

Long-Term Care (LTC) COVID-19 Q & A: July 23, 2020

Question Asked	Answer Given	Answerer
DOH classifies antigen test as presumptive, not confirmatory lab-evidence of infection. Is DOH going to change it to confirmatory soon?	DOH will follow the lead of CSTE. Currently antigen testing is still considered presumptive.	James Lewis
Is the only use of antigen test for screening asymptomatic staff when there are no other cases in the facility? If cases in the facility, the prevalence of infection is higher, so the negative predictive value goes down.	Positive will allow for more rapid interventions. Negative are presumptive and should not be trusted in anyone who is symptomatic. Access to test supplies will inform how you are able use these test in your facility. please see next answer for some more info as well.	James Lewis
I noticed the lower detection limit on the machine is TCID50 of 2.26×10^2. Do we have any data on what level of TCID50 are in asymptomatic people?	I looked up TCID it is the median tissue culture infectious dose. So this is a in vitro measure I think so not sure it will be super useful to know this practically. That being said the answer is the test was only studied on symptomatic people so the question does get at an important concern: How sensitive will the test be in asymptomatic screening subjects? I don't think any one knows is the unfortunate answer, but it is almost certainly less than it is in symptomatic people, with the possible exception of people who will become symptomatic within the next 48 hours upon testing (when viral load is peaking). BUT it will identify some cases that you can then exclude form work earlier, so it will have some value.	James Lewis
There are nucleic acid amplification tests other than rRT-PCR, like the Abbott NOW ID point-of-care NAAT. Less sensitive and specific than rRT-PCR.	NAAT and PCR are the same as far as I know (PCR - polymerase chain reaction - is the process used to amplify the nucleic acids (NAAT = nucleic acid amplification test). That being said Danielle is correct that there are a lot of PCR tests and their Sensitivity and Specificity varies and is likely particularly concerning for the Abbot rapid PoC PCR test is my understanding.	James Lewis
How will supplies for Point of Care antigen testing be paid for? The facilities cannot afford to pay for the supplies especially if we are expected to test 250+ staff weekly.	We are still working on this.	Amy Abbott
Could long term care facilities charge the test costs to insurance?	It depends. Insurance can be charged if symptomatic with no co-pay and provider order. Asymptomatic close contact, if medically necessary, insurance will pay for. Routine screening insurance will not pay	Charissa Fotinos

Will more test kits be sent to assisted living as well as SNFs?	yes	Charissa Fotinos
LTC SNF: Regarding new quarantine posters, if the LTC facility doesn't have fit testing in place yet... does that mean no new admits can have aerosolizing procedures?	NIOSH approved fit-tested N95 required for aerosolizing procedures. Should consult with LHJ and L&I. Staff working with the patient should be fit-tested. LNI/OSHA requires fit-testing if respirators are required for job duties (not just recommended or optional use).	Mary Catlin
Can we still require testing for new admits prior to admission?	This was never a public health recommendation. The CDC guidance - https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html states "Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home." The DOH transfer guidance is consistent with CDC - https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/LTCTransferRecs.pdf	James Lewis/Sara Podczervinski
LTC SNF: Our facility has not had a case since May. Is it appropriate to begin socially distanced activities again (such as BINGO in a large space with <10 residents spaced 6-10 ft apart, all wearing masks)?	Waiting for release of reopening. Consult with your LHJ.	Amy Abbott
SNF- For compassionate care visits. If the resident involved is not in quarantine or other transmission-based precautions (TBP) and no cases in the facility what PPE would we want to provide the visitor? Would it just be source control based?	Face mask with eye protection hand hygiene, outside visit, greater than 6 feet apart and monitored, should be screened.	Beverly Burt
Can anyone speak to the announcement yesterday that President Trump will require weekly testing for all SNFs in any state over 5% rate?	Will be working on this. It is brand new information.	Charissa Fotinos
LTC SNF question: Confirming that it is not a violation of resident rights for a facility to place a resident on a 14 day quarantine if they have been out in the community for an outing or a medical appointment.	Should follow LHJ recommendation. Would not be a violation of rights if a recommendation of the LHJ. Will be addressed in pending reopening.	Amy Abbott
So is this clarification scenario just described within the new criteria for symptom-based strategies for HCP to return to work after exposure?	Yes - test based strategy was removed as a recommendation for removal of TBP/isolation AND for return to work.	James Lewis
If an assisted living facility, does not have any cases and have not received any testing supplies can the facility bring in new admissions?	You can still bring in new admissions.	Amy Abbott

