

COVID-19 Testing in Residential Programs Licensed by the Department of Human Services: Frequently Asked Questions

The Minnesota Department of Health (MDH) and Department of Human Services (DHS) are working together to monitor and respond to the developing COVID-19 situation. Together, the agencies provide guidance for DHS-licensed residential service providers and the people who use services in those settings. DHS-licensed residential settings include: Adult Foster Care, Chemical Dependency Residential Treatment Facilities, Children's Residential Facilities, Children's Residential Facilities with a Mental Health Certification and/or Chemical Dependency Certification, Community Residential Settings, Intensive Residential Treatment Services, Intensive Treatment in Foster Care, Mental Health Residential Treatment Facilities, and Psychiatric Residential Treatment Facilities.

Experience from DHS residential settings with COVID-19 cases in Minnesota suggests that when symptomatic staff or persons who use services are confirmed to have COVID-19, other asymptomatic persons and staff often test positive as well. Testing can help providers of residential services assess the scope (e.g., presence in one or several homes or facilities) and magnitude of outbreaks, and guide additional prevention and control efforts designed to limit transmission among persons who use services and their staff. Persons is defined in this document as those served in a licensed residential setting.

This document refers only to reverse transcription polymerase chain reaction (RT-PCR) testing, which detects the nucleic acid from SARS-CoV-2 virus, the virus that causes COVID-19. This document does not cover other antigen tests or antibody tests, as the ability of these tests to inform clinical decisions and infection prevention and control (IPC) measures is currently unknown.

Testing is one component of a broad-based COVID-19 response strategy that includes:

- Triage and clinical consultation.
- Infection prevention and control measures.
- Persons and their staff health screening.
- Exclusion of ill staff.
- Planning for staffing surge capacity in case of staff shortages.

All of these considerations must be in place to effectively use testing as a strategy to reduce transmission of COVID-19.

What type of test is used to determine if someone has COVID-19?

RT-PCR testing is used to detect SARS-CoV-2, the virus that causes COVID-19 disease. The RT-PCR test is a viral test that is being used to determine if a person has a current COVID-19 infection. Specimens for this type of test are collected by swabs of the nasal passages (anterior nares or nasopharyngeal) or the back of a person's throat (oropharyngeal).

Please note, this test is not the same as an antibody test (blood test) which examines if a person had a previous COVID-19 infection and has developed antibodies. There is still limited understanding of how to interpret the results of an antibody test and it is not recommended for the detection of COVID-19 in a congregate setting.

For more information, please see [CDC: COVID-19 Testing Overview \(https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html\)](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html).

How should we decide who is tested for COVID-19?

MDH has informed medical providers throughout the state that testing should be made available and prioritized to all persons who use services and staff in congregate settings who meet any of these criteria:

- Have developed symptoms that are consistent with COVID-19 disease.
- Are not showing symptoms, but meet the criteria consistent with recommendations in the [MDH Health Advisory: Testing Asymptomatic Persons for SARS-CoV-2 \(https://www.health.state.mn.us/communities/ep/han/2020/june25asymptom.pdf\)](https://www.health.state.mn.us/communities/ep/han/2020/june25asymptom.pdf).

For persons who use services who have had a known exposure to someone with COVID-19 or are connected to a setting where an outbreak is occurring, providers should not hesitate to act and support the person to seek testing if they develop symptoms.

MDH and CDC recognize that the general public has not received training on proper selection and use of respiratory PPE; therefore, persons who use services who have had prolonged, close contact with a positive staff member are considered to have been exposed, regardless of the level of personal protective equipment (PPE) worn by the staff or person and should quarantine for 14 days from date of last exposure.

Close contact is defined as being within 6 feet of a person with confirmed COVID-19 or having unprotected direct contact with infectious secretions or excretions of a person with confirmed COVID-19. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or

more as prolonged. Use the [CDC Public Health Guidance for Community-Related Exposure \(https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html) to assess the risk of a person who uses services who has been exposed to staff with COVID-19.

The primary purpose of testing should be to inform infection control actions to reduce disease transmission. These actions will depend upon each setting's physical space and capacity to implement infection prevention measures. These are examples of ways testing can be used to inform specific infection control measures:

- Identifying COVID-19 positive staff who should be excluded from work, per CDC recommendations, regardless of whether they have symptoms of illness.
- Grouping positive persons who use services together and minimizing the number of staff who work with these persons.
- Enabling staff to return to work after infection, per the CDC time or symptom-based strategy.

