

6.18.20 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>
<p>2. DOH Testing FAQ</p>	<p>https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-SNFMemoryCareTestingFAQ.pdf</p>
<p>3. CDC recently released weekly testing recommendations 6/13 for HCP and residents what is DOH guidance related to this given the limited testing supplies.</p>	<p>We are working on recommendations. We would like to review the results of the point prevalence survey first.</p>
<p>4. We are a SNF that has an adequate supply of N95 respirators. Our staff prefer to wear a procedure mask when caring for our COVID19 Never been positive (Naïve)" Quarantined "for 14 days, new admissions. Should we make it a policy and insist they wear N95's when caring for new admits.</p>	<p>CDC guidance recommends N95 use for these residents, based on discussion during the call seems like it would be prudent from a regulatory perspective to use the N95s assuming they are fit tested for N95s; if not then I think it would be fine to use the surgical masks.</p>
<p>5. LTC - Is there any data tracking of # positive COVID-19 cases that develop after an individual admits to the Long-Term Care facility from the hospital?</p>	<p>Not directly this would be very difficult to track given the natural history of infection being variable and relatively high rates of asymptomatic disease.</p>
<p>6. Skilled nursing facility. What is the guidance for further testing after the current mandated testing is complete for new hires and new patients?</p>	<p>For now the only guidance available on this is from CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html likely further recommendations from the state are pending but no timeline. Would comply with CDCs recommendations if able.</p>
<p>7. Residents to SNF's are expected to be placed in quarantine for 14 days post admission. Can newly admitted residents still receive showers in a shower room (obviously this would be cleaned per protocol after each shower). Also, if a newly admitted resident is seen one-on-one by a therapist for rehab (alone in a gym, wearing masks, with equipment cleansed before and after), does this meet quarantine requirements?</p>	<p>For showers, this will depend on the placement of the shower in relation to the resident room. It would be a good discussion to have with the local health jurisdiction to determine in each case the level of potential transmission that could occur while transporting the client, and how the facility can mitigate the spread of the infection.</p>

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<p>8. SNF - We currently have no cases and past outbreak is considered close. What is your guidance or opinion on allowing patio visits following social distancing guidelines and all participants wearing masks.</p>	<p>RCS is working with stakeholders to prepare recommendations to the Governor's office for a plan to reopen LTC facilities. At this time, it would be recommended to continue following the governor's proclamation for no visitors.</p>
<p>9. There are recommendations which state caregivers for newly admitted, quarantined residents in a SNF setting must wear full PPE when providing care including N95 Masks or Respirators. This isn't realistic given supplies available and conserving N95 masks for active, confirmed COVID-19 cases. Are universal masks for caregivers acceptable when caring for newly admitted residents?</p>	<p>I think this is reasonable but would check with your RC field manager to see what they are enforcing to be safe. In my mind conserving higher level PPE for confirmed rather than quarantined individuals makes sense as a early PPE conservation strategy. Should certainly still follow standard precautions regarding the need for gloves and gowns at a minimum. Also, eye protection should likely be easy to accommodate for these new admits.</p>
<p>10. SNF - will the swabs that we submitted for mass testing be counted in the tests completed within our own county to determine rate of positive results within the county?</p>	<p>Yes</p>
<p>11. What signage is recommended to hang at the door of rooms for newly admitted residents in quarantine in a SNF setting? (Special Droplet, etc.)</p>	<p>Same signage used for COVID + so yes special droplet</p>
<p>12. Have you set a date for the ALs to be tested?</p>	<p>No</p>
<p>13. SNF: Will the results of the mandatory testing for SNFs be shared?</p>	<p>We are planning on sharing the aggregate numbers and looking at being able to provide them by facility, obviously without any personal identifying information.</p>
<p>14. How does virus shedding impact a facility's need to quarantine.</p>	<p>I assume this is referring to people who remain PCR positive after the meet time/symptom based criteria for removal of isolation? If so, it depends on whether you are using the time v test based strategy for removal of isolation. If using the time-based strategy would not recommend further testing once that si met and the individual can return to "normal" activity.</p>
<p>15. Is it acceptable to cohort newly admitted residents in a SNF setting for quarantine if private rooms aren't readily available? If they are cohorted, does this change the amount of time they would be required to remain in the 14 day quarantine? For example, if Resident A admits on Monday and is then cohorted with Resident B who arrives on Friday,</p>	<p>Private rooms would be ideal, but I would not expend the quarantine period for resident A unless resident B becomes symptomatic or tests positive during the quarantine period.</p>