What are testing recommendations when hiring new staff?	No recommendation. Test routinely per recommendations for your facility type.	James Lewis
Since the guidelines from CMS have changed towards time of isolation for a non-symptomatic patient to 10 days - would it be okay to change the new isolation/quarentine to 10 days?	No. Quarantine is based on the 14 incubation period. Whereas the 10 day isolation period is based on how long someone who is symptomatic or positive on testing and remains asymptomatic is believed to be contagious.	James Lewis
Are you familiar with the use of a clear barrier used with CPR to protect HCP?	The Plastic is listed as required barrier by the AHA CPR guidelines.	Mary Catlin
The new enhanced testing under the HHS initiative is for nursing staff not residents, correct?	Yes. Staff only.	Charissa Fotinos
Will the Q&A transcripts for these weekly calls be available online?	Q&A will be posted by LeadingAge, WHCA, AFHC	Larissa Lewis
What are the recommendations for AFH staff who are caring for residents who have dementia and are not tolerant of residents or staff wearing masks? In some cases, personal care is not possible if the staff is wearing a mask.	If necessary to not wear a mask during patient care, consider improving ventilation to decrease risk. Consider face shield.	Mary Catlin
What is the process if a staff member is refusing to get tested, referring to the mandatory testing which was supposed to be done by June 30th	Facilities should follow their policies.	Amy Abbott
Has there been any release of guidance on repeat testing? Is that in writing? Outside of an outbreak, so Covid Naive centers?	CDC guidance, repeat surveillance testing weekly for moderate to high incidence areas: https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html see heading: Testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 for early identification in special settings. Also recommended by CMS (linked in section referred to above).	James Lewis
If you have a new outbreak in your facility, is it still recommended to do symptom observation rather than facility wide testing?	Facility wide testing	Mary Catlin

<p>I work at an Assisted Living in Bellevue and we have not received any testing supplies for COVID19. All residents and staff are asymptomatic at this time but when are we going to get the supplies?</p>	<p>There should be a communication from DSHS in the next week or so describing next steps and timing. As was the case for nursing facilities, ALFs will be receiving PPE and specimen collection kits to test staff and residents.</p>	<p>Charissa Fotinos</p>
<p>SNF and AL - so if we are getting away from test based strategy - then we are testing weekly - am I the only one confused? For staff....</p>	<p>The discussion was for stopping testing for persons to come out of quarantine, or isolation.</p>	<p>Mary Catlin</p>
<p>How are SNF's conducting weekly testing for all staff? We don't have that many test kits. And, if we did, is the state still paying for the weekly tests?</p>	<p>I dont know who is paying for it other places, but in King many facilities are paying and using insurance when able. Re test kits you can order test kits through LHJ I believe, certainly in King - find more here: https://www.kingcounty.gov/depts/emergency-management/disaster-recovery/ppe-form.aspx</p>	<p>James Lewis</p>
<p>Is there any restrictions for an outside consultant coming into a snf for required educational purposes? (i.e. CPR, IV class training, etc). Not allowed, specific group size, and such?</p>	<p>Note that this is not a good time for CPR on shared models which has resulted in student illness in good times. Can staff go out to small masked, distanced classes? Zoom the instructional part and minimize in person skill training? Goal is to decrease persons brought in. Have not seen absolute limits. Defer to others who may know more.</p>	<p>Mary Catlin</p>
<p>Should all SNFs currently be wearing eye protection? Is there a way to measure COVID activity in your county to know when they must?</p>	<p>Yes to masks and eye protection. Site for county phase of epidemic https://coronavirus.wa.gov/what-you-need-know/county-status-and-safe-start-application-process</p>	<p>Mary Catlin</p>
<p>Just to clarify, Washington State Nursing Homes are not required to test residents or staff routinely every 7 days, unless there is a positive case, correct?</p>	<p>No, but we recommend checking in with your local health jurisdiction - https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions. Additionally, the CDC provides guidance on testing strategies for long-term care here - https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html</p>	<p>Sara Podczervinski</p>
<p>Is there any direction on ionizing spray disinfectors for high-touch, hard surface areas? Also the use of negative pressure, high volume air ventilation and filtration systems in SNF?</p>	<p>EPA says no data on ionizing spray disinfectors, spraying also worsens air quality. Neg pressure, 12 ACH, filtered air is great but expensive. You have options to open windows, reduce recirculation of contaminated air, or use of supplemental HEPA filters. Talk to a person familiar with your HVAC system.</p>	<p>Mary Catlin</p>
<p>Will quarantining new admits for 7 days to a room and testing them for COVID at the end of the 7 day be sufficient ICP practice?</p>	<p>No. Quarantine for the duration of the incubation period, currently CDC recommends 14 days</p>	<p>Mary Catlin</p>

