

Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 8.6.2020		
Question Asked	Answer Given	Answerer
How should LTCF report that they have met the mandate for staff and resident testing?	No reporting on completion	Candace Goehring
What are guidelines regarding residents leaving the building for	Press conference today, any of these questions	Amy Abbott
One home has family coming from out of country and will two week quarantine away from the home in a separate area – do they then need to be tested prior to interacting with residents and staff?	Follow protocol for your facility type as you would for any other visitor	Candace Goehring
Admission Quarantine-Private room is preferred but if centers do not have private rooms and we place two new admissions together but not on the same day, does the 14 day quarantine start over for the first admitted resident?	Consider testing at the end of 14 days and possibly the newer roommate at the same time. Consider risk of exposure of roommates.	James Lewis
Admission Quarantine-If a resident has tested previously for Covid but has recovered and is in hospital for another diagnosis, when discharged to a SNF does the 14 day AQU apply?	If less than 3 months (90 days), no. If more than 3 months, yes. This guidance may change as we learn more (Guidance can be found on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html See heading "A Person who previously tested positive..." a little less than halfway down	James Lewis
If a resident goes to a doctor appointment, does the resident has to be quarantine?	If all persons encountered including resident were masked, transport didn't involve exposures, probably not, should follow risk assessment. Link to Safe Start: https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information	Mary Catlin
We (LTC facility) were told to only cohort residents from the same hospital admitted within 24 hours of each other.	That is ideal, if possible. Room availability may require some flexibility. Persons who are only in quarantine for being a new admission, may share	Mary Catlin
Upon admission of a new resident with no known exposure, if we did an inhouse COVID test on day 3 of admission and the result is negative within 24-48 hours, can this new resident be taken out of quarantine	No, quarantine for 14 days.	Mary Catlin

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SN - If a resident goes out to scheduled medical appointments at a clinic, do they have to be on quarantine as well as the residents that go to the hosp/er/urgent care?	Use risk assessment to judge risk: longer transports with multiple people, longer visits in settings with masked persons and open units (dialysis, out patient chemo), time in waiting rooms, more frequent outings increase risk of exposure. Link to Safe Start: https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information	Mary Catlin
We are hearing many communities, either AL, MC or SN, that are beginning to allow outdoor patio visits despite the no visitation proclamation from Inslee. How/why are these being allowed?	If there are concerns about visitation contrary to proclamation reach out to RCS	Candace Goehring
We are implementing the new CDC universal precautions of wearing eye protection for all staff when in the facility. In regards to the kitchen staff/cooks that work with hot water, do they have to wear? This may cause an work hazard with eye protection fogging/steaming up?"	Eye protection when providing direct patient care. Consider in all patient care areas. Kitchen staff aren't providing patient care, consider location of kitchen, proximity to others, etc. and do a risk assessment.	Patty Montgomery
LTC SNF: It is very difficult to enforce compliance with staff use of protective eyewear in the facility. We have not had an active COVID case since May, and there are no suspected cases. Does it fit within the CDC guidance to only wear protective eyewear when providing direct care or coming within 6 feet of a resident or staff member? Or MUST it be worn at all times?	CDC recommends that caregivers in communities with moderate to substantial community transmission HCW use eye protection. If staff are having trouble, check in with them (root cause analysis) to see why they are not wearing them. Would shields work better, different fit or make? Different place to store? If they are used continuously for all patients it is easy to have them on when needed. It is safer to use continuously when doing patient care. They can be used for multiple patients. Some facilities are using them for all encounters, staff and patient	

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<p>With the reopening skilled nursing facilities the current recommendation is that for all medically and non-medically necessary trips away from the facility the resident quarantined for 14 days upon return if asymptomatic and not in a positive covid 19 status. I talked with my Local health jurisdiction and it was discussed that since you put a resident on quarantine you should move them from their long term care bed to a private room during the quarantine unless you have another resident that starts quarantine at the same time. Then you can cohort these two residents. The move must occur because you are putting the room mate at risk if the resident who went on the appointment develops COVID sx. However we do not have any rooms to move the resident's too for the 14 day quarantine. We need to find out if the DSHS surveyors are going to give a infection control citation if the resident that went out for an appointment is quarantined in there room with their roommate and not moved to a private room?</p>	<p>Safe Start guidance has a risk assessment to determine risk of outing. Consult with LHJ. If no private room consider what else is being done for infection prevention, what is their policy and are they following it. Citation would depend on the particulars of the individual situation.</p> <p>Link to Safe Start: https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information</p>	<p>Candace Goehring</p>
<p>The other question is if the expectation is if we do have a room on our rehab floor available but we have admissions coming in, is the expectation that we cancel the admission's from the hospital's to quarantine the long term care resident's in private rooms if they go out for an appointment, thus causing the hospital systems to be over loaded?</p>	<p>Depends - should consider the risk of exposure and what can be implemented to prevent exposure in the LTCF. Should also encourage resident to practice infection prevention measures.</p>	<p>Patty Montgomery, Mary Catlin</p>
<p>On 7/23 during Q&A, we got information that said it is NOT recommended to perform a covid test after the 14 day window of quarantine for a new admission. On 7/30 Q&A it was stated that it was not required but it is a "good idea". Can we get some more guidance on this? should new admits be tested after their 14 day quarantine, before moving to a different hall on LTC unit?</p>	<p>Not required, but should be considered according to CDC. Testing at the end of incubation can help eliminate the possibilty of asymptomatic COVID.</p>	

