

#### 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

| Question  | Answer  |
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| 1. Website links to COVID-19 Q&A documents  | <a href="https://www.adultfamilyhomecouncil.org/covid-19-updates-best-resources/">https://www.adultfamilyhomecouncil.org/covid-19-updates-best-resources/</a><br><a href="https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/">https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/</a><br><a href="https://www.whca.org/covid-19-resources/">https://www.whca.org/covid-19-resources/</a> |
| 2. Link to DOH LTC resources - with Administrator letter and FAQ's  | <a href="https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/HealthcareProviders/LongTermCareFacilities">https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/HealthcareProviders/LongTermCareFacilities</a>   |
| 3. Patty Montgomery would like to know what type of PPE you received from FEMA – please reply to her here: <a href="mailto:patricia.montgomery@doh.wa.gov">patricia.montgomery@doh.wa.gov</a>   |   |
| 4. If we have been covid free for 5 weeks can we start doing social distance dining? For ALF in Redmond, WA   | <p>I would defer to DSHS, but I think this largely depends on what phase your county is in. Would talk to your LHJ. Given you do not have an outbreak it would at least be reasonable to do social distanced dining for those residents who are unable to feed themselves to reduce the burden to your staff. Staff who are feeding more than one resident at the same time should change gloves and perform hand hygiene between residents.</p>  |
| 5. I'm in a SNF and need guidance and clarification: What are the current guidelines for QUARANTINE for SNF admissions - Does a facility need DOH approval to open for admissions if no cases of COVID, policies created etc?   | <p>If your facility has not COVID patients or an active outbreak there should be no restrictions on admissions outside assuring you have the needed supplies to safely take care of new admissions. If you do have COVID cases would work with LHJ on when appropriate to start taking new admissions. Work with your Local Health Jurisdiction as decisions about admissions may be dependent on incidence and prevalence of COVID 16 in the community. See question below for guidance about Quarantine.</p>  |
| 6. Both SNF and ALF. If the facility MD writes a blanket order for residents and staff, some may still decline the test as the State would not have the authority to force an individual to follow an order from someone other than their physician/practitioner of choice...correct? | <p>Yes, you cannot force anyone to be tested. If someone refuses you should have a facility level policy on how you will handle this i.e. they must wear full PPE for all direct resident care in addition to masking while in facility OR requiring those staff who refuse testing to only work on COVID units, etc.</p>   |
| 7. Clarification please on admissions to AL. If we have a resident tested at hospital or SNF prior to admission to AL, even if test negative, do we still proceed with 14 day quarantine after resident arrives to AL?  | <p>Yes because the negative test does not rule out the possibility of incubating infection.</p>   |

