



Department of Public Health

MAYOR
Oscar Leeser

EL PASO CITY-COUNTY LOCAL HEALTH AUTHORITY **ORDER**

CITY COUNCIL

TESTING ON LONG TERM CARE FACILITIES FOR THE **ELDERLY**

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(Revised May 13th, 2021)

EFFECTIVE IMMEDIATELY

This Order supersedes the March 29th, 2021 Local Health Authority Order for Long Term Care Facilities (Nursing Homes and Assisted Living Facilities) and shall be in effect until further modified or terminated.

Long-Term Care (LTC) facilities for the elderly, including all nursing homes and assisted living facilities, memory care, neuro care, skilled nursing facilities, and other long-term care facilities, have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality among their residents and staff.

The LTC resident population is considered at high-risk of severe complications, not only from COVID-19 but from other infectious diseases. These risks are combined with risks inherent to congregate living in a healthcare setting, thus requiring aggressive efforts to prevent outbreaks within these facilities and minimize exposure to COVID-19.

Testing for LTC facilities will be guided by the current status of COVID-19 pandemic in El Paso County and based on the 7-Day Average Positivity Rate posted at: www.epstrong.org.

Testing Guidelines

1. All LTC facilities shall adhere to the Centers for Medicare and Medicaid Services (CMS) document related to testing requirements for Long-Term Care (LTC) facility dated August 26, 2020 (Ref: QSO-20-38-NH)¹, as amended.

Angela Mora – Health Director

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- Facilities can meet the COVID-19 viral testing requirement through any molecular test available (nucleic acid or antigen) to include rapid antigen point-of-care (POC) diagnostic testing devices or through an arrangement with an offsite laboratory that provides COVID-19 Reverse Transcription-Polymerase Chain Reaction (PCR) testing. Antibody testing is NOT allowed and should not be used to base clinical or infection control decisions. All LTC facilities and assisted living facilities shall conduct COVID-19 testing on all residents and staff as follows:

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with COVID-like signs and symptoms must be tested regardless of immunization status	Residents with COVID-like signs and symptoms must be tested regardless of immunization status
Outbreak (Any new case arising in the facility)	Test all susceptible [‡] and close contact staff until no new cases are identified*	Test all susceptible [‡] and close contact residents until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended. Few exceptions [#] apply.

*For outbreak testing, all susceptible staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 - 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

[‡] Susceptible staff/resident are all those who have NOT tested positive for COVID-19 in the previous 90 days and those unvaccinated or with incomplete approved COVID-19 vaccine schedule.

[#]Exception to routine testing of residents include new admissions to the facility that have NOT tested positive for COVID-19 in the previous 90 days or those that leave the facility for more than 2 days.

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Table 2: Routine Testing Intervals of **Unvaccinated staff by Community COVID-19 Activity Level**

Community COVID-19 Activity	County 7-day rolling Avg. Positivity Rate* in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% -10%	Once a week
High	>10%	Twice a week

3. The facility should begin testing all **unvaccinated** staff at the frequency prescribed in the Routine Testing (table 2) based on the El Paso County 7-day rolling average positivity rate* reported for the previous week. Facilities should monitor the County 7-day rolling average positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of staff testing according to Table 2 above.

- If the County 7-day rolling average positivity rate increases to a higher level of activity, the facility should begin testing **unvaccinated** staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- If the County 7-day rolling average positivity rate* decreases to a lower level of activity, the facility should continue testing **unvaccinated** staff at the higher frequency level until the County 7-day rolling average positivity rate* has remained at the lower activity level for at least two weeks (14 days) before reducing testing frequency.

*El Paso County 7-day rolling average positivity rates may be accessed at www.epstrong.org, under COVID-19 data

Testing of Staff and Residents in Response to an Outbreak^{1,2}

For this population, an outbreak is defined as a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new

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cases is critical in stopping further viral transmission. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak.

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Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents, **regardless of vaccination status**, should be tested to provide a baseline assessment of the facility, and all staff and residents that tested negative should be retested every 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

Retesting of Residents and staff previously positive²

Asymptomatic staff and residents who have tested positive for COVID-19 infection within the last 3 months (recovered) do not need to be tested unless they become symptomatic, and symptoms are consistent with COVID-19.

Testing of Symptomatic Staff and Residents who have been fully vaccinated against COVID-19³

Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination and these are considered mild to moderate. These systemic post-vaccination signs and symptoms occur within 3 days of vaccination, may last about 1-2 days and are more frequent and severe after the second dose and among younger people.

Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are considered COVID-like symptoms and are not consistent with post-vaccination symptoms. Therefore, proper current infection prevention and control measures should be instituted. Additionally, COVID-19 viral testing should be performed on those symptomatic staff or residents, regardless of immunization status, exhibiting COVID-like symptoms.

In any situation, a **positive** viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, **SHOULD NOT** be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these tests.

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Testing of Residents and staff who have been fully vaccinated against COVID-19 ⁴

Active immunization against COVID-19 with an approved vaccine confers protection against infection when the recommended schedule for the vaccine has been completed. Fully vaccinated individuals are considered those who are ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

Testing individuals with signs and symptoms of COVID-19 should be prioritized first, regardless of immunization status, then perform testing triggered by an outbreak (as specified above).

Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances, such as the identification of a confirmed COVID-19 case in the facility. Facilities may consider testing asymptomatic residents who leave the facility frequently, such as for dialysis or chemotherapy, etc.

Due to the limited information currently available regarding COVID-19 infection in residents of congregate facilities fully vaccinated; the resultant reduction in disease, severity, or transmission after completion of vaccination schedule; or the duration of protection, residents and healthcare personnel should continue to follow all current infection prevention and control recommendations to protect themselves and others from SARS-CoV-2 infection, regardless of their vaccination status.

Failure to abide by this Order, including any amendments, is a Class C misdemeanor punishable by a fine of up to \$500.00 PER OCCURRENCE.

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Health Authority City/County of El Paso, TX

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References:

1. <https://www.cms.gov/files/document/gso-20-38-nh.pdf>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html>
4. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
5. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html>

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