For more information on CDC time or symptom-based strategies for return to work please see [CDC: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\) \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html).

To keep the risk of exposure low for staff, all staff should wear facemasks (surgical masks or respirators) and eye protection (e.g., goggles or face shield) throughout their shift for all close contact encounters with persons who use services. Testing should not be used to determine when to use additional PPE (gown, gloves), because appropriate PPE should be worn by staff based on the development of symptoms that put the staff at risk or to reduce the exposure of staff to infectious materials (e.g., blood spill) per universal precautions.

Should testing be performed as part of admission or re-admission of a person who uses services?

As resources allow, RT-PCR testing may be useful for newly admitted or re-admitted persons who use services, as a positive test result indicates the need for the person who uses services to isolate. It should be noted that RT-PCR tests only provide a snapshot of the person's COVID-19 status at one point in time, and it is possible that a person who uses services in the early stages of COVID-19 infection will have negative test results due to low viral loads. For this reason, MDH does not recommend that congregate care settings, including DHS-licensed residential settings, rely solely on RT-PCR testing to determine how to manage admissions or re-admissions. Providers, persons who use services, and families should use their best judgement to determine the safest way to support a person's move from or into a licensed residential setting.

For admission of persons coming back to the facility from the hospital, see [MDH: Interim Guidance for Discharge or New/Re-Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions \(https://www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf).

For additional information on admissions and discharges for group homes, providers may refer to the section titled, "Admission or re-admission of persons who use services with no clinical concern for COVID-19," in [MDH: Interim Guidance on the Prevention of COVID-19 for Employees and Persons Who Use Services in Licensed Group Homes](https://www.health.state.mn.us/diseases/coronavirus/guidegroup.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/guidegroup.pdf>).

Child Residential Facilities can find additional information on admissions in the [Questions and Answers for Staff, Families, and Clients of Children's Residential Facilities: COVID-19](https://www.health.state.mn.us/diseases/coronavirus/faqcrf.html) (<https://www.health.state.mn.us/diseases/coronavirus/faqcrf.html>).

When should I consider testing all asymptomatic staff or persons who use services?

Because SARS-CoV-2 can be transmitted asymptotically, testing of all persons who use services and staff, also known as point prevalence surveys, may be beneficial when there are one or more cases of COVID-19 in persons or staff in your facility. Testing may also be indicated if a person who uses services or staff member has been exposed to someone with confirmed COVID-19. Testing of all staff and persons who use services should only be considered within the context of each setting's ability to implement additional prevention efforts (e.g., excluding staff, grouping persons, etc.). If such efforts cannot be made, some benefits of testing will be lost.

Persons who use services and staff have the right to refuse testing. Staff, however, should be aware that their employer may be able to mandate testing and that there could be employment-related consequences for refusing testing. See the [Minnesota Department of Labor and Industry's Employer and Employee Questions Related to COVID-19](https://www.dli.mn.gov/sites/default/files/pdf/Employer_and_employee_questions_related_to_COVID_19.pdf) (https://www.dli.mn.gov/sites/default/files/pdf/Employer_and_employee_questions_related_to_COVID_19.pdf) for more information.

If testing capacity is not sufficient to test all staff and persons who use services, testing should be prioritized for those who are considered high risk, including:

- Persons who use services or staff who are symptomatic.
- Persons who use services who share a bedroom with symptomatic persons.
- Persons who use services or staff who have had a known exposure to a COVID-19-positive case.
- Persons who use services or staff who are at high risk for complications due to advanced age or comorbid conditions.
- Staff who work closely with persons who use services who are at high risk for complications.
- Persons who use services who spend a significant amount of time in medical settings where they may expose others who are at high risk of complications (e.g., dialysis facilities).

For additional information on how to plan for, conduct, and respond to a point prevalence survey, see the Point Prevalence Survey Toolkit at [MDH Long-term Care Testing: COVID-19](https://www.health.state.mn.us/diseases/coronavirus/hcp/lctesting.html) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/lctesting.html>).

Where can staff or persons who use services get tested for COVID-19?

