

**Frequently Asked Questions  
Nursing Facility COVID-19 Testing  
May 15, 2020**

On May 11, 2020, Gov. Greg Abbott directed that 100 percent of staff and residents in Texas nursing facilities be tested for SARS-CoV-2, the virus that causes COVID-19. Below are answers to some frequently asked questions related to this effort.

**1. When will the testing initiative begin?**

Testing has already begun. Facilities that have not had all residents and staff tested since April 15 will be contacted to schedule testing.

**2. How long will this process take?**

The goal is to complete the process within two weeks. We will work to complete the testing as quickly as possible and will continue deploying teams until all facilities have been tested.

**3. What is the plan for how this testing will be done?**

In order to conduct testing for the 1,224 licensed nursing facilities in Texas, it will take a lot of partners working together. Depending on where you are in the state the team that conducts the testing for your facility may be from the/an:

- Local Health Department or DSHS Public Health Region
- Regulated fire department for your area
- Emergency Medical Task Force team at the direction of the state
- Texas Military Department Mobile Testing Teams at the direction of the state

**4. Who is paying for this?**

The costs associated with this testing will be covered using available funding sources. More information will be coming about how to seek reimbursement for those expenditures.

**5. Who is considered staff?**

Staff refers to all paid and unpaid persons serving in facilities who have the potential for direct or indirect exposure to residents or infectious materials. Staff includes, but are not limited to, EMS personnel, nurses, certified nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

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**6. What is the local health departments responsibility in this undertaking?**

The role of the LHD varies depending on jurisdiction. The LHD can be the lead for testing for nursing facilities in their area if desired. Conversely, the LHD does not need to play a role in nursing facility testing. In either case, LHDs should coordinate with the DSHS public health region, and TDEM or local fire agencies through their emergency management coordinator. LHDs may speak directly with an [HHSC Long Term Care Region Director](#).

**Nursing Facilities**

**7. Are other long-term care facilities included in this initiative?**

This current testing initiative is focused on staff and residents in licensed nursing facilities. However, other long-term care facilities with outbreaks should continue to report those outbreaks to the Long-Term Care Regulatory region and will be supported through the Rapid Assessment Quick Response Force (RA-QRF) process, which can include testing support.

**8. How can a nursing facility prepare for this initiative?**

The testing team assigned to your facility will contact you to schedule your testing. When the testing team calls, you should be prepared to provide the patient census and number of staff.

Facilities that are scheduled for testing will be given at least 24-hours of notice prior to the specimen collection process taking place. Facilities should work with the testing team on the time the testing will take place and are encouraged to schedule the specimen collection over a shift change to maximize the number of people already scheduled to be on-site. Administrators should make arrangements for off-duty staff to be present at the facility during the specimen collection.

Nursing facilities may choose to conduct testing independent of the state process. If your facility has tested 100 percent of residents and staff since April 15, inform the testing team when you are contacted to schedule testing. You will be required to provide documentation to the team calling to schedule testing and to HHSC Long-Term Care Regulatory showing when all residents and staff were tested.

Depending on where your facility is located in the state, you may be contacted to schedule testing by the:

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- local fire department
- Local Health Department or DSHS Public Health Region
- Emergency Medical Task Force
- Texas Military Department Mobile Testing Teams

**9. How do I sign up to get my facility tested?**

There is no need for facilities to sign-up or for jurisdictions to submit a State of Texas Assistance Request (STAR) on behalf of facilities. All licensed nursing facilities that have not had all staff and residents tested since April 15 will be included in this initiative.

**10. Will there be multiple rounds of testing done or just this one?**

We will evaluate the need for further testing.

**11. How do I contact the team who will be conducting testing for my facility?**

The testing team assigned to your facility will contact you directly to schedule the testing.

**12. What can we expect when the testing team arrives?**

The testing team will bring their own PPE and the test kits. The team will self-screen prior to entering the facility.

**13. Is contracted agency staff working in the facility required to be tested?**

Yes.

