



COVID-19 TESTING GUIDANCE FOR LONG-TERM CARE FACILITIES

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The following guidance is to be used for both nursing homes and assisted living facilities. These are the minimum requirements. All LTC's are able to increase testing frequency as needed.

Testing When a Staff Member or Resident Tests Positive/Outbreak (Hot Spot) Testing

An outbreak is defined as a new COVID-19 infection in any healthcare personnel (HCP) or any long-term care facility-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak. Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents, regardless of vaccination status, should be tested immediately. Continue repeat viral testing of all previously negative staff and residents every 3 days to 7 days, regardless of vaccination status until the testing identifies no new cases of SARS-CoV-2 infection among residents or staff for a period of at least 14 days since the most recent positive result. Every facility will conduct at least 2 rounds of facility-wide testing.

For individuals who test positive for COVID-19, repeat testing is not recommended. A symptom-based strategy is intended to replace the need for repeated testing. Facilities should follow the [CDC guidance](#) Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings for residents and [Criteria for Return to Work for Healthcare Personnel](#) with SARS-CoV2 Infection.

Ongoing Routine Screening of Staff

Fully vaccinated staff do not have to be routinely tested.

If a staff member is exhibiting symptoms, regardless of vaccination status, they should be tested and not permitted to work in any long-term care facility pending testing results.

Resident Testing

Resident testing should occur in the following circumstances:

1. Resident is symptomatic;
2. Resident has had a known contact with a positive;
3. Unvaccinated residents who regularly leave the facility test according to Table 1 below.

4. The facility has a new positive test and is considered a 'hot spot'/outbreak requiring 100% testing of staff and residents, regardless of vaccination status for at least two consecutive weeks with no new positive tests identified.

Resident and Staff Exposures:

- Fully vaccinated asymptomatic staff with [higher-risk exposures](#) who remain asymptomatic do not need to quarantine from work or the community for 14 days following their exposure. If signs or symptoms develop at any time in the 14 days following exposure, staff should seek testing and isolate at home.
- *Unvaccinated staff are required to quarantine for 14 days following an exposure.* If signs or symptoms develop at any time in the 14 days following exposure, staff should seek testing and continue isolating at home. Please see the updated [CDC Recommendations](#) for more information.
- Asymptomatic HCP with a [higher-risk exposure](#) and patients or residents with prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure.
- People with SARS-CoV-2 infection in the last 90 days do not need to be tested if they remain asymptomatic, including those with a known contact.
- Resident Exposures: Fully vaccinated residents should continue to quarantine for 14 days following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection

TABLE 1: Routine Testing Intervals

Facility Status	STAFF		RESIDENTS	
	Vaccinated	Unvaccinated	Vaccinated	Unvaccinated
New Positive (or Hot Spot)	<ul style="list-style-type: none"> ➤ Test 100% once per week until no new positives identified in facility for 14 days 	<ul style="list-style-type: none"> ➤ Test 100% twice per week 	<ul style="list-style-type: none"> ➤ Test 100% once per week until no new positives identified in facility for 14 days 	<ul style="list-style-type: none"> ➤ Test 100% once per week until no new positives identified in facility for 14 days
All other facilities regardless of county positivity	<ul style="list-style-type: none"> ➤ No routine testing requirements ➤ When symptomatic ➤ Exposure 	<ul style="list-style-type: none"> ➤ Test 100% twice per week ➤ When symptomatic ➤ Exposure 	<ul style="list-style-type: none"> ➤ No routine testing requirements ➤ When symptomatic ➤ Exposure 	<ul style="list-style-type: none"> ➤ Test unvaccinated residents who leave the facility regularly ➤ When symptomatic ➤ Exposure

NOTE: Staff or residents who have tested positive in the previous 90 days should not be retested unless they develop new symptoms of COVID-19.

Staff includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions. For purposes of testing “individuals providing services under arrangement and volunteers,” facilities should prioritize those who are regularly in the facility (e.g., weekly) and have contact with residents or staff.

Antigen Testing Guidance

New Mexico recognizes that the utility of antigen tests is limited for routine surveillance purposes in some settings and is directing facilities to use antigen tests in the following circumstances ONLY:

1. Immediate testing of a symptomatic staff or resident.



2. Immediate testing of an exposed staff or resident.
3. During outbreak/hotspot testing when access to PCR testing is limited by lack of supplies or a test turnaround time that exceeds 72 hours.

Reporting Requirements for SARS-CoV-2 Point of Care (POC) tests

Every COVID-19 testing site is [required to report](#) to the appropriate state or local public health department every diagnostic and screening test performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Point of Care (POC) testing may be performed with a [Clinical Laboratory Improvement Amendments \(CLIA\)](#) certificate of waiver, but reporting of test results to state or local public health departments are mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Reference Guide

Who	Testing Instructions	Type of Testing
New positive staff or resident (rapid response initiated, facility considered hot spot)	<ul style="list-style-type: none"> ➤ 100% testing of all residents, <u>regardless of vaccination status</u>, ➤ 100% testing of all vaccinated staff once per week, and ➤ 100% testing <u>twice per week</u> of all unvaccinated staff 	RT-PCR specimen for transport to laboratory or antigen test if access to PCR testing is limited by supplies, or test turnaround time exceeds 72 hours
Symptomatic staff or resident	<u>Staff with symptoms or signs of COVID-19, vaccinated or not vaccinated, must be tested immediately.</u> Perform test of symptomatic staff or resident. If the antigen test indicates positive no confirmatory test needed.	Antigen test if available and/or RT-PCR specimen for transport to laboratory if LTC does not have an antigen test or if the antigen test result is negative
Unvaccinated Residents who leave the facility regularly	Unvaccinated residents who leave regularly: Test twice a month	RT-PCR specimen for transport to laboratory
Asymptomatic Staff	Test <u>unvaccinated</u> staff according to Table 1 above	RT-PCR specimen for transport to laboratory

Asymptomatic Residents	No testing unless unvaccinated resident leaves facility regularly, in response to an outbreak (rapid response, hot spot testing), or the unvaccinated resident had known close contact with someone other than staff	RT-PCR specimen for transport to laboratory
Exposed Staff or Residents	<p>Immediately test directly exposed staff or residents when a new confirmed case is identified. Immediate results can identify other infected individuals, to isolate earlier and prevent further spread in the facility.</p> <ul style="list-style-type: none"> - If the antigen test indicates a negative result, the person should do a confirmatory PCR test. This person should be treated as if they were positive pending receipt of the PCR test result. - If the antigen test indicates positive no confirmatory test needed. 	Antigen test and RT-PCR specimen for transport to laboratory

- If a facility is experiencing a shortage in PCR testing supplies from Curative facilities may supplement their testing with rapid antigen tests if available.