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<p>does that add several days to Resident A's 14 day quarantine due to possibility of exposure?</p>	
<p>16. SNF - please clarify is it required that N95 masks be fit-tested to be used in the nursing home setting?</p>	<p>Not required but if not fit tested they likely only function as well as a surgical mask, also people should be medically screened before using N95s.</p>
<p>17. Local Health Depts are saying it ok to have activities and dining in COVID-19 recovered units. Those in isolation or negative must still not have congregate activities. Is RCS ok with this?</p>	<p>RCS is requesting facilities follow the recommendations of CDC, DOH, and the LHJ. If this is the info received from the LHJ, RCS would anticipate that the facility would be following those recommendations.</p>
<p>18. The ALISA NH #2020-041 letter allows nursing home residents to go out into the community is this something we must do? We are a facility that just recovered from a COVID-19 out break.</p>	<p>Resident rights do allow residents to participate in community activities. The Governor Safe Start Plan does encourage high risk populations (which include LTC facility residents in the definition) to remain at home in Phase 2-4 but does not mandate it.</p>
<p>19. Where can staff at a SNF (in Bothell) obtain fit-testing for N95 masks?</p>	<p>There are companies that provide this service.</p>
<p>20. With the new Dear Administrator Letter being issued to (SNFs) 6/16/20 regarding residents being able to go on outings (not just medical/dental visits) in the community, is the State DOH looking at ways to implement in facility visits, hairdresser, communal dining?</p>	<p>RCS is working with stakeholders to prepare recommendations to the Governor's office for a plan to reopen LTC facilities. This plan will include how visitors and others such as hairdressers will return to the facilities and how communal dining and activities will resume.</p>
<p>21. AFH : Our residents refuse to wear the surgical type masks , we the caregivers we are wearing the surgical masks . The N95 are very hard to breathe thru and very uncomfortable. we don't have any cases or any suspects, do we have to wear it? is it a requirement? Thank you!</p>	<p>N95s are recommended for care of quarantined and confirmed residents. If your facility does not have either of those then surgical masks are appropriate. Also, again if using N95s should make sure you are medically cleared and have been fit tested if you don't have either of those then using a regular mask would always be appropriate.</p>
<p>22. SNF: With the dear administrator letter that came out 6/16/2020 looks like it states that SNF and assisted living residents "can leave the facility with family for medical appointment, therapy appointment, an outing or work in the community, and then return exposing the other residents who live in the community to possible exposure of COVID.". Am I ready this letter wrong or is this releasing the</p>	<p>You are correctly reading it.</p>

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<p>residents of a SNF to be able to go out for the day with their families and then return to the facility?</p>	
<p>23. Will we be cited by OSHA for not fit testing N-95. OSHA covers employee fit testing procedures</p>	<p>No, according to the discussion on Thursday by DSHS and Leading Age CMS is not enforcing respiratory protection program related activities at this time.</p>
<p>24. Is it acceptable to have a family member or other caregiver come into a SNF setting for an essential visit to receive caregiver training as part of safe discharge planning? (Such as transfer training, or feeding training with SLP).</p>	<p>I would think so.</p>
<p>25. If AL communities have not yet received their test kits from the DOH (or have not yet received a call from the DOH about how many test kits that community needs), is there a phone number they should call?</p>	<p>If facilities have not yet received specimen collection kits or PPE they can email: doh-cbts.imt@doh.wa.gov</p>
<p>26. Walla Walla County Health Dept: has anyone seen the DSHS "reopening of Washington state and resident visits to the community" released on 06.16 issued by Candace Goerhing ? We are wondering about the residents going out into the community and returning without the 14-day quarantine wording. If everyone wears PPE when out, the resident can now go to hair salon, visit with family, and return without quarantine? what about doctor appointments?</p>	<p>Resident rights do allow residents to participate in community activities. The Governor Safe Start Plan does encourage high risk populations (which include LTC facility residents in the definition) to remain at home in Phase 2-4 but does not mandate it. Facility may place resident on 14-day quarantine on return from community. CDC guidance currently recommends 14 day quarantine when resident is newly admitted or readmitted from the hospital.</p>
<p>27. What is king county's guidance for allowing outdoor visitations?</p>	<p>We do not have guidance for this. At this time the Governor has extended the no visitation policy for LTCFs so we would recommend not allowing visitation like this. That being said, if visitation is felt to be essential for the health of the resident this could be documented and done in as safe a manner as possible.</p>
<p>28. If a SNF (or other facility) does not have the ability to do independent fit-testing for N95 masks, but still offers them to staff for use, is that citable? How does one become "medically cleared" for N95/respirator use?</p>	<p>Based on discussion by DSHS on Thursday I don't believe this is citable at this time, but they also are likely only as good as surgical masks if not fit tested. https://www.osha.gov/video/respiratory_protection/fittesting_transcript.html</p>
<p>29. What is the status of testing in AFHs? Early on we heard sometime in July. The AFH association web site says no date has been set. Any information on this? AFH - Spokane.</p>	<p>We will be moving forward with testing in assisted living facilities and adult family homes starting once the memory care units have</p>

