



Point-Prevalence Survey (PPS) Testing for Coronavirus (COVID-19) in Long Term Care

Long-term care (LTC) populations, in this context including those in skilled nursing and assisted living, are at high risk for infection, serious illness, and death from COVID-19. Reverse transcription polymerase chain reaction (RT-PCR) testing is used to detect SARS-CoV-2, the virus that causes COVID-19. This testing is a priority to help inform clinical care and infection prevention and control (IPC) practices in LTC facilities.

Point prevalence surveys (PPS) are used in health care facilities to identify the number of people with a disease or condition at a specific point in time, regardless of who is exhibiting symptoms. When used as part of a multipronged surveillance strategy, a PPS could lead to enhanced case detection.

SARS-CoV-2 testing can help facility leaders assess the scope (e.g., presence in one or several units) and magnitude of outbreaks and guide additional prevention and control efforts designed to further limit transmission among LTC residents and staff. This document refers only to RT-PCR testing, which detects the nucleic acid from SARS-CoV-2 virus, not other antigen tests or antibody tests. Point prevalence testing should be initiated based on the identification of a positive resident or health care personnel (HCP) that works at the facility.

Testing is one component of a broad-based response strategy that includes triage and clinical consultation, IPC measures, resident and staff health screening, exclusion of ill healthcare personnel (HCP), and planning for staffing surge capacity in case of staff shortages. All these considerations must be in place for effectively applying testing to reduce transmission.

PPS testing for COVID-19 Key Points:

- Testing is used to inform specific IPC actions, such as determining infection burden across different units, cohorting residents, identifying positive staff for work exclusion, and enabling staff to return after infection.
- A negative RT-PCR test only indicates that an individual did not have detectable virus material present at the time of testing, and repeat testing might be needed. Widespread community transmission and movement of staff and residents in and out of a facility result in a continuous risk of introduction of disease.
- Testing complements existing IPC interventions but does not replace good IPC.
- PPS can be used to support prevention efforts but should not be used as an isolated strategy. Preparations should be made for the potential impact on staffing levels, need for enhanced IPC strategies, including cohorting, and communication with residents, families, and staff.

PPS Testing Approaches:

- Positive HCP or resident: Retest all HCP and residents in the wings where HCP works or resident lives.
- Multiple wings with positive cases among residents, or HCP working in multiple wings: Retest all HCP working in and residents living in those wings.
- Positive resident has known or suspected close contact with HCP or residents in a wing outside of where they reside: Retest all residents and HCP in the wing where the positive resident resides and any wing where they had close contact.
- Positive HCP or resident that works or resides in a single wing: Retest all residents and staff in the wing.
- If testing all residents on the same unit or floor is not possible, CDC suggests directing testing resources to symptomatic residents and HCP, and residents who have known exposure to a case (e.g., roommates of cases or those cared for by a known positive HCP).
- See [Considerations for Performing Facility-wide SARS-CoV-2 Testing Nursing Homes](#) or [Testing Guidance for Nursing Homes](#) for additional details.

Repeat testing of all previously negative HCP and residents should continue every 2 weeks, until testing identifies no new cases of COVID-19 among residents or HCP.

The South Dakota Department of Health is available for facility consultation.

Testing Steps:

1. Ensure your facility has appropriate quantity of PPE available to perform testing following CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>).
 - a. PPE can be requested from the State of South Dakota using the following link ([SD DOH PPE REQUEST](#))
2. Ensure employees fit-tested for N95 respirators, or a higher-level respirator are available to perform specimen collection at your facility.
 - a. Obtain fit-testing for staff using your community resources (local hospital, hospital occupational health programs, EMS, Fire Department, etc.).
 - b. If fit-testing is not available from community resources, e-mail: DOHSafety@state.sd.us with your fit-testing request. The SD DOH will make every attempt to facilitate request.
 - c. Facilities that do not have N-95 respirators or fit-tested employees may attempt to obtain/borrow powered air-purifying respirators (PAPRs) to use for the testing event from a local healthcare partner.
 - d. If reusable respirators (e.g., powered air-purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
3. After assessing testing capacity in consultation with your facility medical director, assess the number of residents and healthcare personnel (HCP) in your facility that will need testing. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees,

contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

4. Identify the laboratory that will be performing the testing
 - a. Facilities should consult with the laboratory they are using for testing for guidance on what swabs the laboratory is validated to test (Nasopharyngeal (NP) or nasal).
 - b. Obtain collection, shipping supplies, and laboratory requisitions from laboratory.
 - c. Consult with the laboratory to identify specimen collection and shipping requirements, as well as proper documentation.
 - d. If your facility does not have an identified laboratory that can conduct the point prevalence testing, LabCorp commercial laboratory is available. If you use LabCorp they will provide sampling materials and instructions for return of the specimen for processing. To access services from LabCorp, please contact Scott Huff (Huffs@LabCorp.com) or Julie Copple (Bellmaj@LabCorp.com) at LabCorp.
5. Orders for testing will have to come from the facility medical director, or a patient's physician. Standing orders, or individual orders are appropriate.
6. Collect swabs for SARS-CoV-2 following the appropriate laboratory and CDC infection control guidance, as well as in consultation with your facility or system level infection control staff.
 - a. [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#)
 - b. [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
 - c. [Using Personal Protective Equipment \(PPE\)](#)
 - d. [Specimen collection instructional video](#) (NETEC)
 - e. [Specimen collection infographic](#) (NETEC)
7. Send specimens to the laboratory following all shipping and handling requirements.
 - a. If you need assistance, contact your local laboratory or the South Dakota Public Health Laboratory.
8. South Dakota Department of Health is available to provide support and consultation during this process.

Frequently Asked Questions:

Current data shows older adults and those living in congregate environments such as nursing homes and assisted living centers are some of the most vulnerable populations for severe disease from COVID-19.

Point prevalence testing of at-risk populations based on the identification of positive residents HCP in a facility is a CDC initiative to help reduce the spread of COVID-19.

1. **Is PPS testing mandatory?** Point prevalence testing should be initiated based on the identification of a positive resident or HCP that works at the facility. Point prevalence survey testing is to be used as a tool to assist the facility with infection prevention and control.
2. **Do I need a medical order?** Yes, a medical order (individual or standing) is required.

3. **Is a consent form required?** Yes, consent is required for all residents, or their authorized representative, and staff tested.
4. **Who is going to collect the specimens?** Specimen collection should be performed by facility staff. Nursing homes and assisted living centers should work in partnership with a provider, local hospital or clinic to assist with the collection of specimens if needed.
5. **Where do I get lab supplies?** Lab supplies should be requested from the laboratory conducting the testing. Order the supplies using the established process you have with your lab. Some laboratories provide the sampling materials directly as part of the cost of processing the test.
6. **How do I order PPE?** If you are unable to order supplies through your normal supply system, you may request PPE from the Department of Health using the PPE request form. Request forms should be emailed to COVIDResourceRequests@state.sd.us or faxed to 605.773.5942.
7. **How can I get staff fit-tested?** Staff must be fit-tested prior to wearing a N-95 respirator. If you need staff fit-tested, contact your health care system or local hospital. If you are unable to have staff fit-tested, facilities may choose to contact their local healthcare partners (acute care hospital, EMS, etc.) to inquire about borrowing a Powered Air Purifier Respirator (PAPR) short term for the testing event. Staff training is required for use of any PPE.
8. **How is testing being paid for?** Federal funds are available for nursing facilities through the State to pay for the processing of the specimen, laboratory supplies, and PPE. Assisted Living Facilities should bill Medicare, Medicaid or private insurance. The facility is responsible for collecting the specimens.
9. **How can I get payment for collecting specimens?** Reimbursement of specimen collection may be billed to Medicare, Medicaid or private insurance.