

# COVID-19 Testing Information for Long-term Care Facilities: Frequently Asked Questions

## Long-term care: Point prevalence survey testing

### General

#### How should we be conducting testing?

There are many reasons why a long-term care (LTC) facility would undergo testing. Currently, you may decide to do the following:

- Testing of symptomatic residents and staff
- Point prevalence survey (PPS)
- Conducting routine staff testing to meet CMS requirements
- Testing of high-risk residents

For more information on each, please see the following documents:

- [COVID-19 Testing Recommendations for Long-term Care Facilities](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf)  
(<https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf>)
- [Road Map for Conducting a COVID-19 Point Prevalence Survey \(PPS\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/pps0roadmap.pdf)  
(<https://www.health.state.mn.us/diseases/coronavirus/hcp/pps0roadmap.pdf>)
- [Serial Testing of Nursing Facility Staff for COVID-19: Frequently Asked Questions](https://www.health.state.mn.us/diseases/coronavirus/hcp/serialtestfaq.pdf)  
(<https://www.health.state.mn.us/diseases/coronavirus/hcp/serialtestfaq.pdf>)

#### What is PPS testing?

Testing a group of individuals at a single time (e.g., on one day or over two days) is referred to as a “point prevalence survey” or PPS. The PPS approach provides information on the overall number of affected individuals in the facility at that point in time. PPS testing can help a facility identify symptomatic and asymptomatic infected residents who can be grouped on a dedicated unit to limit transmission within a facility. A negative test indicates that an individual, unit, or facility, did not have detectable virus at the time of testing. Repeat testing may be needed.

## COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES: FREQUENTLY ASKED QUESTIONS:

### What are the benefits of PPS testing?

Residents of LTC facilities are at high risk for infection, serious illness, and death from COVID-19. Facility-wide PPS testing of all residents and staff should be considered in facilities with suspected or confirmed cases of COVID-19. PPS testing can help you identify symptomatic and asymptomatic infected residents who can be grouped on a dedicated unit to limit transmission within a facility. The PPS testing approach can be used to describe the scope and magnitude of outbreaks and to help inform additional prevention and control efforts designed to further limit transmission among long-term care residents and staff.

### What are the risks of doing PPS testing?

When performing facility-wide PPS testing, facility leadership must be prepared for possible detection of multiple asymptomatic residents and staff who test positive. You should plan to provide staff with appropriate personal protective equipment (PPE) and training on PPE use, donning, and doffing to care for all COVID-19-positive residents. You should also develop plans to cohort COVID-19-positive residents and consider scenarios with a small number of cases or when 30% or more of residents are positive. You should prepare for potential short-term staffing shortages as a result of positive staff members. A negative test only indicates that an individual, unit, or facility, did not have detectable virus at the time of testing. You may need to repeat testing. A negative test at one point in time should not instill a false sense of security. The laboratory turnaround time for PPS testing must be short (<72 hours).

### Who should get tested?

All residents and staff in a LTC facility should be tested during PPS testing. Refer to [COVID-19 Testing Recommendations for Long-term Care Facilities](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf>) for more details.

### What assistance can the state provide and how do I request it?

Currently, the State can provide three forms of assistance:

1. Mobile Swab Team to perform swabbing
2. Testing supplies (e.g., transport medium, swabs)
3. Access to a standing order for RT-PCR COVID-19 tests, for long-term care facilities that do not have a medical director (some laboratory limitations apply).

To request assistance, complete the REDCap survey: [COVID-19 Testing Requests and Allocations for Long Term Care](https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX) (<https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX>).

If your facility requires additional assistance following the completion of an initial or baseline PPS, please do not fill out an additional REDCap survey as this creates duplicate records. To request assistance, email the Long Term Care Testing Team at [seoc.covid.testing@state.mn.us](mailto:seoc.covid.testing@state.mn.us).

However, if it has been more than 28 days since your previous testing event, or if you are requesting assistance for a new reason (i.e., newly symptomatic or confirmed positive residents or staff), please fill out a new REDCap survey.

COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES:  
FREQUENTLY ASKED QUESTIONS:

### **Can I perform my own PPS testing at my facility or do I have to coordinate with the state?**

Yes, you are encouraged to perform your own PPS testing at your facility.

