



COVID-19 TESTING GUIDANCE FOR INTERMEDIATE CARE FACILITIES (ICF)

Issued: December 30, 2020

The New Mexico Department of Health's Division of Health Improvement is issuing the following testing protocols and guidance for all Intermediate Care Facilities licensed by the State of New Mexico. All ICF's are required to test with Curative beginning **January 11, 2020**.

Curative Tests

- are less invasive than the nasal pharyngeal swabbing;
- are a PCR test;
- require a simple mouth or nose swabbing; and
- can be self-administered.

Curative test kits will be sent to your facility on a monthly basis and adjusted by the state if a facility becomes a hot spot.

Testing Frequency

Facilities are required to test 25% of their staff and 25% of their residents on a weekly basis. Facilities should rotate staff and residents each week to ensure all staff and all residents are tested at least once a month.

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

If the facility receives a positive test result from either a staff member or a resident the facility must begin testing 100% of their staff and residents to identify and isolate those with COVID-19. Continue repeat viral testing of all previously negative residents and staff weekly, until the testing identifies no new cases among residents or staff for a period of at least 14 days since the most recent positive result. Everyone will conduct at least 2 rounds of facility-wide testing. If a staff member is exposed* or is exhibiting symptoms they should be tested and not permitted to work in the facility.

NOTE: Previous staff or residents who tested positives through a Curative test should not be retested for 90 days from the date they were identified as a positive.

Testing Refusal

Staff

Facilities must have procedures in place to address staff who refuse testing. Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return-to-work criteria are met.



If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed. The facility should follow its occupational health and local jurisdiction policies with respect to any asymptomatic staff who refuse routine testing.

Residents

Residents (or resident representatives) may exercise their right to decline COVID-19 testing in accordance with the requirements under 42 CFR § 483.10(c)(6). In discussing testing with residents, staff should use person-centered approaches when explaining the importance of testing for COVID-19.

Facilities must have procedures in place to address residents who refuse testing. Procedures should ensure that residents who have signs or symptoms of COVID-19 and refuse testing are placed on transmission based-precautions (TBP) until the criteria for discontinuing TBP have been met. If outbreak testing has been triggered and an asymptomatic resident refuses testing, the facility should be extremely vigilant, such as through additional monitoring, to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

If a resident has symptoms consistent with COVID-19 or has been exposed to COVID-19, or if there is a facility outbreak and the resident declines testing, he or she should be placed on or remain on TBP until he or she meets the symptom-based criteria for discontinuation.

*Direct exposure is defined as close contact with an infected or COVID-positive person (less than 6 feet) for 3 minutes or longer.