



COVID-19 Testing Policy Proposal

July 2020

The document below provides draft guidance for a system of COVID-19 testing to be implemented in California's inpatient healthcare facilities and home health agencies based on the testing system already established for SNFs per the CDPH's AFL 20-53¹ of May 22, 2020.

The guidance below would not apply to SNFs.

We recommend that, additionally, guidance replicating AFL 20-53 be developed and applied to local, county and state **corrections facilities**, which are congregate living facilities with similarly high risk for rapid and widespread transmission of COVID-19. In fact, corrections facilities are among the largest sites of infections in our state and consequently warrant the serial testing parameters articulated in AFL 20-53.

TO: All Inpatient Healthcare Facilities and Home Health Agencies

SUBJECT: Coronavirus Disease 2019 (COVID-19) Recommendations for Testing of Health Care Personnel (HCP) and Patients at All Inpatient Facilities and Home Health Agencies

All Facilities Letter (AFL) Summary

This AFL provides recommendations from the California Department of Public Health (CDPH) for inpatient healthcare facilities and home health agencies. This includes recommendations for baseline, surveillance, and exposure-driven testing of patients and HCP to prevent spread of COVID-19 infection in these facilities.

¹ <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>

Definitions

- **Facility:** Any facility listed on CDPH’s list of 38 facility types² which provides inpatient services. Additionally, the term “Facility” refers to home health agencies.
- **Patient:** Any person seeking or receiving inpatient medical services at a Facility or any person receiving services from a home health agency.
- **Health Care Personnel:** Any individual employed by a Facility, contracted by a Facility, or employed by a Facility’s subcontractor(s) who performs any duties on-site at a Facility, including but not limited to physician and nursing services; other professional, technical, ancillary, and paraprofessional services; environmental and dietary services; maintenance; and office and clerical services. This term excludes the employees of contractors whose work at a Facility is infrequent, incidental to the Facility’s core healthcare functions, and involves neither patient contact nor significant contact with the Facility’s employees.

General Testing Guidance

From inadequate personal protective equipment (PPE) to the inability to socially distance while at work to airborne transmission³ and asymptomatic and presymptomatic transmission,⁴ there are multiple factors that put Patients and Health Care Personnel (HCP) at high risk for infection with SARS-CoV-2⁵ and transmission of the virus to others in Facilities.

Establishing a plan for baseline, surveillance, and exposure-driven testing of Patients and HCP is necessary to protect HCP and Patients, including Patient populations most at risk for severe COVID-19 infection.

CDPH recommends that all Facilities implement a formal plan of fully articulated testing strategies to protect Patients and HCP from COVID-19 infection. This plan should be developed in conjunction with CDPH and the facility’s applicable local health department(s) (LHD), and should include:

- Testing of newly admitted, re-admitted and newly treated Patients as well as Patients symptomatic for or with known exposure to COVID-19;
- Baseline, surveillance, and exposure-driven testing of HCP;
- An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95 percent sensitivity and greater than 90 percent specificity, and results should be obtained within 48 hours of the test being administered. Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection;

² <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/SearchResult.aspx>

³ <https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa939/5867798>; <https://www.nature.com/articles/s41586-020-2271-3>; <https://www.tandfonline.com/doi/full/10.1080/15459624.2020.1784427>;

<https://www.nature.com/articles/s41467-020-16670-2.pdf>; and <https://www.pnas.org/content/early/2020/06/10/2009637117>

⁴ <https://www.nejm.org/doi/full/10.1056/NEJMe2009758>; <https://www.pnas.org/content/early/2020/07/02/2008373117>;

<https://www.nature.com/articles/s41591-020-0869-5>; <https://www.nature.com/articles/s41586-020-2554-8>; and <https://www.acpjournals.org/doi/10.7326/M20-3012>

⁵ <https://www.massgeneral.org/news/coronavirus/study-reveals-risk-of-covid-19-infection-among-health-care-workers>

- A procedure for addressing Patients and HCP who decline or are unable to be tested (e.g., a symptomatic Patient refusing testing in a Facility with positive COVID-19 cases should be treated as positive);
- And, plans for use and follow-up of test results, including:
 - How results will be explained to the Patient or HCP;
 - How to communicate information about any positive cases of Patients or HCP in the Facility to family members or responsible parties;
 - How results (positive or negative) will be tracked for Patients and HCP at the Facility, and methods for communication of Facility results with the local health department;
 - How results will be used to guide implementation of infection control measures, Patient placement, and HCP and Patient cohorting;
 - How results will be communicated to ensure appropriate management when Patients are transferred to other settings;
 - Plans for serial retesting of HCP who test negative and are still within 14 days of their last exposure to a positive Patient or a positive fellow HCP in the Facility;
 - And, plans to address potential staffing shortages if positive HCP are excluded from work.

Facilities must understand that testing does not replace or preclude other infection prevention and control interventions, including monitoring all HCP and Patients for signs and symptoms of COVID-19, universal masking by HCP and Patients for source control, use of recommended PPE, and environmental cleaning and disinfection. When testing is performed, a negative test only indicates an individual did not have detectable infection at the time of testing; individuals might have SARS-CoV-2 infection that is still in the incubation period or could have ongoing or future exposures that lead to infection.

