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

Question	Answer
1. Website links to COVID-19 Q&A documents	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/"
2. DOH Testing FAQ	https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-SNFMemoryCareTestingFAQ.pdf
3. There are a lot of questions about who is responsible for testing of hospice providers, lab personnel etc. And after the universal testing who is responsible for new providers of the same nature?	More to come on this. For the Universal Point Prevalence we are hoping to capture staff who are regularly in the buildings not everyone who could possible come to the building. Make arrangements for staff to be tested when they are working their regular shift.
4. SNF - will there be an option to receive lab results from UW via a portal rather than fax?	Yes I believe this is an option. Pre-registration with them may be helpful.
5. In phase 1.5 can AL facilities open an internal salon for haircuts?	We are currently working with the Governor's office on recommended guidance for each phase of reopening
6. What is guidance on social distance dining?	Residents should be seated 6 feet apart and all staff in the dining room should be wearing mask and eye protection.
7. We have been told by Molecular Lab we have to register and they won't accept the state reqs. We already have administered 100s of test and now have to back track due to incomplete information from the dept of health. Is the state rectifying this situation?	We have asked that any labs not sent to Molecular testing yet be re-directed until we can work out and smooth out the process. If they already have labs and are able to process them they will. The UW Virology lab can receive these specimens and we are working on adding additional labs.
8. When will we know more details on the recurring swabbing required for all staff?	More to come meetings are happening currently
9. SNF: We have not received our testing supplies yet, is there any way to track the supplies?	For questions about testing swab or supplies: doh-cbts.imt@doh.wa.gov • For questions about PPE: seoc122@mil.wa.gov • For questions about what staff to test or timelines: rcspolicy@dshs.gov • For questions about specimen collection, what type of PPE to wear for collection, how to don/doff PPE, how to collect nasal and nasopharyngeal specimens: HAI-COVID@doh.wa.gov

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10. **Do we then need to update DOH with assumed number of the kits including essential folks like hospice?**	If you need more kits reach out to DOH via the supply email above
11. **Are we responsible to handle walk ins from the hospice providers and labs? So, if they don't have testing after the 12th can they be allowed into the centers. This is SNF**	Yes, do the best you can to test those contractors you see on a regular basis. Continue to screen employees for symptoms and make sure they are wearing PPE.
12. **If the facility tests a contracted provider such as lab and they are positive would that result then fall as the facility's positive case?**	Yes, any positive case will count in the facility case count. Facilities will not be penalized for identifying cases. From a LHJ perspective we would only consider this case as part or the start of an outbreak if they worked at your facility while potentially infectious.
13. **Will staffing agencies be responsible for testing their staff, even though they work in our facilities (both SNF & MC). If we test, then we have to pay their staff to come in for testing. More cost to communities. Thank you.**	Currently you do not need to pay agency staff to come in to be tested. Just test them when they would normally come in, this could be at a different time than the bulk of facility testing if necessary
14. **SNF - challenges so far for testing: The swabs that we received were all marked NP swabs but come to find out the swab sets have a NP swab and a swab that can be used for anterior nasal - this was not communicated. We reached out to Dr Fotinos who was finally able to confirm for us that we could use the 2nd swab. Another thing that came up yesterday was that we received an email with a different lab requisition that we are to use rather than the one that came with our testing supplies. We had already prepared the other 360 lab requisitions for our staff and residents. It feels like the "rules of the game" are changing every day which is making it challenging. I do appreciate all the help we have received from DOH throughout this.**	Yes, you are right, and this is super frustrating. We apologize for the confusion regarding forms, we have had conversations with the labs about the need to accept the forms we sent out. This should be rectified at this point in time.
15. **We keep hearing soon on guidance, can we get actual timeline? ALF**	Guidance draft is being reviewed by stakeholders currently.
16. **My facility is in region 3 will the lab continue to accept specimens after the 12th.**	Yes, we realize that facilities have not received testing materials cannot possibly meet the deadline. Testing will continue.
17. **Will there be a requirement for new LN's and NAC's (including students) and all new hires to have a negative covid-19 test... for SNF's**	Currently we do not have plans to do this as a state.

