health can also assist with continuity planning.

Prior to testing, the facility should ensure that continuity of operation plans (especially for staff shortages) are in place. Since CDC recommends LTC staff with COVID-19 be excluded from work, facility leadership should have a plan for meeting staffing needs to provide safe care to residents while infected LTC staff are excluded from work. Additionally the facility should have plans for to cohort positive residents where possible. (Your regional healthcare coalition has plans and templates that can assist with this.)

Resource: CDC guidance on Strategies to Mitigate Healthcare Personnel Staffing Shortages for additional considerations.

Targeted point of care testing may be an option for some facilities, and limit the number of individuals who need to be tested. Collaboration among local and state public health, LTC facility leaders and medical directors is advised when taking this approach.

Mayo Clinic

Mayo Clinic will coordinate testing for those sites that request assistance in the Southeast and South Central regions of the state. Mayo Clinic will reach out to the requesting facility to determine the best dates for testing and to provide details on the process. The preferred method for testing will be on-site testing for residents and off-site testing for facility staff. Decisions about the testing approach to use will be made in collaboration with the facility's leadership, MDH, and local public health agencies as appropriate.

Mayo Clinic will develop a regional testing schedule and prioritize testing based on notification from partners as follows:

1. Prioritization by MDH
2. Prioritization by Local Public Health, and
3. Submission of a request by a LTC facility in the MDH testing survey.

Note: Further prioritization will be done as noted in Attachment 1 -Testing Criteria | Prioritization and Tiered Approaches.

This schedule will be shared as a whole with the MN State Emergency Operations Center and the Regional Healthcare Preparedness Coordinators for the Southeast and South Central region coalitions.

Responsibilities

Facility staff testing process

Facility staff testing is subject to MDH standards and MN statutes pertaining to facility employers and employees.

Facility will:

- Obtain consent from employees using form provided by MDH (facility to receive results) https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctesting.html
- Provide pre-registration form to staff which will be collected on testing day and accompanies specimen (MDH form) https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctesting.html
- Coordinate with the selected testing entity to make an appointment date for testing and share the list of staff who have agreed to be tested. Testing access will be dependent on prioritization and resource availability.
- Inform employees (including other care providers, e.g. therapy, dietary) of reasons/need for testing, the process the testing frequency and the testing dates.
- Maintain a list of who was tested and who was not tested and why.
    - When there are positive results, share this information with county public health and MDH (through case manager if one is assigned) for contract tracing and further guidance.
    - Coordinate follow up testing with Mayo Clinic (7 and 14 day follow ups are advised).

Mayo Clinic will:

- Test staff at the facility and collect pre-registration form to accompany specimen.
- Provide the facility a listing of results for those employees.

Resident testing process

Facility will:

- Obtain consent from residents/families per facility policy and inform them of testing and frequency.
- Complete pre-registration form for residents which will be collected on testing day and accompanies specimen (MDH form) https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctesting.html
- Contact Mayo Clinic to arrange testing dates.
- Provide list of residents to be tested.
- Evaluate your facility floor plans and work flows to determine the best testing process possible.
- Track residents tested, those who were not tested and reason, and results for each resident
- Share positive results with the local county public health and MDH for contract tracing and further guidance.

- Map the location of positive patients and isolation time lines in coordination with public health authorities.
- Coordinate follow up testing.

Mayo Clinic will:

- Coordinate with the facility the following options:
  - Train facility staff to collect and submission of tests to Mayo labs.
  - Provide mobile testing options to local facilities where possible.
- If Mayo Clinic's mobile testing team is the best option, coordinate a time and date for the team to come to the facility. Provide the facility with the process and paperwork needed to complete the testing.
- Make results available to ordering provider and patients via the agreed upon process.
- Notify the Facility of positive results.

For further guidance, see CDC guidance on RT-PCR testing and specimen collection.

Local Public Health/Emergency Management

Local Public Health in coordination with City / County EM will coordinate planning and training support for local LTC facilities within their respective jurisdictional boundaries. Local Public Health will be informed by the facility and the coalition when a facility wants testing. They will be a conduit for public health-related assistance as well as other assistance they are able to provide.

South Central and Southeast MN Disaster Health Coalition

SEMN and SCMN DHC will share the testing schedule with appropriate partners and will coordinate assistance that is needed but can't be provided by local resources or Mayo Clinic including coordination with state assets.

More Resources

- MDH Long-term Care Testing Website
- Planning and Preparedness Checklist for Testing at Your Facility by a State Mobile Team (PDF)
- MDH General Testing Website
- Responding to COVID-19 in Nursing Homes
- Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings
- Additional Infection Control Guidance for Nursing Homes and Long-Term Care Settings
- Nursing Home and Long-Term Care Facility Checklist

Attachment 1 - Testing criteria | Prioritization and Tiered Approaches

Early experience from LTCs with COVID-19 cases suggests that when residents with COVID-19 are identified, there are often asymptomatic residents with SARS-CoV-2 present as well. Depending on the risk assessment done through contact tracing two approaches may be used to attempt to mitigate spread of disease in the LTC. These are whole facility testing and tiered testing.