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	received their supplies. Starting probably within the next couple of weeks.
30. When greeting new admissions at the door of a SNF facility, does staff need to wear full PPE to escort them to their room? Transport staff is only wearing gloves and universal masks.	Universal masking, eye protection and gloves are sufficient. Resident should don a cloth face covering.
31. How are assisted livings obtaining DR orders for staff for covid testing as we do not have a medical director on staff.	This is done differently by different facilities, many have contracted with providers to order the tests.
32. Regarding outside vendors and providers entering SNF settings for essential services: Is proof of COVID-19 testing required to enter? How recently should that testing have occurred? If so, who is responsible for conducting that testing? If the responsibility falls to the SNF, how is the cost of this addressed?	The testing done with the Secretary's directive was a point in time survey for staff, residents, and any vendors in the facilities on the day(s) of testing. Entry to vendors not in the facility at the time of testing should follow agency guidance and screening policies. Proof of COVID-19 testing is not required to enter.
33. We have 17 Assisted living communities and no one has received their PPE or Testing kits yet. Do you have a new timeframe that we will receive this? Thanks!"	If you do not have a memory care unit we will start contacting ALFs in the next couple of weeks.
34. AFH - several ALF's are opening dining rooms in Pierce County, is there new guidance around this? The new Dear Administrator letter that came out yesterday, implies that the 14 day quarantine for MD visits may not be necessary, is that the intention of the wording?	RCS is working with stakeholders to prepare recommendations to the Governor's office for a plan to reopen LTC facilities. This plan will include how visitors and others such as hairdressers will return to the facilities and how communal dining and activities will resume. As indicated in the Dear provider letter, please coordinate with your Local Health Jurisdiction on any specific recommendations they may have for residents who return from outings.
35. Is there any DSHS guidance (requirements) as to beauty salon operations resuming in Washington ALF settings?	RCS is working with stakeholders to prepare recommendations to the Governor's office for a plan to reopen LTC facilities. This plan will include how visitors and others such as hairdressers will return to the facilities and how communal dining and activities will resume.
36. Similar to above: is there expectation that beauty salon operator be tested when blanket testing is done?	If the governor has set a plan in place to reopen facilities prior to a specific facility type completing their testing, and the hairdresser is allowed back in the building per the governor's plan, then the facility would want to include that person in the testing process.
37. SNF - Should a new admit to a SNF be tested as they admit? Or just after the 14-day quarantine?	Just after the 14-day quarantine and if they develop symptoms during the quarantine period.

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<p>38. SNF-Last week you mentioned it was not required to wear full PPE for new Admissions when passing medications and/or delivery of meal trays. Is this accurate and is there written guidance on not following droplet/contact TBP when entering room?</p>	<p>This is reasonable in my opinion but there is no written guidance, this would be a good first step when optimizing PPE in a situation when you do not have enough supply.</p>
<p>39. Will there be DSHS written guidance on new expectations related to the expiration of the Gov's Order pertaining to training and certifications</p>	<p>This order has been extended until July 1. RCS is currently involved in a stakeholder workgroup to discuss next steps in addressing the waived and exempted rules and statutes to prepare for the end of the waivers.</p>
<p>40. For residents going out for outpatient appointments, if the resident, caregiver and HCP are all wearing masks does the resident need to be quarantined for 14 days upon return to the facility?</p>	<p>In my opinion no if you can verbally confirm that appropriate PPE was worn while gone it is ok to forgo quarantine upon return.</p>
<p>41. AFH. is that two step negative before we admit new resident and isolation for 14 days.</p>	<p>Don't understand, but there is no need for two negative test before admitting a new resident.</p>
<p>42. SNF: Can you please guide us on how to manage residents and outpatient appointments which are medically necessary? Residents are leaving the SNF for a few hours for example, wearing a surgical mask and returning to the SNF. Do they need to be quarantined upon return to SNF even after a few hours as a SNF cannot confirm if he or she followed all protocol with mask use and hand hygiene when out to that appointment as well as the staff at that clinic. Hence, won't this be a potential exposure to COVID which can be brought back to the SNF?</p>	<p>Quarantine would not be necessary in this example; please see answer to 40</p>
<p>43. Do the doors to rooms of newly admitted, quarantined residents in a SNF setting need to be left closed at all times? This could potentially lead to safety issues and increased falls with risk of significant injury.</p>	<p>This would be ideal, but if there is a particular safety concern then I think it would be appropriate to leave it open.</p>
<p>44. You said no visitation at this time, but it is ok to send the residents out with family. Why and how is it visiting creating more risk of contamination that going out?</p>	<p>We understand it is frustrating as things reopen and some policies come back on-line before others. Resident rights do allow residents to participate in community activities. The Governor Safe Start Plan does encourage high risk populations (which include LTC facility residents in the definition) to remain at home in Phase 2-4 but does</p>