The State still requests you complete the REDCap survey to inform us of your own PPS testing: [COVID-19 Testing Requests and Allocations for Long Term Care](https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX) (<https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX>).

## **Process, scheduling, and team structure**

### **How do I schedule a state swab team to come to my facility?**

Once you've completed your REDCap survey, your submission is entered into our database. We prioritize requests for state swab teams based on the following criteria:

- Presence of symptomatic or laboratory confirmed positive COVID-19 cases in residents and/or staff, and
- The incidence of COVID-19 in your county.

The State Emergency Operations Center (SEOC) Team will email or call your facility point of contact with potential testing dates and times. It could be up to three or four weeks to contact you based on your priority level and the number of facilities in the state undergoing and requesting testing.

### **What time can we schedule testing?**

We schedule teams to arrive as early as 6:00 a.m. to catch day and night shift staff and to help with memory care clients. Some facilities prefer to have residents swabbed in the evenings. We work to accommodate schedule preferences to the greatest extent possible. State swab teams typically arrive 15-30 minutes early to review the swabbing plan and organize supplies before testing begins.

### **What paperwork do I need to fill out in advance?**

The scheduling team will send you the forms you need to complete before the team arrives onsite. Refer to the [Planning and Preparedness Checklist for Testing at Your Facility by a State Mobile Team](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestlist.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestlist.pdf>). This checklist includes the necessary forms and documentation that you should complete before the swab team arrives (see below, Consent & Medical Orders, for more detail).

### **What is the best way to set up and organize the testing?**

Develop and print a list of all residents, units, and room numbers. Develop a swabbing plan (by wing, by floor) using the facility diagram and resident list with room numbers to make sure all planned areas are covered. State swab teams (e.g., National Guard, other contracted swab teams) are flexible when collecting specimens on site. The state swab teams should collect specimens at each resident's room. The state swab teams should not swab multiple individuals in the same room at the same time, unless appropriate separation between swabbing stations can be maintained. When multiple staff are tested, you can do this outside (e.g., drive through or parking lot setup) or in a large room that allows enough spacing.

COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES:  
FREQUENTLY ASKED QUESTIONS:

**What materials do I need to provide for state-contracted teams on day of testing?**

State swab teams are very flexible when collecting specimens (see above). However, we ask that you have some supplies ready, including tables or carts, ice packs, and a few containers to hold the specimens. Additionally, create space in a non-food refrigerator to store the specimens until the courier arrives. You should consider steps needed to make residents comfortable with the process, including clear communication about what to expect and introduction to the state swab team members before the test occurs.

**How many people are on a testing/swab team?**

There are approximately 5-10 trained swab staff per team. If your facility is very large, we may send more than one swab team to complete testing in one day or we may schedule you over two days.

**How long does it take a team to test a facility?**

We estimate a team of 10 can complete approximately 75 tests per hour. It depends on how the test is performed. If the swab team must enter a resident's room, it takes more time than if residents and/or staff can walk up and be tested.

**Testing**

**How frequently will my facility be tested?**

Currently, state-contracted teams can provide baseline testing for both low-risk facilities (no laboratory confirmed COVID-19 cases) and higher-risk facilities. State teams can return as needed to assist with two rounds of follow-up testing (e.g., days 7 and 14) for facilities that identified positive cases during their baseline testing. State teams can also assist nursing facilities in meeting requirements, related to repeat testing of staff, until the facility is able to get a relationship in place with a lab to meet ongoing needs. For more information, see [Serial Testing of Nursing Facility Staff for COVID-19: Frequently Asked Questions \(https://www.health.state.mn.us/diseases/coronavirus/hcp/serialtestfaq.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/serialtestfaq.pdf).

**Will the state teams help us learn to swab our own residents/staff?**

Yes. State-contracted teams use a "train the trainer" model to empower facilities to continue PPS testing on their own. State contracted teams will teach facility staff how to perform nasal swab specimen collection. We strongly encourage you to take this opportunity to train multiple staff members. This way, if you have positive cases, you are well set-up to do the testing on your own. State-contracted teams will return to facilities on a case-by-case basis.

