

FAQ for
Kansas Executive Order 20-69
February 2, 2021



Key Questions

Surveyor Testing

1. If we have rapid testing available, can we test surveyors if they arrive?
 - a. No
2. What is the policy on testing for facility surveyors? Based on the guidance from EO 20-69- it seems that they should be included in the routine facility testing because they have contact with staff and residents.
 - a. The surveyor testing policy can be found on KDADS webpage.
3. Can the facility make it part of their policy that surveyors are tested prior to entrance using POC antigen testing?
 - a. No-facility are mandated by law to allow surveyors entry into their facility and do not have the authority to force a survey to submit to testing prior to entry.
4. Why are you not requiring surveyors to be tested on a regular basis if your making the facilities?
 - a. KDADS surveyor testing policy can be found on KDADS website at: www.kdads.ks.gov.
5. If we are a COVID negative facility can we ask surveyors to test before they come into our building if they tell us they have been in a COVID facility?
 - a. No-facilities are mandated by law to allow surveyors entry into their facility and do not have the authority to force a surveyor to submit to testing prior to entry.

Testing Visitors

1. If testing visitors, is a physician's order required?
 - a. Yes. Standing order was issued statewide. Refer to <https://www.coronavirus.kdheks.gov/280/COVID-19-Testing> for details and copy of the standing order.

2. We are testing resident visitors if they want indoor visits. If a visitor tests positive, do I have to report to KDHE/NHSN? county health department? Do I have to ensure they report to their doctor for PCR?
 - a. You must report the results to KDHE/NHSN. You can provide the visitor with a paper copy of the report so that they may provide to their PCP if desired.
3. What about testing visitors? If we are testing them (rapid antigen) does that give any more freedom than what the guidance here relays?
 - a. It could if the facilities policies and procedures allow for it and there has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
4. How can the facility test without an order on a visitor?
 - a. Facility can utilize the standing order that was issued statewide. Refer to <https://www.coronavirus.kdheks.gov/280/COVID-19-Testing> for details and a copy of the standing order.
5. Would we need a physician order to test visitors or do they simply need to sign a consent form?
 - a. The facility would need to have a physician order to perform a test on any individual.
6. Just for clarification: At this time KDADS and KDHE do NOT require all visitors/vendors to be tested if they enter. Is this correct?
 - a. Correct however vendors may fall under “facility staff” found in QSO 20-38-NH or Kansas Executive Order 20-69 and may require testing as outlined in these documents.
7. Do we submit visitor POC testing on the disease portal bulk upload?
 - a. Yes, all POC testing is required to be reported.

Facility Staff Testing

1. We are experiencing some false positive/false negative with the antigen tests. This is disconcerting because how can we trust them?
 - a. Thank you for sharing your concern, please refer to CDC's guidance about interpretation of antigen testing and further details on false positive/negatives <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>
2. We need documentation to show the physicians they needed tested.
 - a. Please refer to QSO memo 20-38-NH and QSO memo 20-39-NH

3. If an employee tests positive somewhere other than the facility, what is the facilities responsibility as far as reporting?
 - a. This testing guidance is being updated to address this issue. The facility that performs the test is responsible for notifying KDHE.
4. If a staff member is symptomatic, but tests negative for antigen, would we need to follow-up with a PCR before allowing them to return to work?
 - a. If a staff member is tested within 5 days of symptom onset, the antigen testing is very accurate. It is not considered confirmatory so you may consider a follow-up PCR for confirmation. However, you may consider alternative etiologies beyond COVID-19 for explaining their symptoms.
5. How do we get a doctor's order for testing contractors? I thought we were to test all people that regularly enter our building.
 - a. Standing order was issued statewide. Refer to <https://www.coronavirus.kdheks.gov/280/COVID-19-Testing> for details and copy of the standing order.
6. Do we have to have an order to test staff?
 - a. Yes, a physician must order the test. You can see about the medical director issuing a standing order or use the standing order issued by Dr. Norman for the state (<https://www.coronavirus.kdheks.gov/280/COVID-19-Testing>)
7. If an employee has a positive antigen test, do they need to quarantine until the PCR test results come back?
 - a. Yes. Refer to CDC's guidance at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>
8. If a Hospice provider that has been in a LTC is found to have a PCR positive (when tested by Hospice). Does the LTC report or the Hospice provider? Does the LTC have to start outbreak testing? What are reporting requirements for LTC?
 - a. The entity that performed the test is required to report. If an exposure has been identified from the hospice provider, facility testing should be performed in the LTC. If you are not sure about an exposure contact KDHE or the local health department for guidance and testing requirements.
9. How do we get orders to test staff in an Assisted living who does not have a medical director?
 - a. Standing order was issued statewide. Refer to <https://www.coronavirus.kdheks.gov/280/COVID-19-Testing> for details and copy of the standing order.
10. Just for clarification: At this time KDADS and KDHE do NOT require all visitors/vendors to be tested if they enter. Is this correct?

