

Attention: Directors of Skilled Nursing Facilities in San Mateo County

Regarding: COVID-19 Mass Testing Strategy for Skilled Nursing Facilities (SNFs) in San Mateo County

At the beginning of the COVID-19 outbreak, we focused our efforts on case finding and contact tracing investigations as well as testing of symptomatic frontline workers and mitigating outbreaks in SNFs, with the goal of protecting our most vulnerable populations. **Testing asymptomatic residents and staff of SNFs** is a decisive move to protect these most vulnerable people, and their care givers, who are at high risk in case of an outbreak. In alignment with the rest of the Bay Area, San Mateo County's ultimate goal is to test all staff and all residents in SNFs on a recurring weekly testing cycle.

Universal testing of residents and employees of SNFs is consistent with the San Mateo County [Health Officer Order dated April 15, 2020](#) and the California Department of Public Health (CDPH) All Facility Letter ([AFL 20-52](#) and [AFL 20-53](#)) which mandate SNFs to submit COVID-19 mitigation plans and provide guidance concerning testing.

As described in the [New England Journal of Medicine article Pre-symptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility](#), SNFs serve some of the county's most vulnerable populations including older adults and residents with underlying health conditions. Additionally, the congregate nature of these facilities means residents live near each other and have extensive contact with fellow residents and facility staff. Once introduced into a facility, COVID-19 can spread rapidly, and residents are at high risk of becoming seriously ill, or even dying, if they become sick.

As long as COVID-19 is circulating in the community, residents and staff of SNFs remain at risk. Testing determines who is COVID-19 positive and allows facilities to immediately establish necessary protocols, including cohorting of residents and implementing adequate infection control measures.

Although testing is a critical tool to identify asymptomatic COVID-19 positive cases, it is just one aspect of the County's response. In addition, the San Mateo County Communicable Disease Control Program (SMC CD Control) has created a new set of protocols in a checklist format that offers an array of strategies to mitigate transmission risk and outbreaks. Testing is one piece of a larger strategy that includes preventive measures such as social distancing, frequent hand washing and appropriate use of personal protective equipment (PPE).

Skilled nursing facilities in San Mateo County are operationally and financially responsible for conducting their own testing. San Mateo County will continue to provide assistance while SNFs ramp up their testing capability. Once all facilities have been tested, based on what is currently known about the incubation period of SARS-CoV-2, the goal is to establish a recurring weekly testing cycle. Testing science and technology are rapidly evolving and will continue to inform our response and testing strategy. As more information becomes available about the virus, the testing schedule may need to be adjusted.

Thank you for working with us to keep your residents and staff safe and healthy. For questions, please call SMC CD Control at 650-573-2346. This number is intended for use by SNFs and should not be disseminated further.

Sincerely,

Scott Morrow, MD, MPH, MBA
San Mateo County Health Officer



COVID-19 Mass Testing Strategy for Skilled Nursing Facilities in San Mateo County

1. **Background:**

Improved COVID-19 testing capacity in San Mateo County provides us with a powerful tool to intervene earlier to prevent and control outbreaks in SNFs. In our limited experience with COVID-19 in SNFs, we have found through mass testing that when a single or small number of symptomatic cases are identified, there may be many additional asymptomatic or mild cases among residents and staff. Without testing to identify and act on these additional cases, we cannot effectively control the outbreak. We have identified the following benefits of mass testing:

- a. We can make better-informed decisions about cohorting. For example, for facilities with a large number of asymptomatic COVID-19 positive residents, we may recommend either to "reverse isolate" the negative patients or to send the COVID-19 positive residents to a dedicated COVID-19 facility if feasible.
- b. We can make more informed decisions on selecting residents for isolation and quarantine. With limited testing, uninfected residents may be unintentionally exposed to infectious asymptomatic and pre-symptomatic COVID-19 residents.
- c. Asymptomatic staff who test positive will be excluded from work per the SMC CD Control guidelines, thus preventing unintentional spread of COVID-19 to other patients and staff.

