

Applying Department of Health Testing Guidance for Long Term Care Facility Residents and Healthcare Personnel to Community Residential Rehabilitation (CRR), Long Term Structured Residence (LTSR) and Residential Treatment Facility for Adults (RTF-A) Providers.

AUDIENCE:

Providers licensed pursuant to 55 Pa.Code Chapters 5310 (Relating to Community Residential Rehabilitation Services for the Mentally Ill), Chapter 5320 (Relating to Long Term Structured Residence Licensure) and Article X, Section 1001 of the Human Services Code and Chapter 5100 titled Mental Health Procedures (Relating to Residential Treatment Facilities for Adults).

PURPOSE:

This announcement provides guidance to Community Residential Rehabilitation (CRR) Services, Long Term Structured Residence (LTSR) and Residential Treatment Facility for Adults (RTF-A) providers about how to apply COVID-19 testing guidance issued by the Pennsylvania Department of Health (DOH).

DISCUSSION:

On June 1, 2020, DOH released [2020 –PA HAN 509 - 05/29/20 - Testing Guidance for COVID-19 in Long-term Care Facilities Residents and Healthcare Personnel](#). This guidance is targeted to large congregate-care settings such as skilled nursing facilities and Intermediate Care Facilities for Individual with an Intellectual Disability. While CRR, LTSR and RTF-A programs are included in the definition of long-term care facility, OMHSAS is issuing this further clarification to OMHSAS licensed CRR, LTSR and RTF-A providers to follow regarding testing.

Note that testing should not replace existing infection prevention and control (IPC) interventions. Testing conducted as below should be implemented in addition to existing infection prevention and control measures recommended by the DOH, including visitor restriction, cessation of communal dining and group activities, monitoring all individuals and staff for signs and symptoms of COVID-19, and universal masking as source control.

NEW CONFIRMED CASES – INDIVIDUALS

If any individual in a CRR, LTSR or RTF-A has a new confirmed case of COVID-19 infection, the provider should:

- Consider all individuals and staff who have resided or worked in the home or facility in the 48 hours prior to the individual becoming symptomatic as “potentially exposed.” Additionally, any other persons with brief visits to the home or facility should be considered potentially exposed if they were within 6 feet of others in the home for 15 minutes or more.
- If the individual was asymptomatic at the time they are confirmed with COVID-19:
 - Consider all individuals and staff who have been in the home or facility where the confirmed individual with COVID-19 was present beginning 2 days after the positive individual’s own exposure has occurred as “potentially exposed.”
 - If the individual’s date of exposure cannot be determined, consider individuals and staff who had contact with the individual confirmed with COVID-19 within 48 hours prior to the date of the positive test as “potentially exposed.”
- Test all individuals and staff that are considered potentially exposed, as above, for the presence of SARS-CoV-2, the virus that causes COVID-19.
- The above individuals should be tested even if baseline testing has been conducted in the past.
- Do not re-test any individuals or staff with a history of confirmed COVID-19.

Note: The provider should also test all individuals and staff who were potentially exposed if:

- An individual is *suspected* (i.e. not confirmed) to have COVID-19, and
- The individual’s test results will not be available for 2 or more days following the date of the test.

Occasionally, test results may return as **inconclusive or indeterminant result**. When this occurs, another test should be completed as soon as possible, and the individual should continue to be treated as potentially exposed.

NEW CONFIRMED CASES – STAFF

If any staff person who was present in any CRR, LTSR or RTF-A has a new confirmed case of COVID-19 infection, the provider should:

- Consider all individuals and staff who have been *in any home or facility* where the staff person was present within 48 hours prior to the staff person becoming symptomatic as “potentially exposed.”
- If the staff person was asymptomatic at the time they are confirmed with COVID-19:
 - Consider all individuals and other staff who have been in any CRR, LTSR or RTF-A where the staff person who was confirmed positive for COVID-19 was present beginning 2 days after the positive staff person’s exposure had occurred as “potentially exposed.”
 - If the staff person’s date of exposure cannot be determined, consider individuals and staff who have had contact with the staff person confirmed with COVID-19 within 48 hours prior to the date of the positive test as “potentially exposed.”
- Test all individuals and staff that are considered potentially exposed, as above, for the presence of SARS-CoV-2, the virus that causes COVID-19.
- The above individuals should be tested even if baseline testing has been conducted in the past.
- Do not re-test any individuals or staff with a history of confirmed COVID-19.

Note: The provider should also test all individuals and staff who were potentially exposed if:

- A staff person is *suspected* (i.e. not confirmed) to have COVID-19, and
- The staff person’s test results will not be available for 2 or more days following the date of the test.

POST-TESTING ACTIONS TO PREVENT TRANSMISSION

Providers should take immediate action to prevent transmission when individuals have been potentially exposed or have been diagnosed with COVID-19. These steps include, but are not limited to:

- Quarantining potentially exposed/diagnosed individuals such that they have no contact with individuals who have not been exposed/diagnosed.
- Ensuring that staff who work in homes and facilities where potentially exposed/diagnosed individuals reside do not work in homes and facilities with individuals who have not been exposed/diagnosed.
 - If it is not possible to limit staff to only one home, the staff must change Personal Protective Equipment (PPE) and perform hand hygiene between moving to different homes.
- Staff who work in homes and facilities where potentially exposed/diagnosed individuals reside must wear full PPE at all times.

REPEATED TESTING TO ENSURE TERMINATION OF TRANSMISSION

After testing all individuals and staff persons in response to a new case as discussed above, repeating the testing for an individual or staff person who tests negative for COVID-19 is recommended to ensure transmission has been terminated as follows:

- Immediately test any individual or staff who subsequently develops fever or symptoms consistent with COVID-19
- Continue repeat testing of all previously negative *individuals* in the “potentially exposed” group once a week until the testing identifies no new cases of COVID-19 among individuals over at least 14 days since the most recent positive result.
 - If test capacity is limited, providers should direct repeat rounds of testing to individuals who leave and return to the home for medical care, visits with family, etc.
- Continue repeat testing of all previously negative *staff persons* in the “potentially exposed” group at least once a week until the testing identifies no new cases of COVID-19 among staff over at least 14 days since the most recent positive result.
 - If testing capacity is limited, providers should direct repeat rounds of testing to staff who work at other homes where there are known or suspected COVID-19 cases. Note: it is recommended that staff who work in homes where potentially exposed/diagnosed individuals reside do not work in homes with individuals who have not been exposed/diagnosed as a precautionary measure during the pandemic.