## 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

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| <p><b>8. If we don't have COVID in our building, and our community is advancing into Phase 2 or 3, do we really have to isolate for 14 days every patient that goes out to an appointment? Or can we follow our current practice of putting mask on, isolation gown, hand sanitizing when leaving and returning?</b></p> <p><b>2. Dialysis patients? Do we have to isolate permanently, or continue to do the above practice?</b></p> <p><b>3. Please send us guidance on New Admits on 14-day isolation waste not being biohazard waste, as well as not needing to use paper products for New Admits that are "covid unknown" (even though we got a negative test while they were at the hospital).</b></p> <p><b>4. Tray Pass and Med Pass for isolation rooms for new admits (who already have 1 negative test): when we are just dropping off a lunch tray, or a PRN medication, do our staff have to fully don/doff PPE? Or can we do a modified version? Having to don/doff for every PRN is going to double the amount of time for Med Pass.</b></p> | <p>1. We are working on guidance related to this question and want to have something out in the next week</p> <p>2. The strictest interpretation of the current CDC guidance around new or readmissions would be that dialysis patients be indefinitely quarantined, that being said it would be reasonable to avoid quarantine if you verify with the resident's dialysis facility that all patients are masked throughout the visit and your resident is masked while they are outside the facility.</p> <p>3. There is no requirement for waste from COVID + or suspect or quarantined patients to be biohazard, treat COVID or suspect patient waste in the same way you would treat any other resident's waste.</p> <p>4. Reasonable to use modified version for tray and med pass when there is no direct patient contact. Masks should be worn at all times by staff while in the facility.</p> |
| <p><b>9. Will the DOH reconsider the requirement for medical orders for covid-19 testing for AL?</b></p>  | <p>DOH does not have control over this.</p>  |
| <p><b>10. If a resident refuses to be tested with the mass/bundle testing do they need to be considered positive?</b></p>   | <p>This would be determined on a case by case basis and would be informed by whether or not there are cases in your facility at that time and what the community prevalence is. Work with your local health jurisdiction.</p>  |
| <p><b>11. CCRC - How are we supposed to gather MD orders for staff testing? If the answer is our Medical Director then where is the order supposed to be documented as we do not have medical charts for staff. Also, how do we deal with agency staff testing? We have reached out to our agencies and they have no plans or guidance for testing of their staff?</b></p>  | <p>The best way I have seen to handle this is either using a medical director or a contracted outside physician. Documentation plan should be determined by facility could also inform staff to report testing result to their PCP.</p>  |
| <p><b>12. CCRC - what is the official guidance for staff who refuse testing?</b></p>  | <p>Contact your field manager for assistance, but this will need to be a facility level policy. Consider your current policy and procedure for providing TB testing and Influenza vaccine to staff. If you are not currently documenting influenza vaccine it would be great to start</p>  |

#### 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

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|  | this process as LTC will be prioritized for receiving COVID19 vaccine when one is developed.  |
| <b>13. Both SNF and ALF. What if staff members do not have a PCP or do not have insurance for a consult visit? They can't be tested now as the current guidelines read...correct? Or, if the practitioner won't sign an order for testing due to liability issues not having actually conducted an in-person and/or physical visit with the practitioner the staff member then can't be tested...correct? Physicians/practitioners are already hesitant to order a test if individuals do not exhibit signs/symptoms. We see this with each new admission now due to our admission policy that requires a negative test from the hospital prior to admission here.</b> | Best way to deal with this is for the facility to contract with an outside physician to be their ordering provider for all staff and residents. Plans are in the works to develop a list of available providers for this purpose. in short facilities need to find best way to move forward in their own facilities.  |
| <b>14. Mandate for testing includes vendors, contracted workers etc. with a company that sends different people how is a facility to accomplish testing if the company does not require testing</b>  | The guidance has been updated. Any contracted persons (such as Hospice, pharmacy personnel, lab techs) who come into the building may be included as a part of the facility testing. Please schedule with them to come to your facility and get tested as well. if you need more testing supplies please email <a href="mailto:doh-cbts.imt@doh.wa.gov">doh-cbts.imt@doh.wa.gov</a> with details about what you need  |
| <b>15. CCRC - does everyone really think the 2 labs are going to be able to meet the 24-48 hour TAT for testing results?</b>   | UW should be able to  |
| <b>16. Does the consent need to be written or can residents give verbal consent?</b>   | "We have not advised in our Dear Provider Letters that a specific written consent form must be signed, but evidence of consent for this test must be documented. That could be in the form of a note in a chart that the resident was informed of what the test was for, how it would be paid and gave their consent. This is especially important as state and federal resident rights statutes require resident choice and consent for health care decision making (42CFR 483.10(c), WAC 388-97-0260, RCW 70-129.140 and WAC 388-78a-2660). |
| <b>17. We are a non-traditional AL where behavioral health individuals reside. We have been trying to keep the residents in or around the building and encouraging them to not leave the facility. They are getting restless and some are refusing to stick around the facility, making trips to the</b>   | Please contact the behavioral health team with RCS. They have been doing telehealth meetings with facilities to offer technical assistance. you can email at <a href="mailto:RCSBHST@dshs.wa.gov">RCSBHST@dshs.wa.gov</a> or call at (360)725-3445  |