2. **Mass Testing Strategies:**

We have identified 2 strategies for mass testing that will be implemented in parallel:

Strategy 1: Facilities with COVID-19 infected staff or residents. Facilities experiencing single cases or outbreaks of COVID-19 among residents and/or staff members. This response driven testing strategy includes the following steps:

- a. Serial testing of residents:
 - i. As soon as possible after one (or more) COVID-19 positive individuals (resident or staff members) is identified in a facility, serial retesting of all residents who test negative upon initial testing should be performed **every 7 days until no new cases are identified in two sequential rounds of testing**
 - ii. Once a resident tests positive, no additional testing is needed for that resident.
 - iii. Place residents into three separate cohorts based on the test results, accordingly:
 1. Positive result
 2. Negative result but exposed within the last 14 days
 3. Negative result without known exposure within the last 14 days
- b. Serial testing of staff members:
 - i. As soon as possible after one (or more) COVID-19 positive individual(s) (resident or staff members) is identified in a facility, serial retesting of all staff members who test negative upon initial testing should be performed **every 7 days until no new cases are identified in two sequential rounds of testing**; the facility may then resume its regular surveillance testing schedule for staff members.
 - ii. If testing capacity is not sufficient to serially retest all staff members, consider testing staff members who worked with COVID-19 positive residents or are known to work at other healthcare facilities with cases of COVID-19.
 - iii. Once a staff member tests positive, no additional testing is needed for that staff member.





- c. Cohort all COVID-19 positive residents and staff as outlined below or consider transferring COVID-19 positive residents to a designated COVID-19 receiving facility, if feasible, after approval by SMC CD Control.
- d. We strongly recommend all staff attend/review the following recorded trainings:
 - i. [Stanford School of Medicine Webinar – Strategies to Prevent the Spread of Coronavirus in Your Facility](#)
 - ii. [CDC Webinar Series – COVID-19 Prevention Messages for Long Term Care Staff](#)

Strategy 2: Pre-emptive intervention. Prospective surveillance of facilities not currently experiencing outbreaks. Testing facilities in this category will allow San Mateo County to monitor facilities pro-actively to ensure that interventions can be made as early as possible.

- a. Conduct baseline testing for all residents and staff members.
- b. After baseline testing is completed, continue with surveillance testing described below:
 - a. In facilities without any positive COVID-19 cases: implement testing of 25 percent of all staff members every 7 days including staff from multiple shifts and facility locations. The testing plan should ensure that 100 percent of facility staff are tested each month.
 - b. In facilities with a positive COVID-19 case, implement response-driven testing as described in *Strategy 1*.

3. Testing Logistics:

Successful implementation of these testing strategies will require substantial collaboration between the facilities' leadership and public health investigators.

a. Test Types

- i. **PCR testing** is useful during outbreaks when residents or staff are shedding virus in the days and weeks after initial infection.
 - 1. PCR testing should be used for facility-wide testing of staff and residents as described in this document.
 - 2. PCR testing is not 100% sensitive, so some individuals with negative tests may still have COVID-19.
- ii. **Serologic/antibody testing** may become useful in the future, but we do not currently recommend it.

b. Individual facilities should develop plans for ongoing testing

- i. While San Mateo County Health has provided help to facilities that did not have a readily accessible alternative, moving forward, the large scope of the pandemic requires facilities to use their own resources.
- ii. Facilities should develop relationships with commercial laboratories. Please see *Appendix 1* for a list of laboratories that offer COVID-19 testing.
- iii. Facilities should identify or hire staff to perform specimen collection on an ongoing basis.
- iv. Facilities that have previously identified cases of COVID-19 and that have been cleared by SMC CD Control should immediately implement *Strategy 2: Pre-emptive intervention*, as described above.
- v. In order to identify transmission early, facilities that do not have known cases of COVID-19 should plan to test 25% of staff on a rotating basis every 7 days. If any testing from the sample population is positive, the facility should plan to do facility-wide testing as described in *Strategy 1*.





