

5.28.20 WA DOH COVID-19 Q&A for Healthcare Providers

Question	Answer
<p>1. Website links to COVID-19 Q&A documents</p>	<p>https://www.adultfamilyhomecouncil.org/covid-19-updates-best-resources/ https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/ https://www.whca.org/covid-19-resources/</p>
General	
<p>2. How do we go about finding information of COVID-19 prevalence in our local communities, which will be a consideration for opening up for visitations when the time comes.</p>	<p>Please check with you LHJ or on their website, King county has multiple dashboards characterizing the current state: https://kingcounty.gov/depts/health/covid-19/data.aspx</p>
<p>3. What are the new guidelines for accepting admissions. Definition of quarantine? do all residents need private rooms? we have a large gym can more than 1 resident be treated with social distancing?</p>	<p>Definition of quarantine for new or readmissions for LTCFs can be found here on CDCs website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html under the heading "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown." about 2/3 down. Please check with your LHJ on accepting new admissions, but assuming you do not have ongoing transmission and have a plan in place for quarantine and cohorting, admissions likely should be taken. Need for private rooms for new admissions is optimal but not required as far as I know. The plan for your gym would need to be discussed in more detail but likely this would be possible as long as strict social distancing, masking, and cleaning procedures were in place and there is no current concern for ongoing transmission in your facility.</p>
<p>4. CDC info states that new admission to a SNF recommended 2 negative COVID-19 test 24 apart, if the patient was not admitted to the hospital for COVID-19 our administration wants to push that out to one negative COVID-19 72 hours prior to admission to SNF any thoughts?</p>	<p>CDC does not recommend 2 negative tests to take a new admission as far as I am aware the webpage and section provided above in #5 states nothing about testing requirements. DoH (https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/LTCTransferRecs.pdf) recommends consideration of a single test prior to admission to help with placement considerations. 72 hours prior to admission is reasonable.</p>
<p>5. Once a county enters phase 2, can we serve residents meals socially distanced in a dining room in an AL facility?</p>	<p>At this time governor's office is working on recommendations related to LTC facilities as WA state moves through the phases. DSHS and</p>

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	DOH are providing input to the governor's office, as are the associations.
6. My caregiver's husband tested positive of Covid 19. She quarantined and tested negative. She has been away for a month now. What procedures should I take in order to let her come back to work?	She should be able to return to normal duty at this point,
7. Has the temperature for admittance to a doctor's clinic changed from 100.4? is it lower now?	Should probably be 100 F or multiple temps >99 I believe form facilities are using which is also reasonable.
8. Can you explain the difference between having clients in quarantine and isolation?	They are very similar in practice, Quarantine residents should not be placed on COVID positive units though wherever possible.
9. Could DSHS provide weekly dear provider letters what discuss which phase each county will be entering and what that means for each facility type? This will help especially if a county goes to a previous phase.	DSHS is working to keep current with the information and getting it out to the providers as information changes. DSHS does not make the decision regarding when a county moves to the next phase and does not always know when the change will occur. DSHS is providing input to the governor's office regarding the reopening of LTC facilities as counties also reopen with the goal of having a planned approach to each phase. for LTC.
10. How are we going to handle insurance companies when facilities are coming upon renewal. Most companies are giving facilities COVID 19 questionnaires. The insurance companies are watching this state carefully and many facilities are no longer able to secure insurance with resident protection coverages or professional liability. When facilities state they do accept clients that in the past tested positive this is creating insurance declines. Will waivers be allowed when insurance cannot be obtained at the level needed per wac.	Thank you for the information. We will need to look into this further
11. What can you tell us about residents health declining because of isolation in their rooms so much. We've seen blood clots from not being able to simply walk to the dining area daily, etc.	This will have to be addressed on a case by case basis, if for their health they need daily walks, this should be done in a safe socially distanced way with staffing supervision.
12. How can facilities get cloth face covering if they never received the mailings?	