**My facility has positive cases after testing. What should we do?**

Facilities should continue testing on their own until no new positive cases are detected on two sequential rounds of testing. On a case-by-case basis, support may be available from state-contracted teams for follow-up testing (e.g., on days 7 and 14). After testing, you will have an established relationship with a lab and can request supplies directly through them to continue testing (see below).

COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES:  
FREQUENTLY ASKED QUESTIONS:

**If everyone in my facility tests negative during our baseline testing, do we have to continue testing every 3-7 days?**

The need for retesting depends on whether there have been cases in your facility prior to testing.

- For facilities that have never had any COVID-19 cases or have gone 28 days without a COVID-19 exposure, there is no need to conduct more than one PPS, unless testing reveals positive residents or staff. If positive residents or staff are detected during the PPS, continue with PPS every 3-7 days until 14 days have passed since the last facility exposure to a person who has COVID-19. (e.g., on days 7 and 14).
  - If capacity for facility-wide testing is limited, refer to [COVID-19 Testing Recommendations for Long-term Care Facilities \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf) for considerations on how to direct repeat rounds of testing.
- For facilities conducting PPS following confirmed resident or staff COVID-19 exposure in the last 28 days, even if all residents and staff are negative after the baseline test, the facility must still conduct repeat testing every 3-7 days until 14 days have passed since the last facility exposure to a person who has COVID-19. (e.g., on days 7 and 14).
  - After exposure and infection, it can take people up to 14 days to develop symptoms or to become infectious, if asymptomatic. For this reason, it is important to retest negative residents and staff who might have been infected but not yet symptomatic or did not test positive on the previous test.
  - You should retest all negative residents and staff 3-7 days after the first test date, and again test all negative residents and staff 3-7 days after that. Testing should continue every 3-7 days until 14 days have passed since the last facility exposure to a person who has COVID-19.
  - If testing capacity is limited, refer to [COVID-19 Testing Recommendations for Long-term Care Facilities \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf) for considerations on how to direct repeat rounds of testing.

You may need to repeat the PPS testing process for all or part of the facility in the future because of community transmission of COVID-19. [COVID-19 Testing Recommendations for Long-term Care Facilities \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf) describes appropriate situations in which to conduct facility-wide testing of residents and staff.

**What happens if I'm unable to safely staff my facility due to positive results?**

You should be planning for the possibility that a number of staff will be unable to work due to a positive test result. You should refer to your facility's staffing plan and explore options related to supplemental nursing services or partnerships with local or regional entities to help address staffing needs.

Information about staffing resources, and a progression of options to consider, are available.

- Appendix C of the [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)
- [Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19 \(https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html)

## Specimen collection, supplies, and results

### What type of specimen is collected is performed and how long does it take to get results?

We perform RT-PCR testing which detects material from the virus that causes COVID-19, not other antigen tests or antibody tests. For PPS testing to be useful, laboratory turnaround time must be short (<72 hours).

### How is the specimen collected when I request a swab team?

Per the [COVID-19 Testing Recommendations for Long-term Care Facilities \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf), the preferred type of collection method in a long-term care facility is a mid-nasal or nasal swab.

To do this test, gently insert the swab less than one inch into the nostril and rotate it against the nasal wall several times. Then repeat the process in the second nostril with the same swab. In total, specimen collection (i.e., swabbing) should take 10-20 seconds per person.

### Who will collect and run specimens?

LTC facilities planning PPS testing should work through their regular health system and laboratory to provide needed testing materials and support. If a facility does not have this capability, the state testing team can support facility efforts.

The SEOC coordinates a combination of private and public state mobile testing “swab teams” to administer the collection of COVID-19 specimens based on facility need and capacity of swab teams. Laboratories with available capacity will test the specimens.

### Do specimens need to be frozen or refrigerated after collection?

Yes. After collection, specimens should be kept at refrigerator temperature of 2–8°C (35–47°F) or the lab cannot process them. You should have ice on hand to keep specimens cool during testing until the courier arrives. In general, specimens should be cool but not frozen. However, if a delay (>72 hours) in testing or shipping is expected, verify storage directions with laboratory.

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

### Who transports the specimens after collection?

The SEOC arranges transport of specimens in conjunction with your lab if you are using a state mobile swab team. Couriers will have coolers and ice packs to keep specimens cool during transport. If you are performing your own testing, you should work with your lab to schedule courier pick up.

