

**Agency for Health Care Administration
Nursing Home and Assisted Living Facility Emergency Rules
59AER20-2 and 59AER20-3 Questions &Answers**

To prevent the spread of COVID-19 at long-term care facilities, the Agency for Health Care Administration issued Emergency Rules 59AER20-2 and 59AER20-3. These rules require nursing homes and assisted living facilities to allow the Department of Health or their agent access to the facility for infection control duties and to test residents and staff for COVID-19.

To view the emergency rules, please visit the Agency's Long Term Care and Assisted Living Licensure webpages or the COVID-19 webpage under "Testing" at http://ahca.myflorida.com/COVID-19_Facilities.shtml#facility.

Nursing homes and assisted living facilities have also been directed to update the Agency's Emergency Status System daily. Additional questions have been added to the ESS to collect staff testing information that will be used when scheduling testing. Visit ESS resources at: http://ahca.myflorida.com/COVID-19_Facilities.shtml#ESS.

1. Staff Testing

Q 1.a. If staff were recently tested, must they be tested again?

Answer: The Department of Health will provide instruction when testing arrangements are made. As a gauge at this time, facilities are asked to enter into ESS those staff who have been tested since April 11, 2020. This information will be used to determine staff testing needs.

Q 1.b. Please confirm that all off-duty staff are required to come in for DOH testing at their facility.

Answer: Testing is required of all staff. This includes clinical, housekeeping, nutrition and food service, maintenance, administration, and contract staff. When onsite testing is arranged by DOH, the facility is expected to bring in staff who may be off duty for testing.

Q 1.c. If Corporate Staff visit the communities will they be required to be tested? What will be the criteria for them? If they visit weekly, monthly.

Answer: Testing of any staff who enter the building is expected including corporate staff who visit periodically. Corporate staff may utilize other testing options including arrangements made by the facility to test their own staff.

Q 1.d. What would be the alternate to taking the COVID-19 test? Would 14-day quarantine be sufficient? If a staff person refuses, can the facility require them to self-isolate or work with full PPE?

Answer: Testing is required of all staff. As many staff can be asymptomatic, in order to ensure the health and safety of all residents and staff, when arranged, all staff must be tested in order to continue working in the facility.

Q 1.e. If the facility has discontinued using PRN staff until COVID is over but they are still on employee list but have not worked for over 30 days do they need to be tested as well?

Answer: All staff who are expected to enter the facility should be tested.

2. Resident Testing

Q 2.a. Is there a consent form that needs to be signed for resident or their representative (POA) testing when DOH arranges onsite testing? If so, is there a standard form that can be used?

Answer: Facilities will be contacted in advance of arranged testing and are expected to work with residents and representatives to obtain advance consent for testing. The state does not require or use a standard form.

Q 2.b. Is the offer of testing to residents under the emergency rule voluntary?

Answer: Resident (or their representative) consent is needed prior to resident testing. The rule does not require a resident be tested. Regardless of the rule, testing should be arranged for any residents who exhibits signs or symptoms of COVID-19.

Q 2.c. Do we need a physician's order for each resident and staff member? If yes, do you have a standardized order for us to use?

Answer: A physician order is not required for testing arranged by DOH.

3. Test Preparation

Q 3.a. Will the testing be scheduled in advance? Will DOH be calling the facilities 24-48 hours in advance to arrange to have all staff present?

Answer: Yes, arrangements are generally made 24-48 hours in advance.

Q 3.b. Once DOH schedules onsite testing, what does the facility need to do to prepare?

Answer: The facility must make arrangements to have all staff present during testing and work with residents (representatives) to obtain consent prior to the visit.

Q 3.c. Who is leading the testing? County Health Department or other DOH staff?

Answer: The Department of Health is lead in arranging the visits and will work with additional resources as needed including contractors to perform testing.

4. Test Process

Q 4.a. What type of test is used? Nasal, throat, anti-body or rapid test? How long will you need to test each person?

Answer: The specimen collection method and collection time will depend on the type of testing available to be performed when arrangements are made. Based on current testing, specimens are collections using nasal or throat swabs, and facilities should plan for 5 minutes per person tested.

Q 4.b. Will the testing team arrive in full PPE? Will the testing team visit multiple facilities in one day? If so, what protective measures are taken between visits to assure there is not contamination between facilities?

Answer: Staff performing testing will follow CDC guidelines for PPE use.

Q 4.c. If the facility collects the specimen with DOH supplies and shipping materials does the facility need to have a CLIA waiver to ship the specimen? Does DEA (Drug Enforcement Administration) have any issue with the shipping of human specimen from a long-term care facility?

Answer: A CLIA waiver/certificate is not needed to collect and/or ship patient specimens to the laboratory that will perform the test. The reference laboratory is responsible for ensuring that the shipping labels and materials meet the biohazardous/human blood shipping requirements. The DEA license does not pertain to the shipment of specimens to a reference laboratory.

5. Test Results

Q 5.a. How long will it be before all the results are received and how are staff informed?

Answer: Results are typically provided within 48-72 hours to the person tested. Staff will be notified of results either by the DOH or the laboratory processing the specimens. The facility should require their staff to inform the facility of the results.

Q 5.b. What happens if a staff tests positive?

Answer: Staff must immediately leave the facility and cannot work with a positive result until all CDC and DOH guidance is followed. DOH will conduct contract tracing of positive cases.

Q 5.c. If staff are positive and not allowed to work and it puts the facility below minimum staffing ratio is there a waiver for staffing ratio?

Answer: Maintaining sufficient staffing to meet the needs of residents remains essential. It is important to plan for staffing challenges and review the contingency plans you have included in your Comprehensive Emergency Management Plan. If you experience severe staffing shortage and all attempts to obtain contract staff have been exhausted, a region incident management team may provide support for 24 to 48 hours. Please work through your local county health department if you can provide documentation that all staffing resources have been exhausted.