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To: Skilled Nursing Facilities, Rest Homes, Assisted Living Residences
From: Kevin Cranston, MDiv, Director, BIDLS
Elizabeth Kelley, MBA, MPH, Director, BHCSQ
Date: June 10, 2022
RE: Updates to Long-Term Care Surveillance and Outbreak Testing

A. Overview

This memorandum applies to all long-term care facilities (LTC facility) including nursing homes, rest homes and assisted living residences (ALRs) and shall take effect on July 1, 2022. In an effort to implement a sustainable and meaningful surveillance testing program to identify cases of SARS-CoV2 in Massachusetts and mitigate the risk of facility-based outbreaks, the Department of Public Health (DPH) is updating this surveillance testing memorandum to incorporate recent changes the Centers for Disease Control and Prevention (CDC) made to outbreak testing. Compliance with the testing program is required in nursing homes and rest homes. Compliance with the testing program is recommended in ALRs. This guidance replaces [Updates to Long-Term Care Surveillance Testing](#) guidance issued on September 24, 2021 and the [Antigen Rapid Point of Care COVID-19 Testing for Long-Term Care \(LTC\) Facility Visitors](#) guidance issued on April 4, 2022.

To protect the health and safety of LTC residents and staff against the spread of COVID-19, all LTC settings must continue to implement the surveillance testing program that began with baseline staff testing completed no later than July 19, 2020, in accordance with this updated memorandum and, with respect to nursing homes participating in MassHealth, with accompanying MassHealth guidance. Any test conducted in accordance with this guidance must have Food and Drug Administration (FDA) approval or emergency use authorization as a SARS-CoV-2 diagnostic test. For the purposes of a provider's surveillance testing program, providers may select the beginning and end days of a 7-day period (hereafter a "week"/ "weekly") with the understanding that it remains consistent. This testing program may be updated as more is learned about the COVID-19 virus.

B. Surveillance Testing Program

All LTC facility staff who are up to date with COVID-19 vaccines¹ must conduct weekly testing. . Staff who are not up to date with COVID-19 vaccines must conduct twice-weekly testing. Staff who are not up to date with COVID-19 vaccines should be tested on two non-consecutive days during the testing week. Staff surveillance testing is not required to be conducted onsite; however, a LTC facility must develop and maintain policies to document staff surveillance testing is being conducted in accordance with this guidance.

If the staff testing results indicate a positive COVID-19 staff member(s) who worked while potentially infectious, then the provider must conduct outbreak testing of all potentially exposed residents and staff, **including those who are up to date with COVID-19 vaccines and those who are not**, to ensure there are no additional cases and to assist in proper cohorting of residents. Testing must take place as soon as possible. If the LTC facility identifies that the resident or staff member's first exposure occurred less than 2 days ago, then they should wait to test until 2 days after any exposure, if known.

For purposes of this memorandum, CDC and CMS define a close contact as being within 6 feet of a case for 15 minutes or more while they were symptomatic or within the 48 hours before symptom onset or, if asymptomatic, the 48 hours before the positive sample was collected through the 10 days after symptoms began or the positive sample was collected. Symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

LTC facilities must report positive antigen test results and all molecular point of care test results to DPH's Bureau of Infectious Disease and Laboratory Sciences (BIDLS). Results of positive tests should be reported to DPH using Casetivity, with "COVID-19" in the "Test" field. If your facility does not have access to Casetivity, you will need to gain access by sending an email to ImmediateDiseaseReporting@mass.gov and following the instructions you receive. Skilled nursing facilities must also complete CDC's National Healthcare Safety Network Weekly COVID-19 Vaccination Module for Healthcare Personnel².

C. Previously Positive Individuals Cleared from Isolation:

Individuals previously diagnosed with COVID-19 infection confirmed by diagnostic testing may continue to have PCR detection of viral RNA for many weeks. This does not correlate with the presence or transmissibility of live virus. Due to evidence of local transmission of variants of concern, and limited data of the effectiveness of natural immunity from a prior infection, individuals more than 3 months from the date of original infection should be included in surveillance and outbreak testing.

Accordingly, for the purposes of the surveillance testing program, previously COVID-19 positive staff less than 3 months from the date of original infection do not need to be re-tested. Additionally, it is clinically recommended for individuals previously diagnosed with COVID-19 to be retested under the following circumstances:

- i. Individuals who were previously diagnosed with COVID-19, and who develop clinically compatible symptoms, should be retested if they are more than 3 months past the date of original

¹ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#recommendations>

² <https://www.cdc.gov/nhsn/ltc/index.html>

infection. If the test is positive, the individual must be isolated and considered to be possibly re-infected. Consult the DPH epidemiologist for guidance.

- ii. Individuals who were previously diagnosed with COVID-19 and who are identified as a close contact of a confirmed case should be retested and subject to quarantine (if not up to date with COVID-19 vaccines) if they are more than 3 months from their date of original infection. It may be appropriate to allow these individuals to quarantine in place.

D. Additional Testing:

In addition to performing surveillance testing, LTC facilities should also conduct testing as needed under the following circumstances:

- for individuals entering the facility who are not regularly reporting staff (e.g., visitors);
- testing symptomatic staff and residents at the LTC facility;
- testing asymptomatic staff and residents at the LTC facility as part of outbreak testing; and
- testing for staff who feel they are at increased risk of exposure.

If a LTC facility is experiencing a COVID-19 outbreak and needs to perform outbreak testing, DPH will supply additional antigen point of care testing kits upon request. LTC facilities should submit the request form in Appendix A.

E. Staff Definition:

For purposes of conducting testing and implementing a surveillance testing program and, in accordance with CMS and CDC guidance, LTC staff includes employees, consultants, contractors, volunteers, 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 reporting to the facility during the relevant testing period. For the purposes of a LTC provider's surveillance testing program, staff does not include persons who work entirely remotely or off-site, employees on leave, such as paid family medical leave, or staffing provided at the Commonwealth's expense (such as those provided by EOHHS through a clinical rapid response team). Any positive testing completed by the provider must capture required Department of Public Health information about each staff person including but not limited to gender, age, race, ethnicity, primary city/town of residence, disability, primary language, and occupation.

LTC providers in Massachusetts are encouraged to monitor the CMS and CDC website for up-to-date information and resources:

- CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus> and DPH's COVID-19 Public Health Guidance and Directives: <https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives>

Appendix A: BinaxNOW Request Form for Outbreak Testing

Date Submitted to DPH:	OPEM 213TS – Resource Request Form – COVID19 <i>BinaxNOW Test Kit Requests for Outbreak Testing</i>	Page 1 of 1 Version 06-08-22
I. REQUESTING AGENCY POINT OF CONTACT - Please Type ALL Answers		
1. Requestor's Name (Please Print)	2. Title	3. Requestor's Phone No.
4. Requestor's Organization		5. Requestor's E-Mail Address
6. DELIVERY Address (include any special instructions; such as if there is a loading dock, of if the facility needs to be contacted prior to delivery).		7. DPH Facility ID number
		7. <u>24/7</u> Contact Name and Phone number for delivery issues
		8. Hours of operations to receive delivery (for example 8:00 am – 3:00 pm M-F)
II. REQUEST SPECIFICS - Please Type ALL Answers		
9. Order (Please complete all fields)		
No. Requested	Items Available:	Date Need, pending availability
	Abbott BinaxNOW COVID-19 Test Kit – FOR OUTBREAK TESTING [Each kit contains test cards and swabs to conduct 40 tests, therefore, please request the total number of kits needed based on this quantity]	
III. Submittal Process		
10.. To submit a request, please email completed form to: COVID19.Resource.Request@mass.gov		