### My facility can do our own PPS and does not need a state-contracted team. Where do I get testing supplies?

If you have a lab you typically work with, we ask you to work within your normal operations and contact that lab for supplies and logistics of testing.

## COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES: FREQUENTLY ASKED QUESTIONS:

If you do not have a lab you regularly work with, or your lab is unable to perform testing at this time, we can provide state purchased testing supplies. You will need to manage the logistics of testing specimens with a lab you choose.

You can request supplies through the REDCap survey: [COVID-19 Testing Requests and Allocations for Long Term Care \(https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX\)](https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX). Only complete the survey once. Make note of the survey link and your return code. An SEOC testing team staff member will contact you after you complete your survey. If you need to make any changes to your request, inform the SEOC testing team staff member. My facility needs a state-contracted team to perform testing for us.

### **Where do I get testing supplies?**

If a State mobile team provides the swabbing at your facility, the state provides testing supplies. Testing supplies and personal protective equipment (PPE) may be shipped to your facility or arrive with the team.

### **Who gets test results?**

This varies depending on the ordering physician for the tests and the testing team. If your facility has a medical director who ordered the tests for residents and/or staff, that medical director will receive the results. If the resident or staff obtains a medical order from their physician, the physician will receive the results and notify the resident or staff. In those situations, the resident and staff are responsible to report results to the facility.

## **Billing and insurance**

### **Why am I being asked for insurance information for my residents and staff?**

The lab needs insurance information to collect reimbursement for these tests from the appropriate payers.

If your facility has an existing process and infrastructure to bill insurance for your residents, you can continue to use that process to bill for tests. If you do not have that ability, and you are using a State-contracted mobile team, you should print and complete the [2020-2021 COVID-19 Testing Registration Form \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestform.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestform.pdf) to provide the information to the lab and the lab will handle the billing.

For facilities using a State-contracted mobile team, the lab will also submit claims to insurance companies for reimbursement of testing claims for staff, if the testing is related to an outbreak or visitation. Please have staff print, complete, and include the [2020-2021 COVID-19 Testing Registration Form \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestform.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestform.pdf) with their lab specimen. For baseline, 7-day, and 14-day testing, there will not be any upfront costs and facilities will not be billed later by the lab.

Billing for testing of nursing facility staff to meet CMS serial staff testing requirements goes directly to the facility. To learn more, [Serial Testing of Nursing Facility Staff for COVID-19: Frequently Asked Questions \(https://www.health.state.mn.us/diseases/coronavirus/hcp/serialtestfaq.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/serialtestfaq.pdf).

COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES:  
FREQUENTLY ASKED QUESTIONS:

**It is time consuming to collect information on insurance coverage for residents and staff. Do we have to do it?**

Yes, we need you to collect and provide this information. The lab needs the insurance information for billing purposes. We recognize this process can be time consuming, but you should download and complete the form prior to your testing day. Staff can and should complete their own forms.

You must collect insurance information for each testing session. We recommend facilities have residents and staff complete an insurance form for the first testing session, make two photocopies of the completed form and save those photocopied forms for the second and third testing sessions. You must send the registration forms to the lab with the specimens.

**How do I submit insurance information?**

Each individual being tested should print and complete a [2020-2021 COVID-19 Testing Registration Form \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestform.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestform.pdf). The Registration Form should be sent with each collected specimen to the lab.

**If some of my residents or staff are uninsured, or if insurance won't cover their costs, do we have to pay? Is there a co-pay?**

Any costs that insurance does not cover will be covered by the State when using a State-contracted testing team for baseline, 7-day or 14-day testing. Residents, staff, and facilities will not be billed any co-pay, co-insurance, or deductible costs in those situations.

Billing for testing of nursing facility staff to meet CMS serial staff testing requirements goes directly to the facility. To learn more, see [Serial Testing of Nursing Facility Staff for COVID-19: Frequently Asked Questions \(https://www.health.state.mn.us/diseases/coronavirus/hcp/serialtestfaq.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/serialtestfaq.pdf).

**What if my employees don't have insurance? Can they still be tested?**

Yes. We will still test uninsured employees and your facility will not be responsible for the testing costs when using a State-contracted testing team to conduct testing, outside of the serial staff testing that is done in nursing facilities to meet CMS requirements.

