

Updated COVID-19 Testing Guidance

On May 4, 2020, the Ohio Department of Health (ODH) updated COVID-19 testing guidance. This guidance applies to all COVID-19 testing in the state of Ohio.

The Centers for Disease Control and Prevention (CDC) has established [priority groups for testing](#). Ohio has modified these groups to meet the specific needs of our state in light of changes in testing availability and evolving knowledge of COVID-19 and its impact on Ohioans. The state continues to emphasize testing of patients who are most severely ill, patients who are moderately ill with a high risk of complications — such as those who are elderly and those with serious medical issues — and individuals who are critical to providing care and service to those who are ill. Expanded test availability will allow individuals in lower risk tiers to be tested and help to further contain and respond to COVID-19 in Ohio. COVID-19 hospital preparedness zones/regions and community-based coalitions will work together to ensure equitable implementation of effective testing strategies that align with Ohio's cohesive statewide plan.

Testing is only one component of response to COVID-19. The role of testing is to quickly identify individuals infected with COVID-19, promptly isolate them and trace and quarantine any contacts to minimize spread of the virus to others. Testing does not change treatment in any way, nor does it replace comprehensive infection control and prevention activities.

As of June 2, testing should be made available to individuals described in Priorities 1, 2, 3, and 4. At a later date yet to be determined, Priority 5 will be implemented. Further priorities may be added in the future. The purpose of this prioritization is to assure access to testing for the most ill and vulnerable Ohioans and those who care for them and to limit the risk of spread in congregate living environments and communities. The prioritization also recognizes the appropriate use and preservation of personal protection equipment (PPE) across all health care and community settings to ensure safety.

Priority 1 is to ensure optimal and safe care for all hospitalized patients, lessen the risk of hospital-incurred infections, and ensure staff safety. Individuals in Priority 1 testing include:

- Hospitalized patients with symptoms.
- Healthcare workers with symptoms. This includes behavioral health providers, home health workers, nursing facility and assisted living employees, emergency medical technicians (EMTs), housekeepers and others who work in healthcare and congregate living settings.¹

Priority 2 is to ensure that people at highest risk of complications from COVID-19 and those who

provide essential public services are rapidly identified and appropriately prioritized in accordance with the [CDC's April 30 guidance](#) for testing in nursing homes.² Individuals in Priority 2 testing include:

- Residents of long-term care facilities and other congregate living settings¹ who are symptomatic.
- Residents and staff of long-term care facilities and congregate living settings¹ who are asymptomatic with known exposure to COVID-19 in the context of an outbreak (e.g., two or more cases in the same area, wing or building). The purpose of testing individuals who are exposed and asymptomatic is to facilitate more specific isolation and quarantine within the congregate living setting to reduce the risk of virus transmission to other residents.³ In these cases, the extent of testing will be determined by the local health department in consultation with the facility medical director or other clinical leadership.
- Patients 65 years of age and older with symptoms.
- Patients with underlying conditions with symptoms.
 - Consideration should be given for testing racial and ethnic minorities with underlying illness, as they are at increased risk for COVID-19 and more severe illness.
- First responders, public health workers, and [critical infrastructure workers](#) with symptoms.
- Other individuals or groups designated by public health authorities to evaluate and manage community outbreaks, including those within workplaces and other large gatherings.

Priority 3 is to test individuals with and without symptoms in implementing healthcare services across all healthcare settings. The purpose of Priority 3 testing is to minimize risk of post-procedure complications and transmission of COVID-19. Individuals in Priority 3 testing include:

- Individuals receiving essential surgeries and procedures, including those who were reassessed after a delay.
- Individuals receiving all other medically necessary procedures.
- Individuals receiving non-essential/elective surgeries and procedures, effective June 2.

Priority 4: Individuals in the community to decrease community spread, including individuals with symptoms who do not meet any of the above categories.

Priority 5: Asymptomatic individuals not mentioned above.

¹ Congregate living settings are those where more than six people reside with a propensity for rapid person-to-person spread, including but not limited to: assisted living facilities, nursing facilities, Ohio Veterans Homes, residential mental health and substance use treatment facilities, psychiatric hospitals and group home settings, developmental centers, intermediate care facilities and group homes for individuals with intellectual disabilities, facilities operated by the Ohio Department of Youth Services, facilities operated by the Department of Rehabilitation and Corrections, homeless and domestic violence shelters, and jails.

² The CDC's April 30 Guidance for Nursing Facilities states at (3): the first step of a test-based prevention strategy is a Point Prevalence Survey (PPS). Performing PPS on units with symptomatic residents should be prioritized.

³ Following testing for this group:

- Exposed but asymptomatic residents who test negative still should be quarantined for 14 days and monitored for symptoms, as they could test positive later during the 14-day incubation period.
- Exposed but asymptomatic staff who test negative should be assessed to determine need for quarantine and symptom monitoring based on [CDC guidance for public health management of exposure in healthcare personnel](#). They may be permitted to work, adhering to [CDC strategies to mitigate healthcare staffing shortages](#).
- Exposed but asymptomatic staff who test positive should remain off work for ten (10) days following the date of the test, assuming they remain asymptomatic. Under certain circumstances they may be permitted to work, adhering to [CDC strategies to mitigate healthcare staffing shortages](#).