Testing of Patients

Facilities shall test every newly admitted, re-admitted, and newly treated Patient for COVID-19 infection. Testing shall also be performed when Patients exhibit symptoms of COVID-19 or have a known exposure to COVID-19.

Testing of Health Care Personnel

Baseline, surveillance, and exposure-driven testing are critical steps to avoid outbreaks and protect vulnerable populations.

Baseline Testing of Health Care Personnel

All Facilities shall conduct baseline testing of all HCP.

Surveillance Testing of Health Care Personnel

- Following baseline testing, Facilities shall implement a surveillance testing protocol in which 25 percent of all HCP are tested every 7 days including HCP from multiple shifts and Facility locations. The testing plan should ensure that 100 percent of Facility HCP are tested each month.

NOTE: While this guidance is in effect, CDPH or local health departments may increase the frequency of recommended HCP testing based on community spread data indicating the increased prevalence of the virus in the community.

Testing of Symptomatic Health Care Personnel

Facilities shall provide employer-provided testing of all HCP who report COVID-19 symptoms.

Testing of Exposed Health Care Personnel

An exposure is defined as contact with an individual with suspected or confirmed COVID-19 while not wearing appropriate PPE (N95 respirator or higher, gown, gloves, and eye protection or a PAPR for an aerosol-generating procedure).

Facilities shall provide testing of any HCP when:

- Either the Facility or HCP identifies that they have had an exposure either in the Facility or in the community.
- The HCP had an exposure to a Patient who was not appropriately identified as a Person Under Investigation (PUI) and whose test results subsequently indicate that the Patient likely was infected with COVID-19 during the HCP's exposure to the Patient.
- The HCP has had an exposure to a coworker who reports symptoms of COVID-19 or has had a positive test.
- The HCP has had an exposure to a coworker who has had an exposure to COVID-19.

Test Result Protocols

In general, HCP with COVID-19 should be excluded from work. If staffing shortages result, Facilities may allow asymptomatic HCP with suspected or confirmed COVID-19 (who are well enough to work) to provide direct care only for Patients with confirmed COVID-19, however only in a cohort setting and only while maintaining separation from other HCP as much as possible (for example, using a separate break room and restroom) and wearing a facemask for source control at all times while in the Facility.⁶

HCP who test positive and are symptomatic should be excluded from work.

PPE Requirements for Healthcare Personnel

All Facilities must provide PPE for airborne precautions, in addition to PPE for contact and droplet precautions, to all HCP who care for Patients with suspected or confirmed COVID-19 infections.⁷ Such PPE shall include, at a minimum, the following:

- NIOSH-certified N95 respirator or other respirator with equivalent or higher protection, gown, eye protection — goggles or face shield which covers the crown, front and sides of the face — and gloves.
- Powered air-purifying respirators (PAPRs) with high-efficiency particulate air filters for employees who perform aerosol-generating procedures.

Until the test result for each newly admitted/treated Patient is available, Facilities shall treat such Patients as "Persons Under Investigation" (PUIs) and shall provide HCP who interact with these Patients with the same PPE

⁶ NUHW recommends adoption of a stronger standard of requiring Facilities to provide all HCP who test positive for COVID-19 (including asymptomatic HCP) with 14-day paid home isolation due to the significant asymptomatic transmission of COVID-19 that puts both HCP and Patients at risk of infection by asymptomatic HCP.

⁷ Wherever supply allows, PPE designed for disposal after a single-use should be disposed of after each patient encounter according to the pre-pandemic infection control standard. Wherever supply limitations necessitate reuse or extended use of single-use PPE, NUHW expects and insists that a single-use standard be enforced once again as soon as the temporary supply shortage is resolved.

and safety precautions as HCP who treat known COVID-19 positive patients. Facilities that provide emergency services such as an Emergency Department or Standby Emergency Department shall treat all individuals who seek emergency care as PUIs and provide PPE accordingly to HCP.

Cohorting of Patients

Facilities shall place Patients into three separate cohorts:

1. Confirmed positive COVID-19 patients
2. PUIs
3. Confirmed negative COVID-19 patients

The COVID-19 positive cohort should be housed in a separate area (building, unit or wing) of the Facility and have dedicated HCP who do not provide care for Patients in other cohorts and should have separate break rooms and restrooms if possible.

Submission of Testing Plans

Facilities should submit proposed COVID-19 testing plans to their local Licensing and Certification Program District Office.

Facilities may submit any questions about infection prevention and control of COVID-19 to the CDPH Healthcare-Associated Infections Program via email at HAIProgram@cdph.ca.gov or novelvirus@cdph.ca.gov.

If you have any questions about this AFL, please contact the CDPH Healthcare-Associated Infections Program via email at HAIProgram@cdph.ca.gov.

If you have any questions about state testing prioritization plans, please contact the Testing Taskforce at testingtaskforce@state.ca.gov.