#### 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

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| store, family homes, friends homes, etc. Any suggestions on what we can do?   |   |
| <b>18. SNF- In the DOH FAQ it states the shipments of supplies will be sent to facilities in waves. Will facilities be notified of the dates of shipments to be able to coordinate implementation of testing?</b>   | It is our understanding there has not been prior notice given as the testing supplies are being shipped out.  |
| <b>19. Will you provide recommendations for protocol on asymptomatic positive residents, AL?</b>  | Please contact LHJ there is guidance around this available via CDC and DoH  |
| <b>20. Please clarify why a "written consent" from resident or responsible party is "preferred" for COVID testing per Dear Administrator Letter that came out yesterday. We do not obtain written consent for other labs - we get verbal consent from resident and/or POA and then document that in the chart. Why would this not be acceptable for COVID testing? It is non-realistic to get a written consent from a POA right now given current status of nursing homes in relation to visitors.</b> | "The letter does not indicate written consent must be obtained, however it is a way to show the facility discussed the test with the resident before administering. Given this is a state level mandate that testing be done it is helpful for facilities to have documentation of the steps taken during the process. ""We have not advised in our Dear Provider Letters that a specific written consent form must be signed, but evidence of consent for this test must be documented. That could be in the form of a note in a chart that the resident was informed of what the test was for, how it would be paid and gave their consent. This is especially important as state and federal resident rights statutes require resident choice and consent for health care decision making (42CFR 483.10(c), WAC 388-97-0260, RCW 70-129.140 and WAC 388-78a-2660). |
| <b>21. AL do not have Medical Directors. We will certainly work with resident providers to get orders but for staff??? Not realistic unless the Department can issues a blanket order for staff testing?</b>  | Many ALFs have contracted with external providers to provide orders for all staff and residents this is the most efficient approach I have heard and hopefully there will be mre resources coming to help connect providers with facilities soon.   |
| <b>22. Both SNF and ALF. The requirement for a practitioner's order will require a deadline extension, specifically the June 12th deadline since kits have not arrived and the practitioner orders will require time. Will there be an extension?</b>   | This will need to be determined by the governor's office and the Secretary of Health. This concern has been raised with the appropriate people. You will not be punished for not meeting deadline if you have not received expected materials by that time.   |
| <b>23. how do we request appropriate number of tests for entire community if we have a combined AL/MC and want to test entire community and staff?</b>  | Please email <a href="mailto:doh-cbts.imt@doh.wa.gov">doh-cbts.imt@doh.wa.gov</a> with details about what you need, explaining you have a memory care unit attached to a larger ALF and want to complete testing for all residents and staff.   |

#### 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

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| <p><b>24. SNF- If an employee or resident has been tested and negative recently, will they need to be re-tested during our mass testing/point prevalence testing program?</b></p>   | <p>Yes.</p>  |
| <p><b>25. There is little guidance in the Dear Administrator letter about getting tests paid for staff but UW lab will not accept the billing as DSHS has indicated. Are there any more information on this concern?</b></p>  | <p>This should not slow down the process of testing for residents who are able to give their own consent and while it may require getting the consent for a POA or a guardian, it would be a significant concern to perform a test on someone without their consent. We frequently receive concerns from resident families that facilities have not contacted them to get consent before providing a service to a resident or submitting a claim for a procedure, medication or test that they never gave consent for.</p> |
| <p><b>26. This is a SNF building, We are currently a positive building. However recently all of our residents have tested negative and second round tests are happening yesterday and today. However, we have staff that are still testing positive. If the second round tests negative will our 14 days start then or do the staff have to stop testing positive as well?</b></p>  | <p>This is a question about test based versus symptom or time based strategy see more info here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a> It is reasonable and I would recommend using the time/symptoms based strategy as opposed to the test based strategy, but the facility should be consistent.</p>   |
| <p><b>27. In regards to dining our residents have been eating in apartments now since April. When is soon on getting more guidance?</b></p>   | <p>RCS and the associations are working on guidance to provide to the Governor's office regarding a phased reopening of LTC facilities. The Governor's office is working on a plan based on the recommendations and guidance and it is anticipated to be released soon.</p>  |
| <p><b>28. Both SNF and ALF. What if staff members do not have a PCP or do not have insurance for a consult visit? They can't be tested now as the current guidelines read...correct? Or, if the practitioner won't sign an order for testing due to liability issues not having actually conducted an in-person and/or physical visit with the practitioner the staff member then can't be tested...correct? Physicians/practitioners are already hesitant to order a test if individuals do not exhibit signs/symptoms. We see this with each new admission now due to our admission policy that requires a negative test from the hospital prior to admission here.</b></p> | <p>As mentioned above, many facilities have contracted with providers to write the orders. This seems like the most efficient way to do this. For staff without insurance contact LHJ they may be able to help arrange testing through PHL for uninsured staff.</p>  |