Whole facility testing is most appropriate when there has been spread across the facility for some time, where contact tracing cannot easily identify a high risk cohort for tiered testing and represents the most rapid strategy to interrupt spread. Testing of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility. If undertaking facility-wide testing, facility leadership should be prepared for the potential to identify multiple asymptomatic residents and staff with SARS-CoV-2 infection and make plans to exclude staff from work and isolate and cohort residents.

Tiered testing is most appropriate where likely exposure can be identified, and where the potential exposure is identified rapidly (first case in a facility). Similar to whole facility testing, all staff and residents in the risk cohort (unit, floor, wing etc.) are tested including contract staff. If positive cases are identified, further testing outside of the cohort may be indicated. Facility leadership should be prepared for the potential to identify multiple asymptomatic residents and staff with SARS-CoV-2 infection and make plans to exclude staff from work and isolate and cohort residents.

Testing frequency The general recommendation for PPS testing is that testing should continue every seven days until two consecutive weeks at a facility return negative results or until directed to stop testing by public health authorities.

Priorities

1) Point Prevalence Survey (PPS) Testing for facilities with:
    1) Known positive cases in staff or residents or
    2) Facilities in high risk area e.g. located near another facility with an outbreak or share staff with positive facilities
2) PPS Testing as Surveillance Screening of LTC facility without known disease. Under this priority Large facilities e.g. > 100 beds, in high prevalence counties would have a higher priority for testing.
3) Other Facility request to enroll in weekly staff testing
4) Non-specific one time facility request for testing staff and/or residents
   This approach is currently low priority in the region but could become more standard as we move toward a surveillance approach such as noted in number 2 above. For example, before initiating a weekly employee surveillance program and opening to visitors facilities might undertake a PPS to assure the facility does not have circulating disease.

Follow up Testing

Repeat testing will be warranted in certain circumstances. After initial testing has been performed for residents and LTC staff (baseline) and the results have been used to implement

resident cohorting and LTC staff work exclusions, LTCs should consider retesting under the following circumstances:

Retesting of residents

- Retest any resident who develops symptoms consistent with COVID-19.
- During point prevalence testing, retest all residents weekly who previously tested negative to detect those with newly developed infection until all test negative for two weekly cycles or until advised testing may be discontinued by public health authorities.
- Use retesting to inform decisions about when residents with COVID-19 can be moved out of COVID-19 wards. See CDC guidance on Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings for additional information.

Retesting of LTC staff

- Retest any LTC staff who develop symptoms consistent with COVID-19.
- During point prevalence testing, retest all staff weekly who previously tested negative to detect those with newly developed infection until all test negative for two weekly cycles or until advised testing may be discontinued by public health authorities.
- Retest to inform decisions about when LTC staff with COVID-19 can return to work. See CDC guidance on Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 for additional details.
- Consider implementing a staff surveillance system testing all staff weekly, or If testing capacity is limited consider retesting LTC staff who are known to work at other healthcare facilities with cases of COVID-19.

Attachment 2 - Conducting Testing using Facility Resources

This document describes the steps required for your facilities to collect, order, and send COVID-19 specimens to Mayo Clinic Laboratories (MCL) for testing.

Requirements to conduct for facility-run testing:

In order to test your own residents and staff, the facility needs to have:

- An ordering medical provider who is willing to be responsible arranging for the tests to be ordered, for receiving calls with the results, reviewing those results, and ensuring proper clinical follow-up. The provider doesn't have to do the ordering themselves, that can be delegated, but they need to receive the results and act on them appropriately. The provider could be a physician, a nurse practitioner, or anyone else qualified to order testing or do follow-up.
- Staff trained to collect nasal pharyngeal or oral pharyngeal swab tests. This training can be provided, if needed. Contact the Coalition to be connected with a healthcare provider who can conduct this training.
- A system to enter the results of the testing into residents medical records.
- A process to privately provide the result to employees tested. Employees will be responsible for sharing this information with their providers.

Getting Started with MCL:

To begin the process to conduct your own testing,

1. Complete the intake form and send it to your MCL representative to establish a site specific account number.

   
   Intake Form.docx

   Contact Flynn.heather@mayo.edu if you don't have a MCL representative to initiate becoming a MCL client:

2. Once an account has been created the following will occur:
   - Instructions for ordering and obtaining results will be provided.
   - Collection instruction, collection supplies and shipping materials will be sent to the facility.
   - Once a collection date has been established, a courier will be scheduled and a pickup time will be established.

Reminder: Obtaining the most accurate information for your testing population, in a timely manner, will be integral in ensuring a smooth, efficient testing process.