If you would like to learn more about options for coverage for your employees, consider reaching out to [MNSure \(https://www.mnsure.org/\)](https://www.mnsure.org/), Minnesota's health insurance marketplace.

## Consent

**Do employees/staff and residents have to consent to be tested?**

Yes, individuals must consent to be tested: [COVID-19 Testing: Long-term Care Staff and Resident Consent Form \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestconsent.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestconsent.pdf). Each facility will need to make its own decisions about encouraging all employees/staff and residents to test.

**Do minors (under age 18) need parental/guardian consent to get tested?**

Yes. This is true for both residents and employees/staff.

COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES:  
FREQUENTLY ASKED QUESTIONS:

**Do we have to document consent in writing?**

Yes, you must document consent. If a patient can only give verbal consent, that verbal consent must be documented in writing.

**Do we have to document consent using the MDH consent form?**

No. Facilities are responsible for obtaining informed consent and ensuring compliance with applicable state and federal laws governing the privacy of staff and resident data. Facilities may use the [COVID-19 Testing: Long-term Care Staff and Resident Consent Form](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestconsent.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestconsent.pdf>) or they may use their own form. While you may choose to use or consider this template, you do so with no guarantee that it will serve your facilities needs or relieve your facility of liability. For all questions related to consent, and required documentation of consent, you should make sure to consult with your legal counsel.

**Do we need to have a consent form for each round of testing or can we have a single consent that covers all testing sessions?**

Consent is required for each round of testing. All consent, including consent provided verbally, should be documented in writing.

**Can health care workers of a LTC facility refuse a test? Can we require the health care worker to self-quarantine for 14 days?**

Health care workers may refuse testing. MDH encourages facility leadership to positively engage and educate staff on the importance of testing, even when asymptomatic. Prepare in advance, so you can communicate the benefits of PPS while explaining that testing may identify many previously unknown COVID-19-positive residents and staff. The early identification of pre-symptomatic positive people will prevent transmission and can save lives.

Per the Office of the Ombudsman, “each Nursing Home and Assisted Living shall maintain documentation and verification that testing has been completed, including documentation related to any refusals to test by residents and staff.” Review the [Office of Ombudsman for Long-Term Care: COVID-19 Testing Notice](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestombud.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestombud.pdf>).

In federally certified nursing facilities conducting outbreak testing triggered by a case in a resident or staff, staff who refuse testing should be restricted from the building until the procedures for outbreak testing have been completed.

- [CMS: QSO-20-38-NH](https://www.cms.gov/files/document/qso-20-38-nh.pdf) (<https://www.cms.gov/files/document/qso-20-38-nh.pdf>)

Ill staff and staff who test positive with COVID-19, regardless of symptoms, must not work until they meet criteria outlined in [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>). All staff, in a resident-facing role, should adhere to guidance for universal masking with use of a medical-grade face mask.

## COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES: FREQUENTLY ASKED QUESTIONS:

### **Can residents of a LTC facility refuse a test? What should we do if they refuse?**

Residents may refuse testing. Federally certified nursing facilities must, and other facilities should, have procedures in place to address residents who refuse testing. Procedures should ensure that residents who have signs or symptoms of COVID-19 and refuse testing are placed on transmission-based precautions (TBP) until the criteria for discontinuing TBP have been met.

Per the Office of the Ombudsman, “Each Nursing Home and Assisted Living shall maintain documentation and verification that testing has been completed including documentation related to any refusals to test by residents and staff.” Review the [Office of Ombudsman for Long-Term Care: COVID-19 Testing Notice \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestombud.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestombud.pdf).

Facilities should monitor residents for COVID-19 according to [CDC: Preparing for COVID-19 in Nursing Homes \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). Your facility should isolate untested roommates of COVID-19-positive residents to their current rooms and use Transmission-based Precautions. You should closely monitor other untested residents for change in condition that warrants COVID-19 testing and/or isolation. Continue to engage with residents about the importance of testing when possible. Residents with unknown COVID-19 status pose a potential transmission risk to the rest of the facility.