- c. While the responsibility for testing staff and residents on a regular basis ultimately falls on the SNFs, San Mateo County will attempt to facilitate testing while the facilities work to develop a plan to take over that responsibility. The following information must be provided prior to testing:**
1. Name of Facility
 2. Address of Facility
 3. Phone Number of Facility
 4. Name of the single point of contact (POC) at Facility
 5. If applicable, name of the Medical Director at Facility (the Medical Director must be the ordering physician for the facility so that he/she may get the testing results directly)
 6. Total number of individuals (staff and residents) to be tested
 7. Proposed dates of testing/specimen collection
 8. List of residents and staff to be tested (use the provided Excel spreadsheet)

4. Public Health Follow-up:

Based on testing results, SMC CD Control may recommend a number of interventions, depending upon how many staff members and residents are affected.

a. Staff

- i. **Staff who test positive for COVID-19 and have respiratory symptoms** should be excluded from work and isolated until they meet the SMC CD Control Return to Work Criteria.
- ii. Assuming they do not develop symptoms, **asymptomatic staff who test positive for COVID-19** should also be excluded from work and isolated until they meet the SMC CD Control Return to Work Criteria. However, in a setting of critical staffing needs, asymptomatic staff may be allowed to work, but only if facilities can ensure that all the following conditions are met:
 1. **Asymptomatic COVID-19 positive staff must only work with COVID-19 positive residents and COVID-19 positive staff.**
 2. **Work areas for COVID-19 positive and COVID-19 negative staff must be kept separate**, including break rooms, work stations, and bathrooms.
- iii. We do not recommend serial testing or test-of-cure for people testing positive. Instead, the SMC CD Control Return to Work Criteria should be followed.

b. Residents

- i. **Residents testing positive for COVID-19** should be separated from all residents who tested negative (cohorting). Cohorting should be organized as follows:
 1. All residents who test positive for COVID-19 should be housed in a separate area within the facility. Ideally this would be a separate building or a separate floor. If there is no way to separate cohorting areas, then temporary physical barriers (screens, etc.) with clear signage should be used.





2. Patients can be roomed together strictly by cohort (i.e. only COVID-19 negative with other COVID-19 negative residents and COVID-19 positive with other COVID-19 positive residents). Cohorting should be done with as much separation as possible and with a minimum of 6 feet of separation.
 3. COVID-19 positive and COVID-19 negative groups should not share common areas or bathrooms.
 4. Staff, equipment, etc. should be dedicated to a cohort (positive or negative) and should not be shared.
 5. **Residents who test positive but remain asymptomatic** should be considered infectious for 14 days after the date of the initial positive test.
 - ii. **Residents who have symptoms consistent with COVID-19, but test negative** should still be presumed to have COVID-19 given that the sensitivity of the COVID-19 PCR test is around 70%. These residents should be placed on contact and droplet precautions, and isolated away from both COVID-19-positive and COVID-19-negative residents if possible. Re-testing can be performed prior to the next scheduled testing cycle if results will impact cohorting decisions.
 - iii. If after mass testing is done, only a small number of individuals is identified in one category, and if it is feasible, consider relocating this minority to another facility. Given the risk of spreading infections to other facilities, all potential transfers must be approved by SMC CD Control.
 - c. **Completion of Cohorting:**
Residents who test positive for COVID-19 can be removed from the COVID-19 designated cohort area when they are no longer considered to be infectious. For details, please refer to the SMC CD Control Congregate Setting Admission, Readmission, and Discontinuation of Transmission-Based Precautions guidelines and/or call SMC CD Control.
5. **Contact Information:**
 - a. SMC CD Control can be reached by phone at 650-573-2346, by fax at 650-573-2919, or by email (non-urgent items only) at SMCCDControl@smcgov.org. Please note that this contact information is intended for provider and facility use only and should not be shared further.
6. **Resources:**
 - a. San Mateo County [Health Officer Orders and Statements](#)
 - b. [Stanford School of Medicine Webinar – Strategies to Prevent the Spread of Coronavirus in Your Facility](#)
 - c. [CDC Webinar Series – COVID-19 Prevention Messages for Long Term Care Staff](#)
 - d. [AFL 20-52: Coronavirus Disease 2019 \(COVID-19\) Mitigation Plan Implementation and Submission Requirements for Skilled Nursing Facilities \(SNF\) and Infection Control Guidance for Health Care Personnel \(HCP\)](#)
 - e. [AFL 20-53: Coronavirus Disease 2019 \(COVID-19\) Mitigation Plan Recommendations for Testing of Health Care Personnel \(HCP\) and Residents at Skilled Nursing Facilities \(SNF\)](#)