According to the June 25, 2020, [MDH Health Advisory: Testing Asymptomatic People for SARS-CoV-2](https://www.health.state.mn.us/communities/ep/han/2020/june25asymptom.pdf) (<https://www.health.state.mn.us/communities/ep/han/2020/june25asymptom.pdf>), people living, working, or visiting congregate settings are considered highest priority for testing symptomatic people as well as asymptomatic people with a known COVID-19 exposure. This advisory is meant to guide testing practices at hospitals, clinics, and other health care facilities in Minnesota. Staff, persons who use services, and administrators can identify potential testing sites at [Minnesota COVID-19 Response: Find Testing Locations](https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp) (<https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp>). If a facility is having difficulty identifying a testing site, contact the local public health department or MDH for assistance.

For more information on testing resources please see [MDH COVID-19 Testing Resources for Residential Programs Licensed by the Department of Human Services](https://www.health.state.mn.us/diseases/coronavirus/grouptest.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/grouptest.pdf>).

If I test all of my asymptomatic staff, what will happen if many of my staff test positive?

Staff who test positive for COVID-19, even if asymptomatic, should not work (see next question).

What should I do if staff in my organization decide on their own to get tested following an exposure?

All symptomatic staff in congregate settings are advised to be tested in order to identify their COVID-19 status and conduct appropriate contact tracing to identify others who may have had an exposure.

Staff who are not showing symptoms are recommended for testing if they meet criteria specified in the [MDH Health Advisory: Testing Asymptomatic People for SARS-CoV-2](https://www.health.state.mn.us/communities/ep/han/2020/june25asymptom.pdf) (<https://www.health.state.mn.us/communities/ep/han/2020/june25asymptom.pdf>). Employers should support staff to be tested if they meet the MDH health advisory criteria and follow the recommendations for exclusion and contact tracing, as specified in the CDC guidance for confirmed or suspected COVID-19.

Asymptomatic staff who test positive should not work. These staff members can return to work following the time-based strategy from [CDC: Criteria for Return to Work for Healthcare Personnel with](#)

[Suspected or Confirmed COVID-19 \(Interim Guidance\) \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html).

Should I use a test-based or time- and symptom-based strategy to determine when a person who uses services or staff member is clear of infection?

A test-based strategy is no longer recommended to determine when to discontinue isolation. For determining the end of isolation and precautions for persons who use services and staff in licensed residential settings with COVID-19, see [CDC's Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html).

Consultation with an infectious disease expert may be helpful when determining if someone with an immunocompromising condition is clear of infection. For further guidance on determining when a person who uses services or staff member is clear of infection, see the following resources:

- [Interim Guidance on the Management of COVID-19 for Employees and Persons Who Use Services in Licensed Group Homes \(https://www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf)
- [COVID-19 Toolkit: Information for Long-Term Care Facilities \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf)

If someone tests positive, will they be protected from future COVID-19 infections if they are re-exposed to COVID-19?

Unfortunately, there is not enough information at this time to understand if or how long people may be immune to SARS-CoV-2 if they have previously tested positive. Although, based on limited evidence to date, **people who have clinically recovered from COVID-19 and are later identified as a contact of a new case within three months of symptom onset of their most recent illness do not need to be quarantined or retested for SARS-CoV-2.** However, if someone is identified as a contact of a new case three months or more after symptom onset, they should follow quarantine recommendations for contacts.

For more information, see [CDC: Duration of Isolation and Precautions for Adults with COVID-19 \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html).

How should I interpret test results?

A positive RT-PCR test is highly specific for SARS-CoV-2 and is able to reliably demonstrate that someone has COVID-19. However, the test is able to detect live or dead virus, so it is unable to distinguish by itself

whether someone is infectious or not. Most likely, people who test positive and are either symptomatic or had a recent known high-risk exposure do have an active infection and could spread the virus to others, so it is important to take precautions. All positive people should be managed as if infectious.

A negative RT-PCR test only indicates that someone does not have detectable material from the virus present at the time of testing. If an alternative diagnosis is not identified, a health care provider may determine that repeat testing is needed.

Rarely, test results may return as “invalid”, “indeterminate”, “uninterpretable”, or “intermediate.” These types of results may be caused by a variety of reasons, including an issue with the specimen or testing process, or possibly, when the amount of virus present in the specimen is at or below the level the test is able to detect. Discussion of these types of test results with a health care provider is recommended in order to determine if and when another specimen should be obtained for repeat testing.

What should residential providers do while test results are pending?

