

# TESTING AND CONTACT TRACING<sup>4</sup>

In addition to the considerations outlined below, the previously released [Joint Statement](#) from the American College of Surgeons, the American Society of Anesthesiologists, the Association of periOperative Registered Nurses and the American Hospital Association on restarting non-emergent procedures, as well as the [CMS guidelines](#), can be referenced.

To effectively reopen services in your organization, you will need to be able to plan for and execute effective surveillance, testing and tracking protocols that cover any number of populations, e.g., patients, staff, vendors, high-risk community populations, etc. This must be done in collaboration and coordination with public health services. In addition, you must have robust data collection, trending and analytic capabilities. The quality, sensitivity and specificity of testing continues to evolve. At this time, high percentages of false negatives are being reported. Testing does not supersede clinical judgment.

To identify and be prepared to respond if there is a resurgence of COVID-19 in your service area, you will need to know that there is a public health plan for testing and tracing and your role in that plan.

Below are areas of consideration for testing and contract tracing.

## PLANNING

Testing will require more than just hospital efforts. You will need to coordinate with public health departments, community groups, other providers and relevant government agencies to understand which entity will lead which effort and where resources are best deployed. For hospitals in areas that border multiple state jurisdictions, additional outreach may be needed.

- Define the role of each of the players involved and the resources needed to be effective in ensuring the integrity of the testing plan. Players include public health departments, community providers, community-based groups, clinics, urgent care centers, state and private laboratories, and others.
- Testing sites will need to be identified, supplied and staffed appropriately. When possible, full community resources (including commercial, state and private) should be considered in determining the most efficient and effective plan. The following areas should be considered:
  - Ensuring adequate supplies, including reagents, specimen media, swabs, cartridges and PPE
  - Confirming types of analyzers available and locations
  - Coordinating with regional/state organizations for additional capacity
  - Ensuring all high-risk communities have access to testing
  - Ensuring cultural competency and diverse needs
- Identify the appropriate use of viral versus serology tests, and define in which circumstances each should be used. In each instance, what is the role of the hospital in decision-making and implementation?
- Identify which organization will be responsible for testing to better understand the prevalence of COVID-19 in specific populations, particularly vulnerable population groups (e.g., nursing homes, homeless, minority populations, etc.)

- Discuss the value of centralizing testing to reduce PPE use and staff exposure and ensure appropriate coordination across community sites.
- Identify how testing availability will be communicated, scheduled, and/or prioritized; identify spokespeople and unified messaging across partners; understand and apply nationally recognized testing prioritization algorithms and protocols; consider the need to translate these messages in various languages. See the [Appendix](#) for a sample tool provided by Vanderbilt University Medical Center.
- Assign the responsibility for routine monitoring of state and local testing guidelines.

## **WORKFORCE TESTING PROCEDURES**

Together with your employee health and wellness service team and infectious disease specialists, you should define the special testing needs of the health care workforce. Some considerations in this area include:

- Identifying timing/intervals for staff testing
- Defining a process for maintaining awareness of employee/medical staff/contract staff/volunteer/first responder infection status
- Identifying who will test first responders including emergency medical services entering your facility
- Identifying policies on testing and guidance for refusal of testing
- Educating and training staff on testing protocols and plans as appropriate
- Documenting staff testing

## **DATA COLLECTION AND INFRASTRUCTURE**

To predict, identify, address and track outbreaks, testing data must be collected, analyzed and reported across the community. A data collection and reporting protocol should be developed in conjunction with key community partners.

The protocol should identify key partners, responsibilities and resources in three main areas:

### **1. Data collection and submission**

- a. Coordinating data collection and submission efforts across sites of care, to minimize data collection and submission burden;
- b. Using standard race, ethnicity and language (REAL) definitions in data collection efforts;
- c. Ensuring frequent data collection and updates

### **2. Data analysis and reporting**

- a. Key metrics/performance indicators
- b. Stratification, including by care site, patient characteristics, REAL data elements
- c. Update frequency and data currency

- d. Defining reporting models for individual care planning and comprehensive insight into the prevalence of the virus in various communities

### **3. Data security**

- a. Ensuring data collected are protected according to HIPAA standards, particularly with regards to substratification
- b. Ensuring results reported are protected according to HIPAA standards, particularly at the site or geographic subdivision
- c. Executing data use agreements as appropriate when sharing data across organizations

## **SURVEILLANCE AND CONTACT TRACING**

Hospitals and health systems should coordinate with state, regional and local health departments (including neighboring states as applicable) for surveillance and contact tracing protocols and execution of these protocols. Coordination should include:

- Defining surveillance, including use of serial testing
- Establishing infrastructure and procedure for tracing and documenting hospital-acquired COVID-19 infections/ staff infections
- Considering use of community health workers/community connections to supplement tracing resources needed
- Investigating and identifying appropriate tools for follow-up/monitoring of people quarantined at home, including using technological and telehealth solutions