**Testing Plan Checklist**

**General Issues or plans**

* **Screening Protocols.** Written screening protocols for all actively screening all staff (each shift) and all persons entering the facility, such as vendors, volunteers, and visitors. Written screening procedures for actively screening all residents upon admission and thereafter, at least once daily, for signs and symptoms.
* **Plan for cohorting and isolation.** Plan to isolate residents who have a fever, are symptomatic or test positive for COVID-19. Plan to quarantine new admissions for 14 days and observe for the development of symptoms.
* **Procedure for staff and residents who decline or are unable to be tested.** Indicate how this will be handled for your facility and reference any other applicable policies or documents (i.e. resident or employee handbook).
* **Reporting/Tracking.** Staff assigned to report test results to NSHN and MDH.

**Facility-wide testing**

* **Baseline testing** Capacity for each resident to receive a single baseline test, or if you have conducted a baseline testing of all residents what is the completion date xxxx.
* **Weekly Retesting (Point Prevalence Testing)** repeat testing of all negative residents conducted weekly until all residents tested negative. First cycle was completed on date xxxx (if applicable) (add in subsequent cycles if applicable)
* **Staff testing.** The capacity for all staff (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week until all staff tested negative. Ongoing weekly testing as indicated by federal and state guidance.
* **Ongoing testing.** Plan for ongoing testing, even beyond a point-prevalence survey to include high risk residents and/or periodic surveillance of all staff and residents.
* **Routine testing for high-risk residents.** Testing for high-risk residents such as newly admitted from hospital or other facility, roommates of known positive or symptomatic residents and residents who regularly leave the facility for dialysis or other essential medical services.

**Testing of Symptomatic staff and residents**

* **Symptomatic testing.** All residents who exhibit symptoms consistent with COVID-19, or residents who come in contact with a staff member who tests positive for COVID-19 should be tested for COVID-19. All staff who are symptomatic should be tested for COVID-19.

**Specimen Considerations**

* **Specimen Collection.** Method of collection. (At this point MDH recommends usage of nasopharyngeal or anterior nasal swabs—other options i.e. saliva will be acceptable. Procedure for collection, including PPE usage and cleaning considerations.
* **Laboratory arrangement** An arrangement with lab(s) 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% sensitivity, greater than 90% specificity, with results obtained rapidly. Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.

**Billing/Payment Considerations**

* **Payment for testing.** Plan for how resident and staff testing costs will be managed (i.e. lab bills resident Medicare or insurance, 12A.10 reimbursement for facility costs, staff cost bill to insurance, or facility covers cost—uses federal tranche, state MDH COVID grants, etc)

CMS Reopening recommendations: <https://www.cms.gov/files/document/qso-20-30-nh.pdf>

COVID testing recommendations for LTC <https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf>

COVID testing in LTC FAQ <https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestfaq.pdf>

PPS Roadmap: <https://www.health.state.mn.us/diseases/coronavirus/hcp/pps0roadmap.pdf>