#### 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

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| <p><b>29. Both SNF and ALF. The requirement for a practitioner's order will require a deadline extension, specifically the June 12th deadline since kits have not arrived and the practitioner orders will require time. Will there be an extension?</b></p>   | <p>This will need to be determined by the governor's office and the Secretary of Health. This concern has been raised with the appropriate people.</p>   |
| <p><b>30. ALF: Are the residents rooms considered home or is the facility considered home in terms of staying home and staying healthy? can they social distance within the facility with masks? We have never had Covid and our residents are in need of exercise and space for their health.</b></p>   | <p>I would consider the room home. individual needs for remaining healthy should be addressed on an individual basis.</p>  |
| <p><b>31. Please share any information or guidance on COVID test post mortem as required by the Medical Examiner's Office. Apparently, LabCorp, for example, will not run any post mortem COVID test due to concerns with billing and per feedback, LabCorp stated they were not aware of this directive from MEO as of April's letter sent to SNFs.</b></p>   | <p>I would contact MEO directly, but I believe they are able to perform this testing and will take care of it on their end.</p>  |
| <p><b>32. CCRC - There seems to be some conflicting statements regarding testing in AL/MC. Are we able to test our AL and MC residents at the same time?</b></p>   | <p>Enough test kits have been sent to the facility to complete testing on the memory care unit. If the ALF would like to also complete testing on the rest of the staff and residents in the ALF at the same time, please email <a href="mailto:doh-cbts.imt@doh.wa.gov">doh-cbts.imt@doh.wa.gov</a> with details about what you need, explaining you have a memory care unit attached to a larger ALF and want to complete testing for all residents and staff.</p> |
| <p><b>33. For staff testing, the letter states all staff in AL (and long-term care settings) including care staff, environmental services, food services worker. Yet, on the drill down link on the FAQ, it states testing for those staff who work with other staff and residents in close proximity (within 6 feet and for 15 minutes). Food service Diet Aides work in a server....not directly with residents and with other food service workers who are not working directing with residents. Seems conflicting. Best to just test all??</b></p> | <p>Yes, test all staff in the facility. Please see the FAQ for further clarifications<br/> <a href="https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-SNFMemoryCareTestingFAQ.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-SNFMemoryCareTestingFAQ.pdf</a></p>   |
| <p><b>34. AFH - Does anyone know about this Aegis company offering testing supplies to AFH's statewide?</b></p>  | <p>This is one of many labs available to provide testing. For ALFs with memory care and SNFs use of the two contracted labs for staff testing is required in order for the state pay for the testing.</p>  |