**14. Will facilities that have already tested residents and staff be included in this initiative?**

If testing occurred before April 15, or if all residents and staff were not tested, testing will occur. If you receive a call from a testing team you should provide them with information about previous testing. If you have completed testing of all residents and staff since April 15, you will need to provide documentation of that testing to the testing team and your Long-Term Care Regulatory region.

**15. How will facilities be prioritized for testing?**

We will continue to prioritize facilities with known positive cases for testing. Prioritization for other facilities will be done in partnership with the testing teams for that area, which may include local and/or DSHS Regional public

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health, local fire departments, Emergency Medical Task Force, and/or Texas Military Department Mobile Testing Teams.

**16. What type of testing is being done?**

The tests will use nasopharyngeal swabs to collect specimens for Polymerase Chain Reaction (PCR) testing.

**17. Who will be the ordering physician for these tests?**

The ordering physician for all the tests will be John Hellerstedt, MD., Commissioner of State Health Services. Test results will be sent directly to the nursing facility.

**18. How will test results be reported to a facility?**

The testing team will complete paperwork for the facility to accompany the specimens collected. The paperwork will include information about who at the facility should receive the results once the laboratory testing is complete.

**19. How long will it take to get test results?**

Specimens must be sent to a laboratory. Results are typically available between one and seven days after testing.

**20. Can I use the laboratory my facility has an existing relationship with to test these specimens?**

Yes. This is not only allowed but preferred. There will be more information coming about how these costs will be billed or reimbursed.

**21. What happens if a nursing home staff member tests positive during mass testing?**

Health care personnel that test positive for COVID-19 should be excluded from work until they meet all [Return to Work Criteria](#). Facilities should refer to the [COVID-19 Response for Nursing Facilities](#) plan.

**22. Can administrative or support staff (laundry, office, dietary, etc.) who have no direct contact with patients and are wearing PPE when doing their jobs, and have no symptoms, continue to work uninterrupted if they test positive during mandated testing?**

No. Even persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the facility (including administrative and support staff) should follow the guidance for returning to work provided in the abovementioned Return to Work Criteria.

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**23. If a staff member works at multiple facilities do they have to have multiple tests?**

No. Each person only needs one test. However, that staff member will need to provide documentation of the testing to all facilities where they work.

**24. Who will be performing the collection of the specimens?**

Specimen collection will be performed by the local fire department, local or DSHS Regional public health department, Emergency Medical Task Force, or Texas Military Department Mobile Testing Teams.

**25. Can a nursing facility conduct their own testing and be reimbursed by the state?**

Yes. Nursing facilities may, in consultation with their assigned testing team, conduct their own testing and may use a private laboratory. The testing must be PCR testing. The nursing facility must provide the results to the testing team assigned to the facility and to the Long-Term Care Regulatory region. More information about how to seek reimbursement will be forthcoming.

**26. Will the nursing facility be expected to provide PPE or test kits for the testing team?**

No. The testing team will bring their own PPE and the supplies needed for testing. The team will ask you for a patient census and the number of staff when they contact you to schedule testing so they can bring the appropriate amount of supplies.

**27. What if a nursing home resident or staff member declines a COVID-19 test?**

Residents and staff do have the right to refuse testing. Residents who refuse testing should be treated as though they are positive and isolated and monitored for 14 days. However, they should not be "co-horted" with residents with confirmed positive cases. Staff who refuse testing should stop working and self-quarantine at home and self-monitor for 14 days unless they provide proof of a negative PCR test.

**28. What if a resident is unable to consent to testing?**

If a resident is unable to consent, their legally authorized representative should be contacted to provide consent. Facilities should obtain that consent prior to the testing team arriving.

**29. What if a staff member cannot be present when testing takes place at the facility?**

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All staff members must have a test as part of this initiative. If a staff member misses the testing at the facility, they should have their test conducted at another location prior to returning to work. Staff can visit <https://www.dshs.state.tx.us/coronavirus/testing.aspx> for more information about how to obtain a test. If a staff member has had a negative PCR test completed since April 15 they do not need to be retested but must provide documentation of the test result.