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New DOH guidelines are not recommending testing for COVID before admission to LTC. As a former medical director for SNFs, with the unknowns of COVID, I can see a lot of push back from facilities. Facilities are still going to be responsible for the safety of their residents, so why take an untested patient?	Guidelines are not requiring testing before admission, as it does not change the action taken, which is to undergo 14 days of quarantine.	
For LTCF testing plans is the onus on the facility to pay for testing for staff for continued ASX testing or should they get set up with a commercial lab and those tests would get billed to DOH?	We are working out the details for an initial testing process for programs, similar to the process used with the NH program	
How about during an outbreak would we use PHL or use commercial lab and bill to DOH?	Before sending any labs to the PHL, the DOH-CBTS customer care team should be contacted at doh-CBTS@doh.wa.gov. They will have an idea of what labs have capacity and whether or not the PHL does as well. Sending supplies to the PHL without checking with the CBTS may lead to an unnecessary delay in specimen processing.	Charissa Fotinos
Can we do the COVID less than 3 days after admission to further reduce the isolation time or is there a risk of not enough viral load if we test prior to 3 days upon admission?	No, persons should undergo quarantine for 14 days after admission. Persons with symptoms should be placed into isolation and tested.	Mary Catlin
Are we to use the equipment provided by CMS to do the weekly testing of staff? Even if they are asymptomatic?	You can, yes.	James Lewis
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?	We're unsure of the length of immunity following COVID. If a resident has positive, recovers and has reemergence of symptoms with no other cause beyond 3 months it could be concerning for reinfection. Consult with LHJ.	James Lewis

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<p>During A webinar on Tuesday on fit testing, the presenter stated the Medical Evaluation for Fit Testing couldn't be done by an "in house provider".</p> <p>He also stated that the screening form must be kept confidential and NOT kept by the facility in any way. Please clarify who can do the medical evaluation and how the results are to be reviewed by the facility and maintained.</p>	<p>Medical screening should not be put in the personnel file and not shared with the supervisor as it is personal medical information. Need to be separate and confidential. We have a call scheduled with L and I to clarify language in WAC.</p>	Mary Catlin
<p>Good morning Rainier Rehabilitation has a question regarding compassionate care visits. We specialized in Respiratory services and have approximately 50 airway patients. We have a resident passing who is very involved with her church and has a very large family. We are trying to find a balance between meeting the family needs and keeping the rest of our Residents safe. Currently we are asking immediate family only (Sons and Daughters)</p>	<p>Other facility answer: We only allow 2 people at a time in the room, no common areas, with the door closed. They wait in our reception area to take a turn. They are screened and have to wear a surgical mask at all times. Minors are allowed only for Hospice residents. Compassionate Care visits is related to psycho-social needs, these only are allowed 1 individual, no minors. These visits are included in the CPs of the residents with Risk and Benefits completed.</p>	Facility response
<p>Will the panel be able to speak to questions regarding the phased reopening of LTCF from the governor?</p>	<p>We'll answer more after release. Training happened last week and an FAQ will be posted.</p> <p>Link to Safe Start: https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information</p>	Candace Goehring
<p>If time permits can you talk about the return of visitors to LTC and AFH</p>	<p>We'll answer more after release. Training happened last week and an FAQ will be posted.</p> <p>Link to Safe Start: https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information</p>	Candace Goehring

