



Oregon

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NF-22-016 – Provider Alert



Date: February 25, 2022

To: All Nursing Facility Providers
All Assisted Living Facility Providers
All Residential Care Facility Providers

From: Oregon Department of Human Services, Aging and People
with Disabilities, Safety, Oversight and Quality Unit

Subject: **Updated COVID-19 Testing Requirements for Residents
and Staff**

This guidance supersedes all previous COVID-19 testing guidance issued by the Oregon Department of Human Services (ODHS).

Background: COVID-19 testing is an important tool for detecting cases quickly and slowing onward transmission. Swift identification of confirmed COVID-19 cases allows the facility to take immediate action to mitigate exposure risks to residents and staff.

Settings: ODHS has adapted this guidance to include assisted living facilities, residential care facilities, and nursing facilities. The objective is to combine testing requirements from various sources and keep safe practice standards as consistent as possible across long-term care settings.

Purpose: This provider alert outlines COVID-19 testing requirements published by the Centers for Medicare and Medicaid Services (CMS), Oregon Department of Human Services (ODHS), Centers for Disease Control and Prevention (CDC) and Oregon Health Authority (OHA). These standards are designed to protect vulnerable residents and facility staff and improve prevention efforts during the COVID-19 pandemic.

Resident Admission and Readmission COVID-19 Testing

CDC and OHA do not recommend facilities test **residents** prior to admission or readmission unless the resident has [signs or symptoms consistent with COVID-19](#), or known direct exposure to COVID19. Facilities cannot require a hospital to test a resident as a condition of admission or readmission. Facilities can develop their own admission and readmission testing protocols which align with CDC recommendations.

CDC recommends that:

- Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection: immediately and, if negative, again 5-7 days after their admission.
- New admission or readmission quarantine is also recommended for those who are not up to date* with all recommended COVID-19 vaccine doses for 10 days, or 7 days if accompanied by a negative COVID-19 test collected between days 5 and 7.

*CDC definition of **up to date** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

For additional information regarding transfers from hospitals to long-term care facilities, please see OHA's "[Best Practices for Hospitals and Long-Term Care Facilities for COVID-19 Related New/Readmissions and Discontinuing Transmission-Based Precautions](#)".

Reminder, if a facility has no current positive residents, the facility cannot admit or readmit a new positive resident without prior approval from ODHS, Safety, Quality and Oversight Unit. Please contact your [licensing team](#) at the email address provided at the end of this alert to request prior approval.

Summary of admission, outbreak and routine testing frequency is outlined in [Table 1](#) below.

Testing of Staff and Residents with Signs or Symptoms of COVID-19

Staff with symptoms or signs of COVID-19, regardless of vaccination status, must be tested immediately and are expected to be restricted from the facility pending the results of COVID-19 testing. If COVID-19 is confirmed, the facility should follow the guidance outlined in OHA's "[Interim Guidance for Managing Healthcare Personnel with SARS- CoV-2 Infection or Exposure](#)". Staff who do

not test positive for COVID-19 but have symptoms should follow facility policies to determine when they can return to work.

Residents who have signs or symptoms of COVID-19, regardless of vaccination status, must be tested immediately. While test results are pending, residents with signs or symptoms of COVID-19 should be placed on transmission-based precautions (TBP) in accordance with CDC's "[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)". Once test results are obtained, the facility must take the appropriate actions based on the results.

Summary of admission, outbreak and routine testing frequency is outlined in [Table 1](#) below.

Testing of Staff and Residents During a COVID-19 Outbreak

A new COVID-19 infection in any staff or resident requires the facility to perform outbreak testing in accordance with [411-060-0030](#), which requires the facility to coordinate or complete specimen collection for COVID-19 testing of all residents, facility staff and associated staff within 72 hours of identification of a new case of COVID19 in either a resident, facility staff or associated staff.

After the initial round of testing, OHA recommends that the facility continue testing facility-wide every 3-7 days* until a full 14 days has occurred with no further positivity.

*Per CDC recommendations, more frequent testing (every 3 days) should be considered if [antigen testing](#) is used.

Please note that the OHA has not adopted CDC/CMS's contact tracing option for outbreak testing. Facilities must continue to use a facility-wide or "broad-based" approach to outbreak testing.

Summary of admission, outbreak and routine testing frequency is outlined in [Table 1](#) below.

Routine or Ongoing Testing of Staff and Residents

Per CDC recommendations, routine testing of **staff** who **are not** up to date with all recommended COVID-19 vaccine doses should be based on the level of

COVID-19 community transmission. **Reports of COVID-19 level of community transmission are available on the [CDC COVID-19 Integrated County View site](#). Please see the COVID-19 Testing section on the [CMS COVID-19 Nursing Home Data](#) webpage for information on how to obtain current and historic levels of community transmission on the CDC website.**

Routine testing of **residents** and **staff** who **are** up to date with all recommended COVID-19 vaccine doses is not recommended.