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<p>13. For how long do we have to take client temp and oxygen?</p>	<p>Not sure I understand the question? If this is for people who are COVID negative or naive, I would plan to continue this for the foreseeable future.</p>
<p>Reporting</p>	
<p>14. Will you have to join the DSHS group if you plan on entering your own data to the NHSN website?</p>	<p>You do not have to join the DOH NHSN group if you are entering your facility's data into NHSN. Joining the DOH NHSN group could allow DOH to provide better resources to you and your facility.</p>
<p>15. Is this (reporting) only for nursing homes? Are AL's or adult family homes included?</p>	<p>CMS only requires NHSN reporting for nursing homes. More information on the requirement here: https://www.cdc.gov/nhsn/pdfs/covid19/lctf/cms-covid19-req-508.pdf . Assisted Living can chose to report to NHSN and Adult Family Homes are not included in NHSN reporting. DSHS is asking long term care facilities to report through their portal here: https://fortress.wa.gov/dshs/adsaapps/lookup/FacilityStatus/UpdateStatus.aspx</p>
<p>16. Could you please paste the link of the 'Dear Administrator' letter in the chat box, so we can copy/paste it? Thanks!</p>	<p>https://www.dshs.wa.gov/sites/default/files/ALISA/rcs/documents/nh/020-034.pdf</p>
<p>17. If we are reporting directly to NHSN do we still need to go through this process with DSHS and just not have you submit? If not required is it recommended?</p>	<p>DSHS is asking long term care facilities to report through their survey portal here: https://fortress.wa.gov/dshs/adsaapps/lookup/FacilityStatus/UpdateStatus.aspx</p>
<p>18. Can you share link to NHSN signup</p>	<p>NHSN enrollment for LTC: https://www.cdc.gov/nhsn/lct/enroll.html</p>
<p>19. Can more be explained about the email just out from KCPH on yet another line list (Excel only) facilities need to submit? Unclear if this is to be done now or after broad-based testing plans are in place for all facilities?</p>	<p>This email went out to facilities for whom we or one of our partners (UW, Seattle Fire, CHI, etc) previously assisted with full facility testing and for which we never received the results of that testing, this information will be very important for us to understand the impact of the full facility testing we implemented. SO if a month or weeks ago full facility testing was performed with PH or PH partner assistance, please follow the instructions in that email to return the results of that particular testing, if further testing has been done since please do not include that information in this data request. Sorry for multiple asks, but this should have been requested at the time of the original testing and was either not requested or was never provided. This is NOT related to the order for facility testing from the state.</p>

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Visitation and Resident leaving facility	
20. I have a resident in my AFH that works at Northern Quest Casino. His last day was March 16th. They want him to come back to work now. What should I do?	I think this is ok but you should develop of a plan based on the potential exposure risk they will encounter on how you plan to monitor them in the home, I would recommend contacting your LHJ for support with this if you have questions.
21. With the states stay at home order lifting we would like to ask if patio visits with families (masked and social distancing) would be acceptable. Families would not have to enter patio through the building.	I understand this is a strong desire, but at this time I would advise against this until further guidance has been provided.
22. When a COVID-19 Naive patient is sent out to the ER or goes to a Medical appointment, should the facility initiate a 14 day “quarantine” period. Room isolation, (Which all residents are on) Q 4 hours symptom monitoring/VS monitoring including Oxygen saturation’s? What about if the patient has tested positive for COVID-19 previously but is now outside of their 14 day “isolation period” and no longer on Contact/Droplet precautions? (refers to an ER visit)	I agree with the comment, if the person is leaving for less than an overnight stay and has worn a mask while they were out and the destination has good masking/IP procedures in place, they could return to normal care. comment from participant: If possible, prescreen the destination of the provider and determine their infection prevention practices. We also have not let family take residents to the appointments, we are using our vehicle and driver who we know is safe.
23. How might the lift on religious service apply for residents of ALFs or “. . . in-home services of five people.”	I would avoid this until further specific guidance is provided for high risk settings/LTC settings
24. How to we address families or DPOA when these individuals are attempting to coerce clients to come out of the facilities so that they can take the client to Mcdonalds or other non-essential trip when you care in a county that is still in phase 1. These clients are called on the phone and told to look out the window and then the families waive at them to come out. These family behaviors put everyone in the facilities at risk when these families have complete disregard for the health everyone and their family member.	Contact the Ombuds to determine if they may be able to assist with the family and the resident.
25. I have a client needs colonoscopy treatment so when she comes back should I quarantine her for 14 days? if so who will supply me the PPE.	Please refer to question 22
26. Who is responsible for providing PPE to residents who choose to leave the facility ?	The facility needs to work with the resident to access masks.

