

BACKGROUND

These guidelines are meant to supplement the information from the Centers for Disease Control and Prevention ([CDC](#)) and Centers for Medicare & Medicaid Services ([CMS](#)) on antigen testing recommendations and requirements and the [visitation memorandum](#).

ANTIGEN SCREENING

The Indiana Department of Health recommends that facilities use the CDC provided county positivity rates to direct testing frequency. This approach will provide consistency across a county and the state.

The following applies to the Quidel Sofia, BD Veritor and the Abbott Binax cards, as they are all antigen tests.

- If you have a resident or staff who tests positive on an antigen test and meets ANY of the below criteria, then the positive is considered a TRUE POSITIVE and no confirmatory testing (PCR) is recommended or needed:
 - Person being tested is symptomatic with COVID-19 symptoms
 - Person being tested is a close contact
 - The facility is undergoing outbreak testing
 - The county positivity rate (according to the CDC positivity rate list) is > than 10%
- In this circumstance of a TRUE POSITIVE:
 - If it is an employee, the person should be sent home for isolation
 - If it is a resident, the person should be placed in transmission-based precautions
 - Outbreak testing should be initiated (if it is not already occurring) as previously directed
- If a resident or staff tests POSITIVE on an ANTIGEN test and NONE of the above criteria are met, then the person should be considered “probable positive” and follow up PCR testing is recommended. Additionally:
 - While waiting for the confirmatory results the “probable positive” should:
 - If an employee, stay home and isolate until results are received. Inform the staff that they may be contacted by contact tracers and they need to inform the contact tracer that they have a pending PCR test after a low suspicion antigen positive.
 - If a resident, be placed in transmission-based precautions (does not need to move to a red zone but proper PPE and have an individual room)
 - The facility:
 - Should wait to report the case in the CASE REPORTING REDCap submission form UNTIL PCR confirmation is received
 - Proceed with placing the antigen test report in the TEST REPORTING REDCap form
 - Wait to initiate outbreak testing until the confirmatory test is received

- If the follow up PCR is positive then:
 - Outbreak testing should be initiated
 - If an employee, then staff member needs to remain at home for 10 days and 24 hours fever free without fever-reducing medication and with reduction of other symptoms. The employee should be asked about potential exposures at work and reminded to contact the state's contact tracing program (1-833-670-0067) if he or she had previously notified the state of their pending status.
 - If a resident, the positive person should be placed in the red zone for transmission-based precautions for 10 days and 24 hours fever free with reduction of symptoms.
 - The case should be reported into the reporting REDCap
- If the follow up PCR is negative, then the person will be considered negative but should continue to monitor for symptoms:
 - If an employee, the person can return to work.
 - If a resident, can return to previous activities.
 - The facility:
 - Does not need to initiate outbreak testing
 - Does not need to report the case in REDCap

VISITATION GUIDANCE UPDATE

- All facilities are mandated to provide outdoor visitation unless they have an outbreak and through the duration of their outbreak testing. If there are other circumstances that the facility would like the state Department of Health to consider, please notify us immediately. Outdoor visitation is preferred when possible.
- All facilities should support and accommodate indoor visitation (especially for inclement weather and when residents are unable to go outside due to their medical condition) unless:
 - There has been a new case in the last 14 days and the facility is currently doing outbreak testing.
 - The county positivity rate (according to the CDC provided positivity rates) is >10%
- Visitation should be allowed, including during outbreak testing and when the positivity rate is >10% in compassionate care circumstances. This includes but is not limited to:
 - End of life situations
 - A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support
 - A resident who is grieving after a friend or family member recently passed away.
 - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
 - A resident who previously talked and interacted with others is experiencing emotional distress, speaking seldomly or crying more frequently (when the resident rarely cried in the past).