- a. Correct however vendors may fall under “facility staff” found in QSO 20-38-NH or Kansas Executive Order 20-69 and may require testing as outlined in these documents.

11. If we have an employee who has tested positive and sent home, do they need to test negative before they can return to work?

- a. No, they do however need to complete their quarantine period.

Facility Resident Testing

1. Do we also submit resident POC testing on the disease portal bulk upload?

- a. Yes, all POC testing is required to be reported.

Test Reporting

1. Do we report to KDHE negative tests?

- b. Negative tests conducted onsite (i.e. POC testing) should be reported. If you are submitting to an outside lab they are required to report negative results to KDHE.

12. Does KDHE have batch reporting? And if so - where do I find it?

- a. Batch upload is available on our online portal (<https://diseasereporting.kdhe.ks.gov>) once signed in select the bulk upload option. That will open a page to download the excel file template and instructions.

13. There is NOT an update load option-is there a way to update information previously uploaded to the portal?

- a. You are not able to make any changes to anything that was upload. If you need corrections made refer to the user guide available on the portal.

14. If we have a POC positive and send for PCR and the PCR is a rapid and comes back negative, we still have to report the false positive POC test?

- a. Yes, all POC testing is required to be reported regardless of any confirmatory testing performed after the POC specimen was collected.

15. Is antigen testing only to be reported in the Disease portal, not PCR testing done at a private lab?

- a. Yes, you will only report your antigen results into the portal. The private lab is responsible for reporting all test results to KDHE.

16. Please clarify what PCR testing do we input into the portal? All tests that we pull that we send to state or an outside lab, when we pull it? or do we wait to input into portal until we have results and only input the positive results?

- a. Further clarification is being issued on this question. For now, ensure all POC testing performed onsite is reported into the portal.
17. To clarify: We enter ALL POC tests, regardless of result
- a. Yes, all POC testing is required to be reported regardless of any confirmatory testing performed after the POC specimen was collected
18. Our lab does the pcr's for us, as we are attached to the hospital. They report electronically to KDHE, do we still have to call to report these for LTCU?
- a. No, if your hospital lab is submitting electronically you do not need to report those. Please ensure that any POC testing is also being reported appropriately.
19. Please confirm, we must report the POC positive prior to confirming it?
- a. Yes, all POC testing is required to be reported regardless of any confirmatory testing performed after the POC specimen was collected
20. What is the timetable for reporting bulk testing--how soon must we have them reported to KDHE site?
- a. POC results must be submitted to KDHE within 24 hours.
21. Must we go back and upload all of our previous bulk testing? How soon must we have all of these reported?
- a. If they have never been reported to KDHE you must go back and submit any POC testing that has not be reported as soon as feasible.
22. Is there a "cheat sheet" available for the reporting requirements?
- a. COVID reporting requirements are available https://www.kdheks.gov/epi/covid_reporting.htm -- this is in the process of being updated soon. The webinar referred to as today's call in the question is available through LeadingAge Kansas as well.
23. To clarify- if you receive positive results from a private lab and/or POC testing and you report those with Level 3 access to NHSN, you do not need to report via the KDHE portal?
- a. No, if you report to NHSN that fulfills KDHE reporting requirements.
24. Do LTC have to submit our POC test results that were compiled prior to the portal going live?
- a. Yes, all testing results must be reported.
25. If my lab reports results to the State, do I still report positives on the disease reporting site?
- a. No - this is being updated to reflect that only POC testing needs to be reported.

This will be reflected online at https://www.kdheks.gov/epi/covid_reporting.htm when updated.

26. I have my level 3 SAMS access. Is there guidance coming for how to enter results on NHSN that you are aware of?
 - a. NHSN does put on training and has several guidance documents for facilities to use. Refer to <https://www.cdc.gov/nhsn/ltc/index.html>
27. Is the 4-hour reporting requirement met if we report to the local health department?
 - a. Yes, reporting to the local health department is sufficient. However, testing results must still be reported to KDHE/NHSN regardless of notification to the local health department.
28. If we have been doing antigen testing the last several months and not reporting can we back log those on KDHE website?
 - a. Yes, you can use the bulk upload option to report any testing that has not been reported to public health.
29. What about contracted employees? They aren't considered our facility employees, so would we enter them into NHSN/KDHE as part of our facility?
 - a. If you perform testing on that individual, you must report. A rule of thumb is that if you perform the test you must report regardless of who the person being tested is.
30. So, for PCR tests is there a place in NHSN to report positives that allows us to bypass state/county reporting or is it only for POC tests?
 - a. NHSN only accepts POC testing and not PCR. Our guidance is being updated to require the lab performing the test to report PCR results to KDHE and reduces the requirement for LTCFs to report offsite lab results.
31. Where are assisted livings supposed to report positive tests or bulk negatives?
 - a. The online reportable disease portal at <https://diseasereporting.kdhe.ks.gov>
32. Do we report to NHSN a positive POC but has a negative PCR within two days?
 - a. Yes, all POC testing is required to be reported regardless of any confirmatory testing performed after the POC specimen was collected
33. Do we need to send/fax or call KDADS also for reporting of positives?
 - a. No, there is no requirement to report to KDADS.