Appendix 1: COVID-19 Testing Laboratories List

A list of laboratories is provided to help facilities meet their COVID-19 testing needs. Laboratories listed in the table below can provide a variety of test-related services. Capabilities associated with each laboratory are defined as follow:

- Full service: Laboratory can provide onsite/offsite sample collection (including supplies like personal protective equipment [PPE] and sample collection kits), facilitates logistics to collect and process specimens, and conduct diagnostic testing
- Enhanced service: Laboratory can provide sample collection kits, manage inbound logistics (e.g. preprinted shipping labels), and conduct diagnostic testing
- Testing only service: Laboratory can conduct diagnostic testing only. Submitters must supply their own collection kits.

Lab Name	Contact	Location	Full service	Enhanced service	Testing only service
Avellino Lab	(650) 396-3741; https://www.avellinocoronatest.com/ ; tom@avellino.com	Menlo Park, CA	X	X	X
Color Genomics	(844) 352-6567; covid-response@color.com; https://www.color.com	Burlingame, CA		X	X
Transplant Genomics	(508) 337-6200; info@trugraf.com; http://transplantgenomics.com	Pleasanton, CA		X	X
Westpac Labs	(562) 906-5227; https://www.westpaclab.com/covid-19/	Santa Clara, CA		X	X
ARUP Laboratories	800-522-2787; https://www.aruplab.com/infectiousdisease/coronavirus-us	Salt Lake City, UT		X	X
BioReference Laboratories	833-684-0508; https://www.bioreference.com/coronavirus/	Elmwood Park, NJ	X	X	X
Quest Diagnostics	866-697-8378; https://www.questdiagnostics.com/home/Covid-19/ https://www.labcorp.com/coronavirus-disease-covid-19	Secaucus, NJ			X
LabCorp	https://www.labcorp.com/coronavirus-disease-covid-19	Burlington, NC		X	X
UltimateDx	(800) 799-7248; https://ultimatedx.com/	Los Angeles, CA	X	X	X





Lab Name	Contact	Location	Full service	Enhanced service	Testing only service
Curative KorvaLabs	(650) 713-8928	San Dimas, CA	X	X	X
Exceltox Laboratories	Jonathan Pittman; (216)373-1360; jonathan@exceltox.com	Irvine, CA		X	X
Keck Medicine of USC Clinical Laboratories	800-872-2273; https://www.keckmedicine.org/coronavirus/	Los Angeles, CA			X
Let's Get Checked – Priva Path Diagnostics	(626) 479-8460 ext. 4002; info@lgclabs.com	Monrovia, CA		X	X
MiraDx	(424) 387-8100; info@miradx.com; https://miradx.com/covid-19-testing/	Los Angeles, CA	X	X	X
Pacific Diagnostic Lab	(805) 879-8100; https://www.pdllabs.com	Santa Barbara, CA		X	X
Pathology Sciences Medical Group	(530) 891-6244; https://www.pathologysciences.com/	Chico, CA		X	X
PrimeX Clinical Lab	(800) 961-7870; https://primexlab.com/test-announcement-for-the-2019-novel-coronavirus/	Van Nuys, CA		X	X
StemExpress	(530) 303-3828; https://www.stemexpress.com/covid-19-testing/	Folsom, CA	X	X	X
Sun Clinical Lab	Mark Pandori; (626) 234-2355; https://sunclinicallab.azurewebsites.net	El Monte, CA		X	X

