



COVID-19 TESTING GUIDANCE FOR LONG-TERM CARE FACILITIES

Issued: October 15, 2020

Updated: December 22, 2020; March 5, 2021; June 4, 2020

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

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.

Fully vaccinated staff do not have to be routinely tested. All facilities should test unvaccinated staff once per week. See CMS regulation [QSO-20-38-NH](#). If a staff member is exhibiting symptoms, regardless of vaccination status, they should be immediately tested and not permitted to work in any long-term care facility.

***Nursing Homes: in a county with a >10% positivity rate must test unvaccinated staff twice per week until the CMS regulation changes. Facilities may refer to the [DOH red to green framework](#).

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 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 isolate 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 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
- Resident Exposures: Fully vaccinated residents should continue to quarantine 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; outpatients should be cared for using recommended Transmission-Based Precautions.

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% once 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% once per week ➤ When symptomatic ➤ Exposure <p>Nursing Facilities with a county positivity rate >10% must test unvaccinated staff twice per week.</p>	<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: Previous staff or residents who test positive through a laboratory test (NOT antigen) should not be retested for 90 days from the date they were identified as a positive.

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 the purpose 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 antigen tests have limited use and is directing facilities to use antigen tests in the following circumstances ONLY:

1. Symptomatic staff and residents; and
2. Exposed staff or resident.

Reference Guide

Who	Testing Instructions		Type of Testing
New positive staff or resident (rapid response initiated, facility considered hot spot)	Nursing Homes	100% testing of all staff and residents, <u>regardless of vaccination status</u> , until no new positives are identified for at least 14 days from the initial positive test, If located in a red county (DOH Website) – staff testing must be twice a week. *CMS Mandate	RT-PCR specimen for transport to laboratory
	Assisted Living Facilities	100% testing of all staff and residents, <u>regardless of vaccination status</u> , until no new positives are identified for at least 14 days from the initial positive test	
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	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. <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