18. SNF: We have gotten all our test results for residents and staff, and they are all negative. When can we advance to Phase 2? What are the requirements for Phase 2?	We are currently working with the Governor's office on recommended guidance for each phase of reopening
19. For Phase 1.5 King county SNF, can we start allowing ancillary services dentist, podiatry, should they be tested also?	I would treat phase 1.5 as phase 1 for LTCFs until we get more guidance, which means ancillary services would be allowed if determined to be medically necessary which those services could be depending on the circumstance. If they are external patient care staff I think they should be tested, and you could just test them when they come to the facility for normal work so as to not result in extra charges.
20. SNF / ALF - What is the status of surveillance testing? Implementation date? Frequency? Billing?	I assume this is referring to the Mandate set by the Secretary? Im not sure I understand the question - James
21. We tested all our residents recently and they all are negative. New admissions from now on, they are checked in hospital and negative. Do we have to check them again in SNF?	We have been recommending that new admissions be quarantined for 14 days and then if materials available test at the end of quarantine period.
22. What are the consequences if a staff member refuses a test? Or was tested but refuses to sign authorization for disclosure of PHI r/t Covid test results even though we know that everyone tested was negative? Public health has no guidance on this.	This is something that should be handled through policy development within the individual facility.
23. What is the accuracy of the tests and if there is any system in place that allows us to challenge those results? For example, if we get a positive result that we believe it is not accurate is there any chance to be retested.	We will have someone from the lab on our webinar next week. However, in general there is a higher risk of false negatives than false positives (better positive predictive value than negative predictive value) so I would not recommend re-testing a positive person to try and refute a positive test. Positive test results should be treated as positive (if this is an initial testing result, i.e. this is a different conversation if someone was previously positive say weeks ago and are still positive on repeat test)
24. Adult family homes:- when will AFHs be tested ? do we need a consent from their POAs/representative for that ?	There is currently no directive for point prevalence testing in adult family homes. As lessons are learned from the SNF and AFL testing, more will be announced. The residents will need to consent to testing, so obtaining consent from a POA may be required

25. SNF: What is the goal for doing facility wide testing if it only gives you a snapshot of what's in the facility? I could be negative today and positive by the weekend...	There are many benefits to this statewide/facility wide testing effort. First of all in King County as well as in other jurisdictions across the country who have done this type of testing 10% or greater positivity rates in residents and 3% or greater positivity rates in staff have been identified which means any facility at this point could have residents and staff spreading COVID without their knowledge. While identifying these individuals at one point in time does not solve the problem it will allow you to cohort those positive individuals and mitigate spread to some degree, certainly more than if you had not done the testing. We know that testing only symptomatic individuals misses cases and leads to transmission, while this may be acceptable in the wider community to some degree it is not in LTCFs where the residents are at much higher risk for severe disease and death. Finally, a prevalence "snapshot" will give us a better understanding of where we are in the pandemic in these vulnerable facilities and inform next steps in public health policy.
26. How long until a patient is considered COVID free? If a patient has been asymptomatic but positive for over 60 days, are they still infectious? Are they safe to be taken off of the COVID unit?	You can use a symptom/time based approach OR a test based approach both are laid out here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html That being said there is some evidence suggesting that infectivity is unlikely in prolonged shedding and very unlikely 10 days from symptom onset, based on data from Asia no transmission has been identified form individuals more than 8 days from symptom onset and no virus has been cultured form anyone who remains positive by PCR after that period. This is not definitive but it points to the time and symptom based strategy being reliable and CDC does not have a preference between the two strategies.
27. SNF - please clarify we keep hearing statements regarding "point in time testing" and that we do not need to have staff come in to be tested - that appears to contraindicate the order that all staff are tested?	I'm not sure I understand, but point prevalence testing ideally is all at once, but sometimes this is not possible and sometimes your "point" may be a few days or even a week or two. Just because you can't test all people on the same day does not mean they should not be tested.
28. AL: Is work being done to identify provider resources for us to contract with for staff testing orders when that mandate	This has been noted and is being discussed

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comes down? We are concerned about how realistic it is going to find a provider willing to put their license on the line for unknown clients, be willing to be the go between. Plus, this will be yet another expense for such a contract. Thank you.	
29. Memory Care: Mixed information - do facility staff need to have an MD order or is the order a blanket DOH order?	Need an MD order
30. ALF What is a timeline for RCS guidance? Will it be next week two weeks from now?	RCS is currently working with stakeholders and providing recommendations to the Governor's Office.
31. SNF...Are asymptomatic staff allowed to refuse testing?	Anyone is allowed to refuse testing. A facility policy should be developed on how you will deal with refusals.
32. small ALF phase III, no COVID in bldg. we still say no visitors, if residents leave for non-essential, it is 14-day quarantine. please advise.	Guidance should be forthcoming, but I think remaining in this mode until guidance is available is prudent. Also I think a 14 day waiting period from the time their county moves to a new phase before LTCFs move to the new phase would be advisable so that facilities can see how the "re-opening" affects the disease prevalence in their community.
33. Asking for an SNF, we have a patient who has been COVID-19 positive every time we test him and has been positive for 60+ days. He has never been symptomatic. We had blocked off and isolated a separate area for the few positive cases in our facility with dedicated staff only. Could we re-open our sectioned off area or do we need to keep it the same? This patient is still positive and asymptomatic 60 days after his first test.	Again, please remember there is a time/symptom-based strategy (refer to the answer to number 26). Your suggestion might be reasonable but given you may still have an outbreak going on I would consult with your LHJ, if you are in King County reach out to your assigned investigator.
34. Are we able to use the mini-tipped flocked swab to collect a nasal swab or can it only be used to obtain a nasopharyngeal or mid-turbinate sample?	Ideally mid turbinate or NP, but if needed can be used as anterior nasal but may be less reliable.
35. SNF: is there research taking place in residents and staff that have tested positive but have never had any symptoms?	Not sure I understand fully but certainly people are looking into asymptomatic positivity in HCW populations there should be a paper published form our region discussing this in part in the near future.
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