

Agency for Health Care Administration
Nursing Home and Assisted Living Facility Emergency Rules
Routine Staff Testing 59AER20-4 and 59AER20-5 Questions & Answers

To prevent the spread of COVID-19 at long-term care facilities, the Agency for Health Care Administration issued Emergency Rules 59AER20-4 and 59AER20-5. These rules require nursing homes licensed under Chapter 400, Part II, F.S., and assisted living facilities licensed under Chapter 429, Part I, F.S., to conduct biweekly testing of staff for COVID-19.

To view the emergency rules and related informational materials, 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

1. Testing Timeframes

Q 1.a. Should all staff, including new hires and contract staff, be tested utilizing state-provided testing kits prior to July 7th and then every two weeks after?

All staff as defined by the rule, must be tested prior to July 7 to enter the facility and may use a test result conducted on or after June 15th, the effective date of the emergency rule. After July 7th, the rule requires facilities use the state provided testing (Curative) every two weeks for all staff. The emergency rules will be in effect for a period up to 90 days from adoption, June 15, 2020. However, Curative is sending test kits to facilities starting June 25th and these tests kits should be made available to any staff who require testing prior to July 7th if they have not already been tested since June 15th.

2. Who is required to be tested?

Q 2.a. Who is considered staff for the routine testing required?

Answer: All paid and unpaid staff serving in nursing homes and ALFs who have the potential for direct or indirect exposure to patient, residents, or infectious materials, including nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff either employed by the facility or a resident, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient and resident care but potentially exposed to infectious agents that can be transmitted among staff and patients be tested every 2 weeks.

Test kits will be mailed to each facility to enable testing of these staff based on the facility's entry into the **Emergency Status System (ESS)** in the field: **Total number of employees (i.e. clinical, housekeeping, nutrition, maintenance, administration, and contract)**. Facilities may update this field to reflect the appropriate number of staff to be tested and request additional test kits from Curative if needed.

Q 2.b. Many residents employ their own private duty aides, sitters and companions. Are these providers to be tested, and can the facility restrict them from entry if they are not tested? Who is responsible for making testing available to those persons employed by the resident and other outside contract staff and independent practitioners such as hospice, home health, radiology, dental, mobile x-ray, phlebotomists, APRNs?

Answer: The nursing home or ALF administrator must ensure that all staff are tested prior to entry into the facility.

Staff who are not employed by the facility may obtain testing through other resources as long as they can provide documentation to the facility of the date tested and results.

Q 2.c. If any staff work in multiple facilities will they be required to be tested at each facility?

Answer: Staff may be tested at one facility and provide results of testing to the other facilities where they work.

Q 2.d. Is testing required for any vendor/contractor (e.g. plumbers, repairmen, electricians, pest control) that enters the building for necessary repairs, movers who need access to move resident's furniture in or out of the facility, or delivery drivers?

Answer: Vendors entering the facility are not required to be tested. However, all vendors should be appropriately screened and required to wear the appropriate PPE (provided by the facility if necessary). These vendors should not come in close contact with residents during the time they are in the facility. Moving resident personal items should be done when possible by facility staff, however, a moving vendor may be utilized if necessary. While arrangements should be made for delivery drivers to deliver goods outside the building, if they are required to enter the building they should be appropriately screened and required to wear the appropriate PPE.

Emergency medical technicians (EMTs) and first responders are not required to be tested to enter a facility.

3. Testing Exemption

Q 3.a. The rule indicates that staff who have been infected and recovered from COVID-19 do not need to be tested if they can provide medical documentation to the facility. What type of medical documentation would be acceptable?

Answer: Staff who have been infected and recovered from COVID-19 must provide valid medical documentation to the facility. Please refer to Return to Work Criteria for Essential Personnel with Confirmed or Suspected COVID-19 issued by the Centers for Disease Control. Examples of acceptable medical documentation may include but is not limited to two negative tests separated by at least 24 hours or medical clearance consistent with CDC return to work guidance. Once documentation is provided, these staff are no longer required to be re-tested for the emergency rule.