



COVID-19 TESTING GUIDANCE FOR INTERMEDIATE CARE FACILITIES (ICF)

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The New Mexico Department of Health's Division of Health Improvement is issuing the following testing protocols and guidance for all Intermediate Care Facilities licensed by the State of New Mexico. All ICF's are required to test with Curative beginning **January 11, 2020**.

Curative Tests

- are less invasive than the nasal pharyngeal swabbing;
- are a PCR test;
- require a simple mouth or nose swabbing; and
- can be self-administered.

Curative test kits will be sent to your facility on a monthly basis and adjusted by the state if a facility becomes a hot spot.

Routine Testing Frequency

Fully vaccinated staff and clients/residents do not have to be routinely tested. Facilities are required to test 25% of their unvaccinated staff and 25% of their unvaccinated clients/residents on a weekly basis. Facilities should rotate testing of unvaccinated staff and clients/residents each week to ensure all staff and all residents are tested at least once a month.

Testing When a Staff Member or Client/Resident Tests Positive/Outbreak Testing

If the facility receives a positive test result from either a staff member or a client/resident the facility must begin testing 100% of their staff and clients/residents to identify and isolate with COVID-19. Upon identification of a single new case of COVID-19 infection in any staff or clients/residents, all staff and clients/residents, regardless of vaccination status, should be tested immediately. Continue repeat viral testing of all previously negative staff and clients/residents every 3 days to 7 days, regardless of vaccination status until the testing identifies no new cases of SARS-CoV-2 infection among clients/residents or staff for a period of at least 14 days since the most recent positive result. Every facility will conduct at least 2 rounds of facility-wide testing. If a staff or client/resident member is exposed* or is exhibiting symptoms they should be tested immediately. Staff are not permitted to work in the facility. Staff who test positive for COVID-19 should follow facility policies to determine when they can return to work. Staff and clients/residents who have recovered from COVID-19 and are asymptomatic do not need to be retested for COVID-19 within 3 months after symptom onset, unless there is a change in circumstances, such as a confirmed COVID-19 case in the facility.

Staff and Client/Resident testing should occur in the following circumstances:

1. Staff or Client/Resident is symptomatic;
2. Staff or Client/Resident has had a known contact with a positive;
3. Client/Resident regularly or routinely leaves the facility for medical appointments (e.g. for dialysis or chemotherapy).
4. The facility has a new positive test and is considered an outbreak requiring 100% testing of staff and clients/residents for at least two consecutive weeks with no new positive tests identified.



Testing Refusal

Staff

Facilities must have procedures in place to address staff who refuse testing. Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return-to-work criteria are met.

If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed. The facility should follow its occupational health and local jurisdiction policies with respect to any asymptomatic staff who refuse routine testing.

Clients/Residents

Clients/Residents (or client/resident representatives) may exercise their right to decline COVID-19 testing in accordance with the requirements under 42 CFR § 483.10(c)(6). In discussing testing with clients/residents, staff should use person-centered approaches when explaining the importance of testing for COVID-19.

Facilities must have procedures in place to address clients/residents who refuse testing. Procedures should ensure that clients/residents who have signs or symptoms of COVID-19 and refuse testing are placed on transmission based-precautions (TBP) until the criteria for discontinuing TBP have been met. If outbreak testing has been triggered and an asymptomatic client/resident refuses testing, the facility should be extremely vigilant, such as through additional monitoring, to ensure the client/resident maintains appropriate distance from other clients/residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

If a client/resident has symptoms consistent with COVID-19 or has been exposed to COVID-19, or if there is a facility outbreak and the client/resident declines testing, he or she should be placed on or remain on TBP until he or she meets the symptom-based criteria for discontinuation.

*Close contact is defined as an exposure of a cumulative total of 15 minutes or more in a 24 hours period, within 6 feet of a confirmed COVID-19 case during the case's infectious period with or without a mask or cloth-face covering.