

COVID-19 Testing in Ohio Assisted Living Facilities Frequently Asked Questions (Released September 18, 2020)

The Centers for Disease Control and Prevention (CDC) states that due to the congregate nature and population served, assisted living facilities are at high risk for SARS-CoV-2, the virus that causes COVID-19, spreading among their residents. Often, when a new-onset infection is identified, there are others in the facility who are also infected but who do not yet have symptoms. Experience has demonstrated that unrecognized asymptomatic and pre-symptomatic infections are likely contributors to transmission in congregate settings.

Rapid action to identify, isolate, and test others who might be infected is critical to prevent COVID-19 spread in your facilities. Effective August 24, 2020, all licensed residential care facilities are subject to the Ohio Department of Health [Director's Order for the Testing of the Residents and Staff of all Residential Care Facilities](#).

This frequently asked questions (FAQ) document was created to help answer questions facility administrators, staff, residents, or families may have about the testing process. It will be updated as testing strategies and processes evolve. This FAQ is not intended to be inclusive of all potential scenarios presented by the COVID-19 testing effort. Should you have additional questions, please contact the Assisted Living COVID-19 Testing Team at COVIDTesting@age.ohio.gov or 1-380-203-5737.

Public Health Order and General Operations

1. What is the authority being used to implement assisted living (facility) testing?

Under [Ohio Revised Code 3701.13](#) the Director of Health can create special public health orders. Effective 12:01 AM, August 24, 2020, each residential care facility licensed by the Ohio Department of Health (ODH) shall cooperate with COVID-19 testing for residents and staff as required by the State. This testing shall include, but is not limited to, staff testing and strategic testing of residents to prevent the spread of COVID-19 within a facility and a community.

2. Where can I find the Public Health Order?

The Order can be found [online](#).

3. Which facilities are subject to the Order?

Each residential care facility licensed by ODH.

4. What role does the Long-Term Care Ombudsman play as facilities work to comply with the Order?

The Long-Term Care Ombudsman's role in assuring protection of resident rights and responding to concerns remains unchanged. The Ombudsman will be available to educate residents and families who have questions and concerns about their rights, care, and communication. For additional questions, please e-mail OhioOmbudsman@age.ohio.gov or call 1-800-282-1206.

Testing and Screening

1. Are facilities required to participate in the State-Supported testing?

Facilities can meet the requirements of the Order by participating in state-supported testing or by conducting testing without state support. If the facility elects to privately contract for testing services, that

testing must comply with state guidelines. It is the responsibility of the facility to monitor these guidelines and have policies and procedures developed to implement and monitor resident and staff testing consistent with the Order and state issued guidance.

Facilities will need to report their testing method to the Ohio Department of Aging via a [short survey](#) to indicate whether the facility is going to “opt-in” or “opt-out”.

2. How will facilities verify compliance with the requirement to have staff tested for COVID-19 at least once every other week?

Facilities will verify that they meet the requirements of the Order to retest staff by submitting a report following each bi-weekly testing cycle. Responses will provide summary-level testing results for each round of retesting.

In addition, facilities shall maintain individual-level COVID-19 test results for compliance purposes. Staff refusals and extended absences should be documented. Upon request, test results must be made available immediately in spreadsheet format and must include the date of testing for each individual. Request fulfillments must remove any personal health information that may identify the individuals.

3. How does a facility report test results to the State?

Following the close of each bi-weekly testing cycle, the State will send a link to an online reporting tool. All questions in the reporting tool must be fully and accurately completed within the reporting period, including execution of an attestation that policies and procedures have been developed to implement and monitor resident and staff COVID-19 testing.

4. What kind of tests are considered compliant for the purposes of the Order?

All testing completed to comply with the Order must be conducted using diagnostic RT-PCR or Rapid Point-of-Care (POC) Antigen Testing that is authorized under an FDA Emergency Use Authorization (EUA).

5. Can antibody testing be used to comply with the Order?

No, only diagnostic testing outlined above complies with the Order.

6. Do COVID-19 tests need to be ordered by a medical professional?

Yes, COVID-19 tests for screening and diagnostic purposes must be ordered by a physician or other appropriate health care professional acting under his/her scope of practice.

7. Which facility staff must be tested?

The Order applies to all facility staff. While not subject to this Order, it is strongly recommended that non-staff members who come and go from the facility be tested at least every other week. This includes, but is not limited to, contract and agency staff, and private caregivers. Facilities are required to perform testing of all staff at least every other week.

8. If staff are on leave or are unavailable when testing is occurring, are they still required to be tested?

Yes. Facilities are required to verify staff have been tested if they were unavailable during scheduled testing.

9. Which residents are subject to testing?

Facilities are required to perform testing of all residents at least every other week.

10. Who is subject to repeat testing?

All staff are subject to repeat testing at least every other week with strategic testing of residents. Strategic testing may include, but is not limited to, testing high-risk residents, those presenting with COVID-19 symptoms. Refer to the following for additional [guidance](#).

11. If staff work at multiple facilities, are they required to be tested at each facility?

No. The facility is required to ensure all staff have been tested and shall obtain and retain test records for all staff to demonstrate compliance with the Order. This applies to all tests, including initial testing, that have occurred within the facility's designated testing period.

