Nursing Facility (NF) Testing FAQs #2

1. **Will NFs have to provide testing kits? If not, how will fire departments and other testing teams get kits and PPE?**

   If NFs are conducting their own testing, they should work with their laboratory to obtain testing kits. If they cannot obtain kits, they can work with their local emergency manager and health department to submit a State of Texas Assistance Request (STAR) for test kits.

   Fire departments supporting the statewide COVID-19 testing mission should coordinate with their TDEM assistant chief to be integrated into their regional nursing facility testing effort. COVID-19 testing supplies, including kits and PPE, will be provided to these fire departments by the Regional Coordination Teams.

2. **What is the Regional Coordination Team?**

   Eight Regional Coordination Teams (RCTs) have been deployed across the state to support this testing initiative. The RCT consists of a Texas Intrastate Fire Mutual Aid System (TIFMAS) liaison, Texas A&M Engineering Extension Service (TEEX) Incident Support Team, Emergency Medical Task Force (EMTF) Medical Incident Support Team, HHSC Long Term Care Regulatory Regional Director or designee, and the DSHS Public Health Preparedness Manager or designee. The RCTs will assist with situational awareness; information management and sharing; distribution of supplies, including test kits and PPE; and routing of specimens to laboratories.

3. **How will specimens be transported to the lab?**

   If a NF is obtaining testing through their laboratory, they also should arrange for specimen transport to the lab.

   For facilities not using labs with which they have relationships, the testing team will return the specimens to the RCT that provided the kits and PPE. The team at the RCT site will arrange for the specimens to be delivered to the appropriate laboratory for processing.

4. **How can a facility be held responsible for the testing of staff that do not work for the facility but do come on-site, such as EMS personnel, phlebotomists, and others?**

   If an individual *routinely* enters the facility to provide critical services, they should be tested, either when the facility is being tested or otherwise. EMS personnel would not need to be tested, for example, and nor would a phlebotomist who visits a facility only once. However, a phlebotomist who visits weekly would need to be tested when the rest of the facility is tested or would need to provide proof of individual testing and results.

   Additionally, it is important to note that anyone who enters the facility and has *not* been tested should be in full PPE and screened for symptoms, including a fever. (EMS and other personnel conducting a testing self-screen are the exception to this).

5. **Are NFs required to notify residents and family of the planned testing? Will NFs be responsible for obtaining consent forms from all residents and staff to test?**

   For residents, HHSC asks facilities to follow their normal documentation processes for informing residents and/or their legally authorized representative of the planned testing and for obtaining consent.

   For staff members, facilities should follow the same process they would if they offered flu shots to staff, etc. For staff members under the age of 18, please see question #6.

6. **Do staff members who are minors need to obtain parental/guardian consent for testing?**

   Minors can provide their own consent to certain types of medical treatment in seven general circumstances under the Texas Family Code. Specifically, Family Code § 32.003(3) provides that a minor can consent “to the diagnosis and treatment of an infectious, contagious, or communicable disease that is required by law or a rule to be reported by the licensed physician or dentist to a local health officer or the Texas Department of Health, including all diseases within the scope of Section 81.041, Health and Safety Code.”

Since COVID-19 diagnosis is a communicable disease, parental consent is not required. However, HHSC recommends obtaining consent of the parent/guardian where feasible.

7. **Has TDEM contacted local hospital administrators where a local hospital district also administers the NF to ask the district to conduct the testing for that facility?**

   All nursing facilities, including those administered by a local hospital district, are encouraged to conduct testing within their facility if they have the resources to do so. For those facilities that are unable to so, a testing team will be deployed to assist.

8. **Some communities offer multiple levels of care on the same campus, including facility types like independent living that are not regulated by HHSC. Will all residents of these multi-level facilities be required to be tested?**

   This current testing initiative is focused on nursing facilities. If some staff members move between varying levels of care within a multi-level facility, the facility is advised to test residents in the other levels, but it will not be carried out as part of this testing initiative.

