4.16.20 WA DOH Covid19 Q & A for Healthcare Providers

Questions	Answers
1. We are fortunate to have a patio with an external access. Would family visits with residents (all individuals masked and keeping social distance) this patio be within the guidance for visits	While I appreciate the creativity and empathy for your residents in wanting to try and accommodate visits which I am sure would be beneficial to both the resident and family with regards to mental health I agree with the other panelists that this is not in the spirit of the Governors proclamation and while potentially low risk for COVID transmission it is definitely not No risk so I would avoid it.
2. If a staff member tests positive, is off for the 7 days & no symptoms, comes back work and then tests positive again with Facility mass testing do they need to be off for 7 days again	No they are ok to work by the non-test based strategy (see link to right). That being said I would avoid subsequent testing for persons which you use the non-test based strategy as often they will still be positive. The problem is many people shed viral RNA which the test detects longer than they actually shed infectious virus so that is likely why the test is still positive in this example. https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/HealthCareworkerReturn2Work.pdf
3. (Submitting from a SNF) We have not allowed anyone in our buildings if anyone had known exposure to people with COVID. What is the safe stance and protocol if these are home health Agency personnel Or any health practitioners with disclosed exposure?	Agree with screening all non-emergency (do not need to and should not screen EMS providers) staff prior to entry and all staff visiting or permanent in LTCFs at this point should be wearing masks while in the facility. If there are cases in the facility consider full PPE for all patient care for all residents as well. I would not exclude any providers that would normally be considered essential just based on exposure if they are symptomatic and willing to wear a mask.
4. Do you have recommendations how the facility can handle requests from families to bring items into the facility for residents? Allowed or not and how to sanitize. Cardboard versus plastic bag delivery?	This should be ok, Cardboard, paper, or other fibrous materials should be low risk. If it is something in plastic packaging that can be wiped down could do this. patty do you have anything else to add?
5. If an employee tests positive and are taken off the schedule does their unit need to be on full precautions for 14 days from the last day the employee worked	Given this would be considered a case in the facility it would not be unreasonable to implement facility wide precautions for patient care if possible, but not required. Definitely at that point all staff should at least wear masks while in the facility and patients should wear masks when leaving their room.
6. Is there a recommended amount of time a room where a COVID positive can be used by another resident -	Just needs a terminal clean. Can consider waiting 2 hours from discharge before performing terminal clean but this is not necessary.

4.16.20 WA DOH Covid19 Q & A for Healthcare Providers

7. If we are using washable isolation gowns, what temperature must they be washed at?	Normal settings you use for other linens.
8. If a resident tested positive 3 weeks ago, when is the appropriate time to retest that resident?	No specific recommendation for timeline to retesting if using a test based strategy, would al least wait 7 days from onset of symptoms and 72 hours after resolution of fever and improvement in other symptoms. If the initial retest is positive would wait at least a few days if not a week before trying again.
9. Not happened yet - but mass testing will be occurring	We are working to expand testing but unclear timeline for this at this time.
10. Can paper or single use isolation gowns be reused? If reused, can the gown be shared among staff or must it be reused by only one staff?	Should not share same disposable gown between different staff. OK to reuse gown for same patient when providing direct care for negative or unknown status residents. Could reuse gowns for multiple residents if gown remains unsoiled and intact for positive residents. Can also keep same gown on for multiple patients if just passing meds and having limited contact.
11. If you have a new admission from the community and you put them in a 14 day isolation and within the 14 day they are tested for COVID due to fever, it comes back negative and then resident is afebrile can you take them out of isolation	You should follow your facility protocol for the entire quarantine period. We realize a 14 day quarantine may not always be feasible, but if it is feasible the person should stay in quarantine for the full 14 days regardless of negative testing during that period as still could be incubating and just has another process going on leading to testing.
12. There have been many questions about cohorting residents once you have an outbreak. My opinion is that the public health department should help advise the facility on if any when ANYONE should be moved, however I am hearing from peers that individual surveyors are "advising" facilities to move residents. It is very confusing. One surveyor was concerned why non-Covid residents were moved off a unit with an outbreak while another went to another facility and had issues with the fact that patients were "presumed positive and were not moved". How can we all get on the same page?	Cohorting should be done if safe, but we realize this can vary from facility to facility and cohorting should be done in coordination with PH agreed. Cohorting strategies, if possible, may significantly vary from facility to facility. Also we are looking into cohorting at the facility level i.e., establishing designated Covid facilities.

13. Any suggestions regarding a psych patient who is COVID-19 positive and continues to be noncompliant with not wearing a mask and going to negative units and put others health at risk. Mental health professionals notified and has been 3 days and would not come to do eval for ITA hold.	Should refer for a Designated Crisis Responder (DCR) for eval to help determine need for involuntary commitment. If continues to be a danger after this can contact public health to go down the road of a isolation order but this will get law enforcement involved and should be avoided if at all possible. You may also contact the RCS Behavioral Health Team to request a consult for technical assistance regarding working with a resident who is unwilling/unable to follow isolation requirements or the Governor "Stay Home, Stay Healthy" order. To make a referral you may call (360) 725-3445 or email at **RCSBHST@dshs.wa.gov**
14. Is the department citing AFH's if they have a resident who tests positive?	Having a case of Covid19 is by itself NOT a citable deficiency. Lapses in infection prevention processes are. RCS staff will conduct a mix of offsite and onsite inspection to determine if there are any infection prevention practice concerns.
15. How should we balance the need to preserve surgical masks vs the risks involved with people (especially hands-on care staff) using home-made cloth masks? We've been receiving lots of donated masks sewed by volunteers, but we can't guarantee they'll work well. That being said, I don't want to run out of surgical masks by using them now.	If you have medical masks they should be used for direct patient care until you run out. But medical masks should not be used when not performing direct care i.e. admin staff.
16. So regarding testing. Can the facilities choose non test based strategy for staff and then test based for residents?	Yes you can choose to do which ever strategy on whichever population you want, but just want to be very clear that the test based strategy will result in prolonged isolation as compared to non-test based in a majority of cases. Also access to testing supplies may be a limiting factor.