Other Key Questions

1. What is the false positive rate for pcr's

- a. No testing platform is 100% specific or 100% sensitive and each has different sensitivities (false negatives) and specificity (false positives). You can refer to FDA's EUA for that testing platform to see that the sensitivity and specificity that was determined based by the manufacturer's internal testing.
2. Where can I find information from CMS for Nursing Homes testing?
 - a. <https://www.cms.gov/files/document/covid-faqs-snf-testing.pdf>
3. Where can I find more resources for POC testing? CLIA number that talks about COVID?
 - a. Refer to CDC's guidance document at <https://www.cdc.gov/coronavirus/2019-ncov/lab/point-of-care-testing.html>
4. Where can I find more resources for CLIA in Kansas?
 - a. -- for any additional CLIA-related questions you may have you can email kdhe.clia2@ks.gov
5. If our testing is done out of state, are all of the negatives counted as well as the positives that we report?
 - a. All results that have been reported to KDHE are counted. Please ensure that your lab is submitting testing data as sometimes out of state labs do not report to KDHE.
6. What if you have a positive PCR and it is believed they are false positive and a PCR is repeated the next day and is negative and you repeat one more time and receive another negative, do you count that as a negative?
 - a. They would still be treated as a cause of COVID-19 unless the lab indicates to you the positive result was reported in error. There may be many factors that contribute to the subsequent negative PCRs such as intermittent shedding, improper collection, storage, or shipping. Or the patient may be on the end of their infectious period.
7. What factors impact the testing rate per thousand?
 - a. Number of tests and the population of the county.
8. Based on the math, wouldn't small population counties go RED quicker than large population counties?
 - a. No, adjusting to a standardized rate such as the testing rate per 100,000 population is a common public health practice to compare populations of different sizes. Smaller counties will not move quicker into the Red category than larger counties unless the overall proportion of testing being done is on positive people.
9. If someone is antigen positive and showing symptoms and then isn't PCR tested do they

quarantine?

- a. Yes, they would be treated as a COVID-19 case and need to isolate for the appropriate time.

10. Are we required to use our Abbott cards if we are using other means of testing?

- a. No, you are not required to use them.

11. Are we reviewing data weekly or should it be every 2 weeks since the data is a 2 week period?

- a. Facilities should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table the Long Term Care Visitation guidance.
 - i. If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table found on the Long Term Care Visitation guidance as soon as the criteria for the higher activity are met.
 - ii. If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.

12. How do I request more Abbott BinaxNOW Test Cards from HHS?

- a. Please send requests to: HHSBINAX@hhs.gov This inbox was established to coordinate the distribution of government procured Abbott BinaxNOW kits.

13. Who should I contact with product or shipment questions of the Abbott BinaxNOW kits?

- a. If you have product or shipment questions, please contact Abbott directly at: Technical support: ts.scr@abbott.com or 1-800-257-9525

14. Where can I get more information about the Abbott BinaxNOW kits?

- a. For access to access training videos and documents, please visit the [BinaxNOW™ COVID-19 Ag Card and NAVICA™ App Set-Up and Training portal](#).
- b. For CLIA FAQs and information, click [here](#).
- c. For policy regarding performance of antigen tests authorized by the FDA under an Emergency Use Authorization (EUA) at the point of care or in patient care settings operating under a CLIA Certificate of Waiver, please refer to CMS's policy [here](#) and PREP Act guidance [here](#).
- d. For FDA recommendations to health care providers who are ordering authorized tests outside their authorization (e.g., antigen tests for asymptomatic individuals), please see [FDA's FAQ on Testing for SARS-CoV-2](#).

15. After LTCF HCP are vaccinated, should they continue regular COVID-19 testing?
- a. Yes, facilities should continue to follow recommendations for [COVID-19](#) testing in nursing homes. Experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19. [COVID-19 vaccination](#) will not influence the results of viral (nucleic acid or antigen) COVID-19 tests. Positive tests should not be attributed to the COVID-19 vaccine.