<p>When a resident is transferred from a SNF to a SNF- IE: a closure of a SNF do we have to initiate the 14-day quarantine period? Public Health has told me YES, unless they have tested positive before. Please clarify. The regulations do not give any directive that if the patient is a past positive the facility does not need to follow the quarantine recommendations.</p>	<p>Yes. Quarantine the person for 14 days unless they are a past positive, asymptomatic who completed their isolation period.</p>	<p>Mary Catlin</p>
<p>Do I have to use Full PPE for the quarantine period of 14 days for new admissions? I have enough PPE but this seems excessive since our policy is a negative COVID-19 test within 48 hours of DC from the hospital?</p>	<p>This is what CDC recommends.</p>	<p>James Lewis</p>
<p>IF you have a staff member who has been off work for 14 days – they had been exposed to a Boyfriend that was positive. She tested negative on her first COVID-19 test. Never came into the facility but then developed symptoms and tested positive on the 14th day. Does the staff member have to stay home?</p>	<p>She should stay home for 10 days since the positive test and Changed from “at least 72 hours” to “at least 24 hours” have passed <i>since last</i> fever without the use of fever-reducing medications Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19. CDC revised guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</p>	<p>Mary Catlin</p>
<p>Is testing at the end of the 14 day quarantine period for new admissions still something we should consider?</p>	<p>No, see above</p>	<p>Mary Catlin</p>
<p>Public Health has communicated to our facility “if there is a concern for reinfection” then we should do a COVID-19 test. What is a concern for reinfection? If the patient or staff have been previously positive, why would we have a concern for reinfection?</p>	<p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html Significant exposure to COVID case and it has been > 90 days since persons symptom onset or positive test, consider retesting: details here</p>	<p>Mary Catlin</p>
<p>Can one of you explain to us the different testing COVID-19 methods that are being used in WA state. I have heard of the RT-PCR, RAPID PCR and an Antigen test. What are the differences?</p>	<p>There are many PCR tests, all do the same thing, look for viral RNA and amplify it to make it detectable by the assay. Antigen tests look for viral protein that stimulates an immune response. Not able to amplify, so is less sensitive in general.</p>	<p>James Lewis</p>
<p>Are there any recommendations regarding employee quarantine and/or testing results following vacations/elective travel?</p>	<p>For asymptomatic staff, follow the screening and triage protocols https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. For staff that are awaiting testing results, they should refrain from working until results are available.</p>	<p>Sara Podczervinski</p>

<p>Can we address the N95 masks – NIOSH approved is my understanding. They are just not available..... and again the expense is great – reusing??? One more thing we are asked to do and not able to do?? What are facilities doing?</p>	<p><u>Persons caring for COVID patients need to use N-95. Prioritize in shortages for those doing Aerosol generating procedures. Most facilitating doing extended use:</u> https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html</p>	<p>Mary Catlin</p>
<p>Universal eye protection, why? Working on a one pager</p>	<p><u>CDC guidance July 9 to help address transmission from asymptomatic persons:</u> https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</p>	<p>Mary Catlin</p>
<p>POC testing devices coming to WA yes or no</p>	<p>Yes to CMS certified NH: https://www.hhs.gov/about/news/2020/07/14/trump-administration-announces-initiative-more-faster-covid-19-testing-nursing-homes.html</p>	<p>Mary Catlin</p>
<p>How to get testing done in an outbreak.</p>	<p>Testing in outbreak is a priority.</p>	<p>Charissa Fotinos</p>