Depending on the circumstances, persons who use services and staff who are being tested for SARS-CoV-2 (the virus that causes COVID-19) are often advised to separate themselves from others until test results are known. For instance, people with symptoms and those who have a high-risk exposure should be isolated or quarantined as necessary while test results are pending. However, for situations in which point prevalence surveys are being performed among staff and persons who use services throughout a licensed residential setting, asymptomatic persons who use services and staff without a high-risk exposure do not need to be isolated or quarantined while waiting for test results.

Persons who receive services or staff who have had close contact with a confirmed or suspected case of COVID-19 are advised to quarantine for 14 days after the last known exposure or after preventive self-isolation measures are put into place. It is important to note people do not need to quarantine if they previously tested positive for COVID-19 and recovered within three months of new symptom onset.

This evidence is based on [CDC: Duration of Isolation and Precautions for Adults with COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>), updated Aug. 16, 2020, and is subject to change. People who were identified as a positive case, have clinically recovered from COVID-19, and then are identified as a contact of a new case should follow the most up-to-date CDC guidance for quarantine and testing recommendations, as these recommendations will likely differ from people who have not previously tested positive.

Are there additional considerations for specimen collection for people with certain disabilities?

Specimen collection for COVID-19 testing can be done in different ways. The manner in which a specimen is collected depends on the type of supplies that are available. The most comfortable and least

invasive way to collect a specimen is an anterior nasal swab. Residential providers and persons with disabilities should call the lab prior to seeking testing to ask what type of swab will be used to obtain a specimen. Additionally, providers should talk with persons who use services to inform them of what to expect, prior to the specimen collection. During specimen collection, we encourage staff to ask the timeframe in which they should expect to receive the test results and to inform the persons who receive services.

A video demonstration of how COVID-19 specimens are collected can be found at [What to Expect: Getting a nasal swab at a testing event \(https://youtu.be/DEiapWRTPIU\)](https://youtu.be/DEiapWRTPIU).

How are specimens collected for COVID-19 testing?

Specimens may be collected in a variety of settings. Depending on the health care provider or organization that is coordinating the testing, specimens may be collected in clinics, hospitals, or drive-up sites. Residential providers can also facilitate specimen collection for testing of staff and persons who use services, as resources allow.

Facilities should refer to [CDC: Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19 \(https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html).

Specimen type

Nasopharyngeal (NP) or anterior nasal swabs are recommended specimen types for COVID-19 testing. However, nasal swabs are preferred by many people given the discomfort associated with NP swab collection and the growing evidence that viral load in the nasal cavity is likely sufficient for detection. Use of nasal swabs will facilitate compliance with the repeated testing approaches described in this document. Nasal swabs of employees and persons who use services in a residential setting can be conducted by clinical staff or by self-swab. Use of anterior nasal self-swab might be feasible and appropriate, depending on if the person who receives services or staff is presented with clear instructions and demonstrates they understand how to perform the self-swab. Place the swab in a sterile tube containing acceptable transport media and store at refrigeration temperature before transporting to the laboratory for testing.

PPE use and infection prevention and control during specimen collection

When collecting diagnostic respiratory specimens from someone with possible COVID-19, consider the following:

- The procedure should be performed in a person's room or other designated space with the door closed.
- Staff in the room should wear a surgical facemask (or N95 respirator, if available), eye protection, gloves, and a gown.
- Only staff who are essential to collect the specimen should be present.

- Surfaces in the room where specimens are collected should be cleaned and disinfected using EPA-registered products.

Resources

- [CDC: Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 \(Interim Guidance\) \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)
- [CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19 \(https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html)
- [CDC: COVID-19 Testing Overview \(https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html\)](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html)
- [MDH COVID-19 Testing Resources for Residential Programs Licensed by the Department of Human Services \(https://www.health.state.mn.us/diseases/coronavirus/groupptest.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/groupptest.pdf)
- [MDH COVID-19 Toolkit: Information for Long-Term Care Facilities \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf)
- [MDH COVID-19 Recommendations for Health Care Workers \(https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf)
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- [MDH: Interim Guidance for Hospital Discharge to Home or New/Re-Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions \(https://www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf)
- [MDH: Interim Guidance on the Prevention of COVID-19 for Employees and Persons Who Use Services in Licensed Group Homes \(https://www.health.state.mn.us/diseases/coronavirus/guidegroup.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/guidegroup.pdf)
- [Minnesota COVID-19 Response: Find Testing Locations \(https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp\)](https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp)

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