## 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

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| <p><b>35. Clarify "dedicated staff" for COVID-19 positive resident. Should the staff not care for other residents</b></p>   | <p>If you have COVID + residents, ideally you would cohort them into a specific area or until you would then dedicate staff to only work with COVID + residents. These staff can care for multiple COVID + residents but should not care for COVID negative or "naive" residents.</p>   |
| <p><b>36. SNF: If we have new admits on isolation due to a test prior to admit and then get tested with the facility wide testing and are negative can we then remove isolation during the 14 days?</b></p> | <p>It is unclear from the question whether the resident tested negative at the hospital or positive. If positive at the hospital then follow please refer to removal of isolation guidance and follow it. Choose either test based or symptom-based strategy:<br/> <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a> If the resident was negative in the hospital and negative during universal testing within 14 days resident should remain in quarantine until the entire incubation period of 14 days. Test at the end might be reasonable and also test for sure if symptomatic.</p> |
| <p><b>37. As we know a negative test result is only good for that moment in time. That being said, what is the benefit to mandate facility wide testing?</b></p>  | <p>The facility wide testing will provide a baseline and identify whether or not you currently have any undetected asymptomatically infected staff or residents so you can work from there moving forward. You are correct that beyond this further testing will be required for testing to continue to be helpful. If you identify a positive follow up testing would be ideal strategies for this can be found on CDCs website here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html</a></p>  |
| <p><b>38. SNF: I thought the DSHS wanted to be notified of both suspected and positive cases of COVID 19 is that correct</b></p>  | <p>Yes. Per the Dear provider/administrator letter released in April, DSHS has requested notification of both suspected and confirmed cases.</p>  |
| <p><b>39. CCRC -AL/MC need Dr orders?</b></p>   | <p>Yes</p>  |
| <p><b>40. For new admits, we require a negative COVID test day before admit. We then are isolating them for 14 days. Is full PPE required even though they tested negative?</b></p>                         | <p>That is the guidance from CDC found here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a> Ideally yes, but if PPE is limited it would be reasonable to conserve full PPE for confirmed COVID + residents. Masks and eye protection as well as any necessary PPE for complying with standard precautions could then be used for care of quarantined residents.</p>  |

#### 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

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| <b>41. If resident is sent to ER (was negative) comes back same day, do they need to be on quarantine 14 days (SNF)</b>   | Yes, unless you are confident that they have not been exposed in your facility recently or at the ED (i.e. wore a mask while gone and while in ED and ED providers were masked to the best of your knowledge)  |
| <b>42. From an ALF/Memory Care: In regard to COVID-19 restrictions, what is DSHS expectations for documentation during this time? What will DSHS be looking for in regard to vital documentation, chart notes, etc.</b>   | Documentation of care and services. Any documentation that is required by regulation. Any documentation required by any proclamations or orders (such as the proclamation requirement of logging all visitors to the facility).  |
| <b>43. ALF we keep hearing soon on guidance. Is this weeks?</b>   | This is being worked on through the Governor's office. RCS and the associations are currently providing guidance and recommendations   |
| <b>44. SNF and ALF with no confirmed positive employees or residents currently. Maybe I misunderstood you? So are you saying that an employee that refuses to test or does not have a physician's order for a test can continue to work as long as PPE is in place and the facility has a policy addressing this? If so, is this explained in the order or an interpretation?</b> | The facility needs to determine the course of action it will use with staff who decline to take the test. The actions need to assure the health and safety of residents and others in the building is taken into consideration.  |
| <b>45. Regarding the same question with documentation needs, what is the expectation for employee documentation? Should we be holding on to the temperature/symptom logs?</b>   | Yes  |
| <b>46. The Dear Provider letter yesterday stated orders were required for staff!</b>  | This is correct.   |
| <b>47. The letter on the 28th stated orders were not required. Why the change?</b>  | It was originally thought an order would not be required if the state was covering the cost of the tests. This was later determined to be incorrect. An order is required.   |
| <b>48. James, we operate in 27 states and the vast majority do not require medical orders when dealing with full community testing. also, the DOH is now requiring us to use particular labs.</b>   | This is interesting, It may be helpful for you to let DoH know about what states do not require an order so they can contact them and understand how this was implemented and could consider doing something like that here. That being said, I have never heard of a lab that did not require some sort of order, so did those other states issue some sort of blanket statewide order? |
| <b>49. Please clarify do we need orders for employees?</b>  | Yes  |