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	not mandate it. RCS is working with stakeholders to prepare recommendations to the Governor's office for a plan to reopen LTC facilities.
45. Based on most recent letter from dshs it states as counties open up, residents will be allowed to go out of the community to opened businesses - hair salons, restaurants, etc. how does this make sense when we are not even allowing outdoor visits? having residents leave the facility worries me more than supervising outside family visits.	We understand it is frustrating as things reopen and some policies come back on-line before others. Resident rights do allow residents to participate in community activities. The Governor Safe Start Plan does encourage high risk populations (which include LTC facility residents in the definition) to remain at home in Phase 2-4 but does not mandate it. RCS is working with stakeholders to prepare recommendations to the Governor's office for a plan to reopen LTC facilities.
46. Please send link to eye protection supplies made by volunteers, thank you.	https://local.masksfordocs.com/us-wa-seattle
47. "We have not received out testing supplies for the June 12th deadline. AL- Dementia	Please contact: doh-cbts.imt@doh.wa.gov
48. We are a memory care facility and we are still waiting on our test kits to be mailed to us for the mass testing. Do we know when they are coming? or who we should contact to ask"	Please contact: doh-cbts.imt@doh.wa.gov
49. Under Phase 2, if residents are outside enjoying the sun and family member show up, can they see their family from 6 plus ft distance with proper PPE?	RCS is working with stakeholders to prepare recommendations to the Governor's office for a plan to reopen LTC facilities. This plan will include how visitors and others such as hairdressers will return to the facilities and how communal dining and activities will resume. At this time it is best to follow the governor proclamation
50. Are residents in AFH allowed to start participating/going to Adult day health programs.	There are current discussions ongoing about this, but likely not if the resident is high risk (i.e. >65 yo or has underlying health problems) until at least phase 3
51. Some Residents still refuses to follow State rules some of us we are suffering this situation I know residents has right so any advice please	The Ombuds office may be able to work with the resident. You can also contact the RCS behavioral Health Support Team to see if they can offer technical assistance on strategies to try. RCSBHST@dshs.wa.gov or (360)725-3445
52. What type of test are currently available, it is the same type of test for positive cases at retest as the initial time? If a test is done, all negative and a week later someone goes to	The primary test in use is PCR test. This is the only test currently widely available that is appropriate for diagnosis. There are many PCR test variants but they are largely similar. There are also serology tests

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<p>hospital, test result positive, would everyone be tested again?</p>	<p>(not appropriate for diagnosis really only appropriate for identification of previous infection and I believe antigen tests are becoming available which may be used for diagnosis but are not widely used at this time. I don't think I understand the second part of the question, but if all residents tested negative one week and the next week you identify a positive ideally all staff and residents would be retested at that time if that answers the question.</p>
<p>53. Instructions for sending samples to UW, Dept of Laboratory Medicine</p>	<p>https://testguide.labmed.uw.edu/public/guideline/group_facilities</p>
<p>54. Email Contact: UW, Dept of Laboratory Medicine</p>	<p>commserv@uw.edu</p>
<p>55. Walla Walla County Health Department: We have had clusters of false positives from Lab Corp over the last several weeks where they have had to change results to negative. All have been asymptomatic. Has anyone else encountered this.</p>	<p>My understanding is this was due to a discreet contamination event, this should not be an ongoing issue, we did see some of these in King county.</p>
<p>56. I sent my swabs to Molecular on 6/9 and still have swabs pending and receiving results. Should I be concerned about viability and inaccuracy at this point?</p>	<p>I can't comment on the Molecular testing specifically but can reassure you that samples are very stable when stored refrigerated.</p>
<p>57. SNF: Can you please provide more information when the contamination event at LabCorp happened and how do we find out if it affected our facility?</p>	<p>I cannot provide more information, but you should have been notified if any of your tests were effected. You would need to contact LabCorp directly for more help with this issue.</p>
<p>58. Is it possible to separate out the ALFs, SNFs, and Adult family homes on the calls, so provider specific questions can be answered?</p>	<p>RECOMMENDATION - James: I had previously mentioned an idea that we could change to either rotating facility type weekly (i.e. SNF one week, next week AFH, next ALF) or we could change to 1.5 hours total and have 30 minutes dedicated to each facility type. Patty is in agreement with either of these.</p>