



COMPLETECARE
— MANAGEMENT —

COVID19 TESTING PLAN

12/14/2020

The facility hereby revises its existing COVID19 testing plan as follows:

A. TESTING PLAN

1. The facility shall implement a COVID-19 testing plan (Plan) for staff and patients/residents who have previously not been tested or have tested negative. "Staff" to be tested pursuant to this Directive include all direct care workers and non-direct care workers within the LTC; including but not limited to administrative, housekeeping, environmental, dietary, and contracted agency staff.
Residents and Staff who were documented to have been tested positive over 3 months ago or never tested positive will be tested as mentioned below in testing plan categories.
2. The Plan may be amended from time to time to be consistent with the most current CDC and NJ DOH public health guidance.

B. TESTING PROCEDURES AND FREQUENCY

1. The initial Plan shall include a baseline test and one follow-up test as follow:
 - a. Baseline molecular testing of Staff (as defined in A.1. above) and residents/patients completed by or before May 30,2020; and
 - b. Retesting of Staff and residents/patients who test negative at baseline within 3-7 days after baseline testing.
2. Further retesting for residents and staff will be conducted as below:

RESIDENTS TESTING PLAN:

- **All current residents except dialysis:** All residents will be tested for COVID19 testing every week until there is no new positive case in the facility. If there is a COVID-19 outbreak in the facility (COVID positive), all previously negative residents and HCP should be serially tested until the testing identifies no new cases of COVID-19 among residents or HCP over at least 14 days since the most recent positive result. Facility will move into monthly Maintenance testing program once outbreak criteria met. Cycle will begin 3-4 weeks after the last date of all negative results.
- **Dialysis:** All dialysis residents will be tested weekly for COVID19.



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- **New admissions/readmissions:**

- Initial COVID-19 test must be performed within as part of the admission process both rapid and PCR testing at time of admissions/readmissions.
- Upon completion of 2nd round of testing, facility will follow maintenance program unless following outbreak process.

EMPLOYEES TESTING PLAN

- **Current employees:** Continue repeat testing of all previously negative as well as who had tested positive over 3 months ago, weekly or twice weekly depends on CALI score.

C. RESIDENT CONSENT

If a resident/patient refuses to undergo COVID-19 testing, then the facility shall treat the individual as a Person Under Investigation, make a notation in the resident's chart, notify any authorized family members or legal representatives of this decision, and continue to check temperature on the resident at least twice per day. Onset of temperature or other symptoms consistent with COVID-19 require immediate cohorting in accordance with the Outbreak Response Plan. At any time, the resident may rescind their decision not to be tested.

D. TESTING

Specimen collection will be conducted by a lab, under contract with the facility. The administration of the test will be conducted by trained staff or may be administered by Contracted laboratory staff, if available.

POC Testing:

Facility may consider Antigen testing in the following circumstances if deemed appropriate by facility discretion due to current building situation, but not limited to:



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- “Testing at the door” of vendors such as Physicians, Nurse Practitioners, Xray technician, Phlebotomist, Psychiatry, Psychology, Dentist, Podiatrist, Hospice staff etc.
- Emergency EMS Personal are exempt.
- Testing of asymptomatic or symptomatic residents and HCP who were exposed to person with COVID-19 in addition to their PCR test.
- Testing of asymptomatic HCP returning to work after LOA.
- Testing of asymptomatic residents who were exposed to persons with COVID-19 outside of the nursing home such as ER visit, outpatient services etc.
- Antigen tests should not be utilized to determine the duration of Transmission-Based Precautions nor when HCP can return to work. Test-based strategies are not generally recommended to determine duration of transmission-based precautions, nor to determine when HCP may return to work. If used, test-based strategies should rely only on RT-PCR.

E. TEST RESULTS

1. All results will be provided to the Administrator and Director of Nursing.
2. Results for all baseline tests and retests relating to residents/patients shall be reported back to the facility’s Medical Director and his/her designee.
3. Results for Staff shall be reported back to each individual Staff member ASAP and to the facility Administrator and his/her designee.
4. Reported to the appropriate government agencies as required.

F. POST-TESTING PROTOCOLS

Post-testing protocols follow the facility’s current policies related to cohorting of residents according to their COVID status and employees work exclusion process.

Original 5/14/20

Update Jan 10, 2020