## 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

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| 50. <b>SNF: For new admits on isolation can we take them out of their room for showers if we schedule a time at the end of the day, and then decontaminate the shower room after new admit isolation patients are done with their shower?</b>   | This sounds reasonable, also would want to try and make sure hallway is clear of other residents on the way to the shower and resident wears a mask when possible while outside the room.   |
| 51. <b>SNF - Do we know how we will be receiving the lab results from UW lab for our staff? Will they be sent to ordering provider or will they be sent to someone at the facility? Will they come via fax? Are we required to give staff a paper copy of the lab result? Do we keep the lab result in the employee's health file?</b>  | The lab will be processing a large number of tests and will work through them as quickly as they are able. We tried to divide the state equally between the two labs providing the service in order to expedite the processing time. The information will be sent to the ordering provider and a copy is to be provided to the staff person. A copy may be kept in the confidential employee file.  |
| 52. <b>ALF - resident refusing issue: I appreciate the prudence, but if they're cohabitating now and we're doing testing ONLY to meet a mandate and not for reasonable symptomatic concerns- you're saying we have to remove them from their shared apartment (MC specific concern) and move them to a different space (which we could use instead as a cohort room in the future) "if" we have ability to do so? all while not having their POAs on site to ensure the moves are following resident rights, and assure their loved ones are settled into a new spot. Please consider revisiting this guidance.</b> | Definitely recognize ALFs will have challenges with cohorting and it may not be possible. In this case would at least cohort staff, i.e. make sure there are staff dedicated to caring for COVID + residents and do not care for COVID - or naive. It is difficult to provide guidance in a generalized way in this setting for some issues, that is why it is ideal for you to reach out to your LHJ for assistance if you feel a requirement is untenable, they will very likely work with you to come up with a solution that works for your facility. |
| 53. <b>FAQs</b>   | <a href="https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-SNFMemoryCareTestingFAQ.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-SNFMemoryCareTestingFAQ.pdf</a>   |
| 54. <b>SNF - Is there a certain way the state is looking for the orders to be executed or documented for the staff? In other words, we are able to have orders placed in patient/resident charts, however nothing of that sort for staff.</b>   | The state would look for a standard order in the resident record. The facility may determine the best process for the staff orders.   |
| 55. <b>Under the Mandate - is there a saliva test available for MC residents?</b>   | No  |
| 56. <b>When is just AL due? We have many with memory care issues but not classified as a memory care community.</b>   | This will be in the next phase and will be after the SNF and MC units are complete. The details are still being worked out  |
| 57. <b>Are the kits and information provided with tell us to which lab to send this samples to?</b>   | Yes   |

#### 6.4.20 WA DOH COVID-19 Q&A for Healthcare Providers

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| <p><b>58. Both SNF and ALF. Far too many unknowns and lack of detailed guidelines with the Governor's order. It changes daily. You just stated no enforcement activity and no enforcement guidance regarding staff testing. If staff refuse, are facilities at risk for citations during RCS? DSHS IP surveys or complaint and annual surveys once they resume?</b></p>  | <p>If individual staff decline, the facility is to determine the best course of action. RCS will only review to determine if the facility assured the health and safety of residents were considered. RCS will review complaints if an entire facility declines to follow the Secretary of Health order.</p> |
| <p><b>59. SNF and AL. Other than to prevent spread of COVID, can someone give a statement as to the rationale for mass testing and ongoing testing that we can pass on to staff and residents? For example - the reason we are testing everyone and then ongoing each week or each two weeks is to identify someone who may be asymptomatic and positive during the contagious period? Have them stay away and come back 10 days later? Just need goal of this a bit more?? Rationale? Using both symptom and test based together???</b></p> | <p>Please see answer to number 37</p>  |
| <p><b>60. In the case that a caregiver refuses/is not comfortable taking a COVID-19 test at this point should we terminate the employment at this time-this is in a case of a AFH.</b></p>   | <p>This is a facility-based decision</p>   |
| <p><b>61. MD contract - if that is required to meet the Mandate - please pass up the chain, the feedback then the State should pay for that...</b></p>   | <p>This request has been noted</p>   |
| <p><b>62. Can resources be provided then for stand-alone AL facilities to access these potential providers willing to provide blanket orders for staff testing?</b></p>  | <p>Hopefully coming soon.</p>  |
| <p><b>63. In other states where they have mandated testing, we have not been required to have blanket orders for staff. We as the community provided them the information along with next steps if they are positive. WA needs to consider that.</b></p>   | <p>This request has been noted.</p>  |