   If you do operate a multi-level facility and do not test all areas, it is recommended that staff *not* move between levels of care to avoid potentially spreading the virus.

9. **When the testing is done, are residents automatically considered presumptive positive pending outcome of the test, which would mean increasing the level of PPE worn by staff until test results are received?**

   All staff in the NF should be wearing the appropriate level of PPE to safely interact with the residents under their care. The PPE required to care for symptomatic residents differs from that needed for those who are asymptomatic with no known exposure.

   HHSC is offering weekly webinars on “Infection Control Basics – Personal Protective Equipment (PPE).” This webinar is being offered on May 22 and May 29. Register here to participate. For additional training dates or information on proper use of PPE, please contact the

Policy, Rules and Training section of Long-term Care Regulation at mailto:PolicyRulesTraining@hhsc.state.tx.us.

10. How is the testing being handled in facilities that have been working with local authorities, HHSC, and others on outbreaks?

If testing has occurred since April 15 as part of an outbreak investigation and response, facilities will *not* be required to re-test as part of this initiative.

11. Will Rapid Assessment-Quick Response Force (RA-QRF) deployments still occur? How do those differ from this testing initiative?

RA-QRF teams are deployed to facilities with positive cases and significant needs as identified by an HHSC surveyor. RA-QRF missions can include testing, infection control assessments, building and site assessments, and disinfecting services. If an RA-QRF team has tested a facility prior to this statewide initiative, residents and staff will *not* need to be tested again.

12. Do NFs have to complete the 14-page infection control checklist?

No. The infection control checklist in the RA-QRF plan was developed for health-care associated infection (HAI) epidemiologists conducting infection control surveys. If you were provided the checklist, you are not required to fill it out, but it can serve as a resource for NFs reviewing their infection control practices. The form also does *not* need to be submitted to HHSC or any other agency, nor does it need to be completed for a facility to receiving testing.

13. What should Local Health Departments (LHD) do if they are contacted by a fire department to conduct testing in NFs?

If the LHD has access to a lab within their jurisdiction *and* can support the testing efforts, that LHD could coordinate testing with the fire department.

If the LHD does not have access to a lab within its jurisdiction, it should refer the fire department to the TDEM Assistant Chief to be integrated into the regional nursing home testing effort.

14. How do testing teams report on completed missions?

Testing teams should report their completed missions to the RCT for their area.

15. How does a fire department get trained to conduct COVID-19 testing?

Testing teams should contact the RCT for information about training.

16. What does it mean that a testing team is required to "self-screen" prior to entering a facility?

All testing teams are screening their members for COVID-19 symptoms, including taking their temperature and their exposure history, prior to team members entering the facility to conduct testing. As such, the facility does *not* need to re-screen the teams upon entry.

17. When staff in a NF refuse to test and go home to self-quarantine for 14 days, can they return to work and the NF be considered as meeting the state mandate of 100 percent staff testing?

Yes. People have the right to refuse testing, and some have medical conditions that make it impossible (or nearly impossible) to collect a specimen. As such, the 14-day isolation rule protects others in cases where testing is not possible or is refused.

18. Previous guidance is that staff who refuse testing should stop working, self-quarantine at home, and self-monitor for 14 days unless they provide proof of a negative PCR test. Creating confusion is additional guidance that says "all staff members must have a test as part of this initiative," implying that a staff member "must" test before returning to work. Can you clarify?

Yes. People have the right to refuse testing, and some have medical conditions that make it impossible (or nearly impossible) to collect a specimen. As such, the 14-day isolation rule protects others in cases where testing is not possible or is refused.

19. A provider had a positive test in early May that resulted in the LHD conducting facility-wide testing. The facility was later notified that 11 to 15 of the tests were lost. It still has not received results from any of the tests but is asking what to do about residents and staff whose tests were lost. Does the facility need to retest these individuals even if it has passed the 14 days taken for precautionary purposes?

In this situation, additional tests would *not* be necessary if residents and staff has been tested within the past 30 days and it had been at least 14 days since the last known positive case of COVID-19.