**30. Who should facilities report positive tests to?**

Per [QSO-20-29-NH](#) facilities should report positive results to the CDC, residents and their representatives. Facilities must also comply with requirements to report to their local health department, DSHS, and HHSC.

**31. If someone in the facility should test positive for COVID-19, how long should they isolate and avoid contact with others?**

A person who tests positive for COVID-19 should isolate until all of the following criteria are met:

- a. At least 3 days (72 hours) have passed since the resolution of fever without the use of fever-reducing medications -AND-
- b. At least 10 days have passed since symptoms first appeared -AND-
- c. Overall symptoms have improved.
- d. Please see updated [CDC Return to Work Criteria](#).

**32. If residents or staff have confirmed antibody testing, should they be retested?**

Yes. The reliability of antibody tests is unknown at this time, and those results will not be used to exclude anyone from this testing.

**33. If nursing facilities have additional questions, who do we contact?**

Regional Long-Term Care Regulatory Directors are serving as the point of contact for the groups scheduling and conducting testing. If you have questions about this process contact your [LTCR region](#).

**34. Who does a facility call if they are facing COVID-19-related infection control challenges?**

Facilities with ongoing COVID-19-related infection control challenges should immediately call the LTCR Associate Commissioner, the LTCR Director of Survey Operations, the [local health department](#) or [DSHS](#) for assistance.

**35. What should a facility do if the local health department or someone else tells the facility to send all staff who test positive home?**

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If staff are ill or if the local health department, DSHS or TDEM recommends that all or part of the NF staff immediately leave the NF and self-isolate at home, immediately notify the HHSC LTCR [Associate Commissioner](#) or the LTCR [Director of Survey Operations](#).

**Fire Departments**

**36. I have heard this testing will be done by fire departments. Will a VFD be tasked with testing at nursing facilities?**

No. Only paid, professional fire departments are being asked to support the testing initiative. In rural areas, the state will be deploying teams from the Emergency Medical Task Force or the Texas Military Department Mobile Testing Teams to collect specimens at nursing facilities.

**37. How will we know which facilities to test?**

The Texas Commission on Fire Protection will be providing a list to regulated fire departments of licensed nursing facilities in their jurisdiction. Questions related to these facilities can be directed to [Long-Term Care Regulatory](#) at HHSC.

**38. How should a fire department arrange to test a facility?**

Fire departments should call the facility at least 24 hours prior to their planned testing date and time. The fire department and facility should work together to pick the best date and time for the testing to take place. Facilities may request testing to overlap with shift change times for the facility in order to maximize the number of people on-site. Fire departments should obtain the number of staff and residents in the facility and plan to bring adequate testing supplies to meet the need. Fire departments should ask the facility to have off-duty staff visit the facility to be tested during the specimen collection time.

**39. How do fire departments get testing kits and PPE?**

A fire department should collaborate with their local health department. In some locations the health department may be able to provide testing materials. If a local health department does not have available tests, the jurisdiction should submit a STAR request through their local emergency manager.

**40. What if a facility says they have already been tested?**

If a facility says it has been tested since April 15 the testing team should evaluate whether that facility has a stable infection control process in place.

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If there is NOT evidence of a stable infection control policy, the facility's residents and staff should be tested again.

**41. What if a facility refuses testing?**

If a facility refuses testing and will not provide documentation that testing of all residents and staff has occurred since April 15, please contact the [Long-Term Care Regulatory region](#).

**42. What if a nursing home resident or staff member declines a COVID-19 test?**

Residents and staff do have the right to refuse testing. Residents who refuse testing should be treated as though they are positive and isolated and monitored for 14 days. However, they should not be "co-horted" with residents with confirmed positive cases. Staff who refuse testing should stop working and self-quarantine at home and self-monitor for 14 days unless they provide proof of a negative PCR test.

**43. What should the fire department bring to the facility?**

Fire departments should bring PPE and coordinate with the local health department for all necessary testing supplies. Additionally, testing teams should self-screen for symptoms prior to entering the facility.