

NOW AVAILABLE



COVID-19 Testing and Documentation Compliance Guidance

This quality assurance guide has been exclusively developed to help long term care facilities identify gaps in the required documentation, stay compliant and avoid survey citations.

COVID-19 Testing and Documentation Compliance Guidance

The following guidance is a compilation of suggested best practices with regard to conducting COVID-19 testing and documenting your facility's compliance.

1. Develop a documented, formal relationship with at least two laboratory providers that can provide test results within 48 hours—a primary and secondary provider. If you are unable to develop more than one laboratory relationship, you should document your efforts to do so.

Please note:

- Laboratory providers of choice for facility testing are likely to change overtime due to performance and actual turnaround times.
 - Regular, ongoing communication with your laboratory providers should be established.
 - Tracking turnaround times of laboratory testing and results to show a good faith effort to meet the turnaround time of 48 hours is strongly recommended. The laboratory's 48-hour timeline starts upon receipt of a culture. Report your tracking of turnaround times to the QAA committee and to make changes with laboratory partners as needed.
 - Laboratory agreements between the facility and the laboratory providers should be available upon request by a surveyor.
2. Partner with at least one hospital partner for a back-up testing strategy. This will provide the facility with documented intention to meet emergency needs for testing locally.
 3. Maintain regular communication with your local health department and inform them about any testing equipment shortages. Weekly documentation of these communications is suggested. It is also important to understand the local health department's ability to assist in testing as needed and document this understanding accordingly.
 4. Establish a designated person to keep an inventory of POC testing equipment and a timeline for ordering, as well as documenting and reconciling orders made and orders received.
 5. Document shortages of testing supplies on the EMResource comment section. This will take internal coordination but is well worth the ongoing documentation to support efforts to obtain and communicate shortages of testing supplies.
 6. Complete the ICS 213 RR form and send to ISDH – request testing equipment and supplies as needed. This includes all PPE and testing supply shortages.
 7. Contact ISDH when your facility's testing strategies are likely to fall outside of expectations. Send communications via email and maintain for documentation that may be required later.

Policies and Procedures

1. Training and competency validation POC testing

- Create specific steps for testing
- Identify PPE needed – eye protection, mask, gloves, gown
- Create proper storage
- Disinfection of equipment – Develop frequency and process
- Documentation of the above

2. Refusal of staff and/or resident testing

- CMS requires a facility to document procedures for addressing resident and staff that refuse testing or are unable to be tested, and to document any staff or residents who refused or were unable to be tested and how the facility addressed those cases.
- Under the American with Disabilities Act (ADA), mandatory medical tests of employees are permitted so long as such tests are job-related and consistent with business necessity. According to (EEOC), employers may take steps to determine if employees entering the workplace have COVID-19, because employees with the virus may pose a direct threat to others.
- Even though testing is permitted, employers should be prepared that certain employees may resist testing. If an employee refuses, the employer should first ask for the reason supporting refusal. The employer response may depend on the given reason.
- Policies and procedures should take into consideration the following:
 - Asymptomatic
 - Symptomatic
 - During outbreaks

3. Documentation of testing and results

- Resident clinical record
- Employee medical file
- Physician orders for all tests

4. Admissions

- 14 days of TBP – for all new admission

5. Residents who leave the facility routinely

- A testing strategy for these residents

6. Documentation of screening

- Staff – every shift
- Residents – daily
- All that enter the facility for any reason – includes surveyors
Anyone that is in the facility “weekly” and has contact with staff and residents

7. Visitor and Contractor Sign in

- It is time to make sure this process is accurate – the sign-in process will assist in identification of gaps in testing.

- Communicate with vendors and contracted staff to determine who and how testing will be completed, shared, and documented.

You are required to test or obtain documentation of test results for anyone providing services inside your facility.

8. Maintain ongoing education related to the signs and symptoms of COVID-19 with staff and residents.

Responding to a single symptom with caution will decrease the change of missing an undiagnosed person that can lead to further exposure to any infection.

- If you find yourself trying not to test or isolate an individual for any reason, take the approach of being safe and cautious and isolate and test.

9. Remember: Providers will receive monetary incentives for the following:

1. Keeping COVID-19 out of your facility
 2. Keeping mortality from COVID-19 low
- Keeping COVID-19 out of your facility will make #2 possible.

Questions?

Please contact Lori Davenport, IHCA/INCAL Director of Regulatory & Clinical Affairs at ldavenport@ihca.org