Interim Guidance on SARS-CoV-2 Testing for Asymptomatic Residents Being Admitted to Congregate Living Facilities

April 28, 2020

Scope
This guidance is for administrators and health care providers affiliated with congregate living facilities that serve persons who typically remain at the facility for a sustained period of time (at least 14 days). This includes skilled nursing facilities, assisted living facilities, residential treatment facilities, and correctional facilities. This guidance does not apply to lodging provided for workers or dormitories for students. Testing for asymptomatic staff of congregate living facilities is outside the scope of this guidance.

This guidance addresses testing for SARS-CoV-2 infection using molecular detection tests (e.g., RT-PCR), not antibody (serology) tests. It should be implemented in conjunction with guidance from the U.S. Centers and Disease Control and Prevention (CDC) on other aspects of preventing and controlling COVID-19 outbreaks. CDC has extensive guidance for congregate living facilities that fall within the scope of this guidance document, including long-term care facilities and correctional facilities.

CDC also has guidance for congregate living facilities that falls outside the scope of this Alaska guidance document, such as for homeless shelters and for shared housing (e.g., dormitories, apartment complexes, and staff housing).

Background
The primary goal of universal molecular testing of newly admitted residents into a congregate living situation is to limit onward transmission from infectious individuals who are asymptomatic, pre-symptomatic, or in whom the presence of COVID-19 symptoms is difficult to ascertain (e.g., persons with a chronic cough or dementia). It is especially useful if there is high confidence that COVID-19 has not already circulated in the facility.

In congregate living settings, testing all new residents may be a useful addition to core disease control measures. These measures may include: active symptom monitoring of all residents, staff, and visitors; rapid identification and isolation of cases; contact tracing and quarantine of close contacts; limiting contact between newly admitted residents and other residents; social (physical) distancing in facilities; universal mask-wearing by staff and, if feasible, residents; and restricting visitors.

Guidance
- If feasible, test residents who are to be admitted to the facility within 48 hours of admission, or residents who left the facility and are going to be re-admitted, especially if the resident was away from the facility for a prolonged period of time.
  - If not feasible, test resident upon admission.
- If feasible, briefly delay admission to the facility while awaiting test results.
  - However, do not extend a hospital stay only to await a test result.
- If the test is negative, continue to limit contact between a newly admitted resident and other residents as much as possible for 14 days following admission.
  - If possible, assign resident to a private room.
- Use staff who have limited contact with other residents and staff to care for newly admitted residents.
- Consider re-testing newly admitted residents at the end of the 14-day period, especially residents in whom COVID-19 symptoms are difficult to ascertain.

  - If the test is positive, develop response based on the circumstances.
    - Consider delaying admission until the infected prospective resident recovers.
    - Admit resident to the facility if strict isolation procedures can be put into place.

**Implementing this guidance**

- Facilities should develop standard operating procedures (SOPs) based on DHSS and CDC guidance, and address the common routes by which residents are admitted (e.g., following a hospital stay, from a correctional institution, or directly from the community).
- *Developing and implementing these procedures will take time and is dependent on the availability of resources. Facilities should not halt new admissions while developing their SOPs.*
- Follow the most current [DHSS Testing Guidance](#).