Summary of admission, outbreak and routine testing frequency is outlined in [Table 1](#) below.

Testing of Staff with a Higher-Risk Exposure and Residents who had a Close Contact to COVID-19

For information on testing **staff** with a higher-risk exposure to COVID-19 see the “Return to Work Criteria for HCP Who Were Exposed to Individuals with Confirmed SARS-CoV-2 Infection” section of OHA’s [“Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure”](#).

For information on testing **residents** who had close contact with a COVID-19 positive individual when the facility is not experiencing an outbreak, see the “Manage Residents with Close Contact” section of CDC’s [“Interim Infection Prevention and Control Recommendations to Prevent SARS- CoV-2 Spread in Nursing Homes”](#).

Method of Testing Residents and Staff with Confirmed or Suspected COVID-19

Facilities can meet the testing requirements through the use of rapid point-of-care (POC) diagnostic testing devices or through arrangement with an offsite laboratory. POC testing is diagnostic testing that is performed at or near the site of resident care. For a facility to conduct these tests with their own staff and equipment, the facility must have, at a minimum, a CLIA Certificate of Waiver. Information on obtaining a CLIA Certificate of Waiver can be found [here](#). Additionally, more information regarding the use of POC antigen testing devices can be found in the guidance issued by the Oregon Health Authority in [OHA 3249](#).

Of note, at-home/self-test kits are authorized for use by the individual being tested. These tests may only be performed on residents under a CLIA

Certificate of Waiver. For additional information regarding the use of self-tests and CLIA applicability, please see this CMS [bulletin with questions and answers](#).

COVID-19 Reporting

If a resident or staff tests positive or is suspected of having COVID-19, the facility must immediately notify their [Local Public Health Authority](#) and Safety, Oversight and Quality (SOQ). Both agencies must be contacted to ensure precautions are taken for the safety of all residents, staff and visitors of the facility and community. Nursing facilities must also report COVID-19 data to NHSN as required by CMS.

To report positive or suspected COVID-19 to SOQ, please contact your [licensing team](#) at the email box below:

NF.licensing@dhsosha.state.or.us
CBC.Team@dhsosha.state.or.us

Testing Regulatory References and Resources:

- ODHS - [OAR 411-060](#) – ODHS testing Oregon Administrative Rules
- OHA - [OHA 3249](#) – OHA Provisional Guidance for Point-of-care Antigen Testing for COVID-19 in Long-term Care Facilities
- OHA – [OHA 3464](#) – Best Practices for Hospitals and Long-Term Care Facilities for COVID-19 Related New/Readmissions and Discontinuing Transmission-Based Precautions.
- CMS - [QSO-20-38-NH](#) – CMS testing guidance for nursing facilities
- CMS - [COVID-19 Nursing Home Data](#) – Nursing Home NHSN Data
- CDC - [COVID-19 Integrated County View](#) – Community Transmission Level of Spread
- CDC - [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing](#)
- [Local Public Health Authority Directory](#)

If you have questions, please contact your licensing team:

NF.licensing@dhsosha.state.or.us
CBC.Team@dhsosha.state.or.us

ODHS website: www.oregon.gov/DHS/

Table 1: Summary of Testing Requirements

Testing on Admission and Readmission (out of facility >24 hours)		
Resident Admissions and Readmissions	Symptomatic Test upon admission and, if negative, again 5-7 days after admission.	Asymptomatic Test upon admission and, if negative, again 5-7 days after admission.
Outbreak Testing		
Symptomatic staff or residents	Staff All staff with signs or symptoms must be tested regardless of vaccination status.	Residents All residents with signs or symptoms must be tested regardless of vaccination status.
Newly identified COVID-19 positive staff or resident	Staff Test all staff, regardless of vaccination status, within 72 hours. Continue testing every 3-7 days until 14 days with no new positive staff. <i>Positive staff members must be restricted from work until they meet the return-to-work criteria.</i>	Residents Test all residents, regardless of vaccination status, within 72 hours. Continue testing every 3-7 days until 14 days with no new positive staff. <i>Positive residents must be placed on TBP and, when feasible, be cohorted in a dedicated COVID-19 unit/area.</i>
Routine Testing for Staff Who are Not Up to Date* with COVID-19 Vaccines**		
<u>Level of COVID-19 Community Transmission</u>	<u>Frequency</u>	
Low (blue)	NF and CBC – Not Recommended	
Moderate (yellow)	NF and CBC - Once a week	
Substantial (orange)	NF - Twice a week CBC - Once a week	
High (red)	NF - Twice a week CBC - Once a week	

*Routine testing is not recommended for staff who are up to date with all recommended vaccine doses.

**** Up to Date:** Resident or HCP has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.