## **Medical orders**

### **Why do we need a physician to order the test?**

Provider orders ensure that people being tested have a connection to the health care system, and a contact point for questions and test results. A provider order is also important for insurance purposes. Under Minnesota law, the provider can be a physician, a physician assistant (PA), or an advanced practice nurse (APN).

### **Who can write medical orders for residents and staff?**

#### **Skilled Nursing Facilities**

In skilled nursing facilities, a medical director who oversees all resident medical care often writes a blanket order for all residents.

#### **Assisted Living**

For facilities that do not have a medical director, or a relationship with another provider who can order tests for residents, the Commissioner of Health has issued an order authorizing the MDH medical director to order certain types of COVID-19 tests for residents.

#### **Staff**

If the facility has a medical director, that person may be able to order tests for staff, with appropriate consent. In some situations, another health care provider may choose to be the ordering provider for staff tests. For facilities that do not have a medical director, or a relationship with another physician who can order tests for staff, the Commissioner of Health has issued an order authorizing the MDH medical director to order COVID-19 tests for staff.

COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES:  
FREQUENTLY ASKED QUESTIONS:

**Is a provider order needed if we are using point of care antigen tests (including but not limited to Quidel Sofia, BD Veritor, or Abbott BinaxNOW)?**

Yes. A provider order is needed when using these tests. Under Minnesota law, the provider can be a physician, a physician assistant (PA), or an advanced practice nurse (APN).

**What are my options if residents or staff do not have access to an ordering physician?**

For facilities that do not have a medical director, or a relationship with another physician who can order tests for residents or staff, the Commissioner of Health has issued an order authorizing the MDH medical director to order RT-PCR COVID-19 tests for residents and staff.

Facilities should first attempt to obtain an order for testing from residents' and staff primary care physician or other authorized caregiver (PA, APN, or MD), so their results are maintained in their medical record. If this is not possible, please contact the SEOC Testing Team ([seoc.covid.testing@state.mn.us](mailto:seoc.covid.testing@state.mn.us)) after being scheduled to request use of the MDH standing order. Include in your request the following information for expedited processing:

- Name of facility and facility type
- Type of testing undergoing (antigen or PCR) Name of lab they are using and a point of contact from the lab
- Intended testing date(s)
- Number of staff and/or residents in need of using the order

**Can we use the MDH standing order if we are using point of care antigen tests?**

The MDH standing order cannot be used with antigen tests. Facilities should consider obtaining individual provider standing orders for testing by communicating with each resident's health care provider about the importance of SARS-CoV-2 testing. The order should allow for testing in situations where the resident becomes symptomatic, has a high-risk exposure to someone with COVID-19, or must be tested as part of facility-wide outbreak response. If your facility needs support conducting a PPS in the event of positive cases or exposures, please reach out to [seoc.covid.testing@state.mn.us](mailto:seoc.covid.testing@state.mn.us).

**What documentation is needed if we use the MDH standing order?**

If using the MDH standing order, you should use the [COVID-19 Testing: Long-term Care Staff and Resident Consent Form \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestconsent.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestconsent.pdf). The SEOC Testing Team will provide information for the standing order to the lab running your specimens.

**How will test results be delivered if we use the MDH standing order?**

For facilities that are making use of the MDH standing order for COVID-19 testing, the State is contracting with a nurse line to report results. Resident results will be reported to a nursing director or other facility designee, if appropriate consent is in place. It is the facility's responsibility to notify residents and/or their guardians and to obtain appropriate consent. Staff results will be reported to the individual staff members and it is their responsibility to report their results to their employer.

COVID-19 TESTING INFORMATION FOR LONG-TERM CARE FACILITIES:  
FREQUENTLY ASKED QUESTIONS:

## More information

### What if I have other questions?

Refer to [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>) for guidance on conducting PPS. Communicate with your facility's MDH COVID-19 Case Manager or local public health to ensure your questions are addressed.

Refer to [Using Antigen-based Point-of-Care \(POC\) Testing for COVID-19 in Long-term Care Facilities](https://www.health.state.mn.us/diseases/coronavirus/hcp/lcantigentest.pdf)

(<https://www.health.state.mn.us/diseases/coronavirus/hcp/lcantigentest.pdf>) for more information on the use of antigen testing devices or kits (including BinaxNOW, Quidel Sofia, or BD Veritor) in long-term care.



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