
Frequently Asked Questions (FAQs) on Sacramento County Public Health's Guidelines for Testing in Long-Term Care Facilities (LTCFs)

May 14, 2020

Q: Why is mass testing being implemented at LTCFs?

A: Facility-wide testing at LTCFs recognizes the high-risk COVID-19 presents to residents and staff in these congregate care settings. This testing strategy will help to inform our health care partners' decision-making as they work to protect their residents and staff. While we continue to observe asymptomatic and community spread, it is Sacramento County Public Health's (SCPH) goal to partner and work closely with each facility to fulfill this effort in a cooperative, not punitive, way.

Q: What resources (e.g. personnel, testing, and/or laboratory) will be used?

A: SCPH will coordinate the personnel, swab kits, and laboratory services for testing. If a facility has in-house resources, SCPH will work with the facility to determine the best combination of testing resources to accomplish testing in a timely manner. Facilities may identify in-house medical staff who demonstrate appropriate competency to collect specimens. If the LTCF has a preferred laboratory equipped to process samples for COVID-19, they may choose to utilize those resources. Otherwise, samples will be delivered to and processed by the SCPH Laboratory, at no cost to the organization.

Q: When will my facility be scheduled for testing?

A: Facilities with a known exposure or identified COVID case(s) will be prioritized for mass testing. Facilities with no known exposures or cases may contact SCPH directly at (916) 875-5881 to proactively work with staff to schedule testing. Additionally, public health will reach out to facilities and determine a testing schedule.

Q: Is SCPH recommending serial testing for all residents and health care workers (HCWs) who test negative during whole-facility testing, either at 24-hour, weekly, or other intervals?

A: SCPH's priority is to test every facility once. Continuous serial testing is not currently a priority for SCPH. If serial testing is indicated based on a facility-specific situational assessment, SCPH staff will work with facility administration to determine the best course of action and provide support as needed and able.

Q: Does this testing mandate apply to all LTCFs?

A: Yes, it is SCPH's intention to test at all LTCFs over a period of time. This includes congregate living settings such as skilled nursing, intermediate care, assisted living, and residential care facilities. In larger facilities, a sampling of residents may be tested due to the limited clinical value of testing all residents and the allocation of resources to accomplish the mass testing strategy for the county.

Q: Are residents and staff tested as part of the mass testing strategy automatically considered Persons Under Investigation (PUIs)?

A: Residents and staff who are tested as part of SCPH's mass testing effort are not automatically considered PUIs. The determination of PUI status will continue to rely on established criteria for PUIs and will vary between and within facilities.

Q: Should HCWs be excluded from work while they wait for test results?

A: HCWs who are not PUIs do not need to be excluded from work.

Q: Can residents or staff be compelled to get tested?

A: Generally, any persons not wishing to be tested cannot and should not be compelled to do so. However, staff with known exposure or who exhibit respiratory symptoms and refuse testing should be restricted from work for 14 days following exposure or symptom onset.

Q: If a sampling of residents/staff is used for testing, how will the sample be determined?

A: A percentage of the population (approximately 30%) will be used to sample larger facilities (typically over 100 residents). Residents, staff, and individuals experiencing respiratory symptoms will be included in this sample.

Q: Can asymptomatic staff who test positive return to work?

A: Both CDPH and CDC have provided guidance describing how to allow asymptomatic staff testing positive to return to work. Generally, asymptomatic staff who test positive may be assigned to work exclusively with COVID positive residents, while continuing to wear a facemask for source control for 14 days after the exposure. See CDPH and CDC guidance for more information.

Q: Does a returning LTCF-resident need to be tested if they were sent to the Emergency Department for non-COVID symptoms?

A: At this time we are not including Emergency Department visits as part of the testing mandate.

Q: Is a negative PCR result needed to discharge a patient from the hospital to a LTCF?

A: No. The availability of test results does not and should not preclude disposition of patient out of hospital to LTCF and should be prepared to admit residents with pending test results. This guidance is intended for inpatient discharges. **NOTE:** at this time, we are not including antibody testing as part of the testing strategy.