12. If a nursing facility is connected to an assisted living facility, will nursing facility residents and staff also be required?

This Order applies to assisted living staff and residents. Testing of nursing facility residents and staff is required by a separate [Ohio Department of Health Director's Order](#).

13. Is documentation of resident or staff consent required for testing?

Facilities should follow their standard consent procedures for both residents and staff as they work to comply with the Order. Please note, residents may decline testing. A legal representative with the appropriate scope of authority may also decline testing for a resident if the resident is unable to consent to or decline the testing.

14. What should a facility do if staff refuse testing?

The Order states facilities shall require its staff to be tested in accordance with state issued guidelines. It is important for facility leadership to educate and inform staff of the requirements and value of ongoing testing. Each facility must follow all required infection control laws and regulations. These include developing a system of identifying and controlling the spread of communicable diseases among staff and residents and prohibiting staff with transmissible communicable diseases from being able to pass it to residents.

15. Can staff continue working while waiting for test results?

Asymptomatic staff may work while awaiting test results. All facilities must comply with [ODH Contingency and Crisis Facility Staffing Guidance](#) before considering scheduling staff that have tested positive, been exposed to, or are displaying symptoms of COVID-19. All staff should continue infection control precautions and should wear appropriate PPE, including greater levels of personal protective equipment (PPE) during performance of an aerosol-generating procedure and when in direct contact with infectious secretions.

16. What should facilities do if they identify residents or staff who need to be tested because they are symptomatic, and/or have known exposure to COVID-19?

- Staff who are symptomatic should cease activities and notify their supervisor or occupational health services prior to leaving work to arrange further evaluation. Staff who have known exposure to COVID-19 should quarantine for 14 days from last known exposure or return to work in accordance with [ODH Contingency and Crisis Facility Staffing Guidance](#).

- Participants who are symptomatic or report known exposure to COVID-19 should be immediately isolated and not wait among other participants while awaiting further evaluation and care.
 - Facilities should identify a separate, well-ventilated space that allows participants to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
- 17. If staff or residents test positive for COVID-19, will the facility be required to undergo contact tracing?**
Yes, if staff or residents test positive within the facility, the facility should work proactively with the LHD to coordinate contact tracing as soon as possible.
- 18. When can staff who have tested positive, been exposed to, or are displaying symptoms of COVID-19 begin working again?**
All facilities must comply with [ODH Contingency and Crisis Facility Staffing Guidance](#) before considering scheduling staff that have tested positive, been exposed to, or are displaying symptoms of COVID-19. This guidance is relevant for all health care personnel, as well as potentially exposed staff not directly involved in patient care (i.e., clerical, food, and laundry service). Additional CDC guidance can be found [here](#).
- 19. When should residents with COVID-19 symptoms be transferred to a higher level of care?**
Facility residents who have tested positive for COVID-19 and are asymptomatic or have mild symptoms should continue to receive care in place when clinically appropriate. Additional detailed guidance regarding caring for individuals with COVID-19 within congregate setting can be found in the [Long-Term Services and Supports Toolkit](#).
- 20. Where can staff get tested for COVID-19?**
For facilities not participating in state-supported testing, a map of testing sites, including private companies and community health centers, can be found online at [Testing and Community Health Centers](#).
- 21. Who is responsible for payment of testing?**
The State is the payer of last resort for those facilities participating in state-supported testing. While reimbursement from third-party payers will be sought whenever possible, neither the person being tested, nor the facility will be charged for testing.

State-Supported Assistance with Testing

- 1. Is the State supporting facility testing?**
Yes, the State is supporting facility testing. State support may include assistance with:
- Training
 - Scheduling
 - Procuring nasal test kits
 - Delivery
 - Lab processing
- 2. Who is the state-supported testing partner?**
[MAKO Medical Laboratories, LLC](#)
- 3. What specimen collection method will be used?**
[Nasal](#) (Anterior Nasal) specimen collection will be utilized.

4. How will specimens be collected and handled?

The clinical [collection](#) of specimens can be self-administered or administered by facility staff. To avoid contamination of the specimen sample be sure to don personal protective equipment as outlined in [CDC guidance](#) for safely collecting and handling specimens.

5. How will testing supplies be delivered to the facilities?

MAKO Medical Laboratories, LLC will coordinate delivery of testing supplies. Further information can be found [here](#).

6. How will scheduling for testing occur?

ODA will coordinate scheduling. For assistance with scheduling, please e-mail COVIDTesting@age.ohio.gov or call 1-380-203-5737.

7. Can facilities change the dates assigned for specimen collection and pick up?

Barring extenuating circumstances, state-supported testing dates will not be changed.

8. What is the role of the facility point of contact?

Every facility must designate a point of contact. The point of contact is responsible for the overall testing program including, among other roles, portal management, communication, compliance, logistics, registration, and repeat testing.

9. How quickly should a facility expect to receive test results?

Generally, once the lab receives the specimens, results are available within 48 hours by logging into an online [portal](#). To ensure the shortest timeframe possible, it is important the facility completes testing on its scheduled testing day. Please see instructions for accessing the online [portal](#).