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<p>27. Can we give a notice to visitors that they need to bring their own national recognized PPE to visit a hospice resident in a covid 19 positive environment or create a PPE care package for the visitors to purchase if they want to come. PPE for a visitor visiting a client on hospice if there is covid 19 in the environment can cost up to \$60 per visitor.</p>	<p>This is being discussed</p>
<p>28. So what is the difference between residents going out to these local places, salons, etc., from allowing visitors into the community. I would think the facility has more control over the environment than outside.</p>	<p>I agree with this we need to be very careful how we approach this issue, need more guidance.</p>
<p>29. AFH and we have not been able to get enough PPE to be able to isolate more than one person. When residents start going out to social events, it will be difficult to keep residents safe from COVID 19.</p>	<p>Agree need more guidance</p>
<p>30. My understanding is stay home, stay safe order is in place for high risk populations until phase 4 - which would mean visitation, outings, etc would not be allowed until then and then with only appropriate social distancing. Comments on this?</p>	<p>This is being discussed</p>
<p>31. When residents start going out it will be the same risk for everybody as for caregivers coming and going and potential exposing the residents. This is getting scary. How do we avoid liability?</p>	<p>This is being discussed</p>
<p>32. Can we get some clarity on what is a recommendation and what is a mandate? The chart showing the governors safe start plan has an * that states high risk and all residents living in a long-term care facility are to stay home until phase 4</p>	<p>This is being discussed</p>
<p>33. In an AFH for medically fragile adults, knowing that the residents have the right to make the decision to leave and be out in the community, can the AFH decide to not take them back due to risk to the rest of the population?</p>	<p>The resident may not be discharged</p>
<p>34. How about if the Hospice patient requesting a visit from the daughter is this ok.</p>	<p>End of life visits are cover by compassionate visitation in the governor's order</p>

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<p>35. I just reread Inslee stay at home order, where does it show that residents rights have changed?</p>	<p>Resident Rights remain in place</p>
<p>Testing</p>	
<p>36. There appears to be no coordination regarding testing of all residents and staff in the SNF, LabCorp can only supply sterile Q-tips and saline. How are SNF going to accomplish this testing?</p>	<p>Per the order from Dr. Weisman the state will be providing PPE and test kits, also they have a contact email if you need assistance with performing the testing: Contact doh-cbts.imt@doh.wa.gov for assistance as soon as reasonably possible if unable after diligent efforts to arrange for the administration of tests by legally authorized individuals;"</p>
<p>37. The VA hospital has had two confirmed re-infected COVID-19 cases.</p>	<p>I would be very surprised if this is the case, I have not heard of any confirmed reinfections. I believe this probably represents someone who had COVID and initially tested positive and then tested negative and now has tested positive again. It is much more likely this represents continued shedding of viral RNA form the initial infection and NOT reinfection there is active research going on in this area and viral cultures form these individuals have not yielded viable virus to date that I am aware of.</p>
<p>38. What if staff refuse testing?</p>	<p>They have the right; each facility should make a plan how they will handle this situation. I.e. work restrictions of some sort, including perhaps limiting work to a COVID + unit.</p>
<p>39. Facilities that did broad testing after 4/1, will they be required to do broad testing?</p>	<p>No</p>
<p>40. Where are we with facility wide testing - we have people from RCS calling us and asking if we have completed.</p>	<p>Statewide order for SNFs and Memory care units was issued yesterday 5/28</p>
<p>41. What was the reasoning behind excluding adult family homes from universal testing?</p>	<p>Logistical; they will likely be included at a later date</p>
<p>42. If we have to source our own testing in AL how can we reasonably access testing for staff if we don't employ a medical director to obtain orders for staff?</p>	<p>Please read the order for more information on this question: https://www.governor.wa.gov/sites/default/files/DOHSecretaryOrder20-02LTCF.pdf</p>
<p>43. When we complete the PPS Testing in SNF, should we go through our contracted lab for all residents and staff, or will DOH be sending supplies/PPE/requisitions? Thankyou.</p>	<p>Again please read order linked above</p>
<p>44. If a resident wants to be tested for COVID, where do we send them for testing?</p>	<p>This will vary based on your facility type and resources but ideally the facility would do this.</p>

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45. I see that the governor will be providing an update to the media at 2:30PM regarding testing in long term care facilities. Will the long term care facilities receive this directive/plan prior to the media receiving it?	No
46. What is the latest on mass testing our residents and staff NH? Assisted Living?	https://www.governor.wa.gov/sites/default/files/DOHSecretaryOrder20-02LTCF.pdf
47. Any plans being discussed about broad-based testing for independent living residents in Senior Living communities? Once SNF/AL settings within senior living communities undergo testing, we will experience more pressure from independent living residents to also receive this testing.	This is being discussed.