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SNF LTC: Clarifying that the mandated Weekly testing applies to staff and residents? And this is to begin when the supplies are received?	Some supplies are being sent to specific facilities that CMS determines to be high risk in a phased roll out. Facilities will be required to take training and funds and supplies will be released after training is complete. Will be done through rulemaking, but the rules are not final yet. This will be done with the point of care testing.	Candace Goehring Amy Abbott
Will public health get any of the data from the point prevalence tests? We have not seen any data here in Whatcom County.	DOH will check. There was one county that submitted data that didn't specify which county it belonged to.	Patty Montgomery
Along with this guideline question, is there any guidelines for podiatry care for diabetic residents?	There are several published triage guides to see if Telehealth or inperson visits are recommended. https://www.podiatrytoday.com/diabetic-foot-triage-system-guides-podiatrists-during-covid-19 . Follow essential healthcare visits guidance (screen, hand hygiene, masks and face protection, mask patient, open windows if possible.)	Mary Catlin
AFH - What is the guidelines for resident who goes to have injection outside the facility who rides on dial-a-ride bus by himself??	Complete the Risk assessment to determine the level of risk, and work with the Local Health Jurisdiction if you have questions or are not sure regarding what steps to implement when the resident returns	

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What if a caregiver family is visiting her from California... can the caregiver still come to work???	Yes. If family is staying in the residence, encourage them to open windows to improve ventilation, encourage outside meals, meet outdoors as much as possible. If possible, give them a dedicated bathroom, separate bedroom. Family still need to try to stay six week apart and wear masks. The staff should monitor herself for symptoms for 2 weeks and get tested if symptoms appear. More people increase risk. Employee should screen visitors for symptoms and defer visits if they are symptomatic or have significant exposures.	Mary Catlin
What is the plan to support the AFH, smaller facilities, for the required facility testing in September if they don't have the capacity within their facility to test?	We are working on strategies currently.	
Are outdoor visits allowed in any facility/circumstance?	Link to Safe Start: https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information	
During the presentations last week regarding Safe Start for LTC documents were provided re: guidance. An earlier slide indicated that guidance will be released today. Is the most recent guidance been approved and is it different than what was released last week?	Link to Safe Start: https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information	
Admissions from hospitals is a difficult topic. We were informed that the hospital where we just admitted someone from doesn't test all patients. Fortunately for us, our client was tested. Admitting from hospitals still need to reveiw case by case before safely admitting. This is a ALF with memory care so we are very cautious with direct hospital admissions. Are hospitals being advised to test all so that there is no hestancy in accepting to a lesser care facility?	No they are not especially given the current testing shortage concerns. Testing should not be a requirement to admit a resident to a facility, new admissions from a hospital should be quarantined for 14 days on admission regardless so testing prior to the quarantine is not aprticularly useful, but if your facility has the capacity or if the hospital has the capacity it is ok to do.	James Lewis

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<p>since A/C used is centralized and used during heat waves, is it safe for AFH's to have it running; and does hospice resident can be allowed family visits and if provider allow visitations?</p>	<p>The HVAC system should be well maintained and operating properly. Facilities could see if their system will allow for increased amount of outdoor air (e.g., using economizer mode of HVAC operations). Facilities should ensure that temperature is comfortable for residents.</p> <p>For the hospice resident it would depend on the phase the facility is in once the Safe Start Plan for LTC is implemented on 8/12. in phase 1 and 2 the resident/client would need to be at the end of life to have visitors.</p>	
<p>Just wanted to share that I received clarification from NHSN on reporting PPE that since cloth gowns are considered contingency capacity that if you are using cloth gowns in place of disposable even in adequate capacity that you would answer 'No' that you don't have supply.</p>	<p>Thank you for the info</p>	
<p>Received this question from AFH provider who asked me to submit it for her:</p> <p>I was in two King County hospitals in the last week where nursing staff who were working with potentially Covid-positive patients did not wear N-95 masks, only face shields and surgical masks. If hospitals do not have the ability to fit and give N-95 masks to frontline workers caring for potentially Covid-positive patients, how is it realistic for me as an AFH provider to get N-95 masks fitted for myself and my AFH staff? Who can help with this?</p>	<p>Please contact your emergency operations center for CGoehring PPE for care of COVID Positive residents. If the emergency operations center is unable to provide PPE, please place an order with DSHS for limited emergency supplies.</p>	

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With CDC recommending time/symptom based strategy for when to discharge transmission based precautions, how are SNF/LTCF approaching admitting COVID+ patients from hospital? I am told that some hospitals are moving to no longer perform a test of cure for COVID+ prior to discharge, especially with current limitations with testing capacity in many health systems. Would patients need to wait 20 days to discharge from hospital to a SNF/LTCF that does not have a specific COVID wing?	20 days would only be for severely ill individuals, 10 days is fine for most individuals including residents or potential residents of LTCFs. Also ideally LTCFs can provide appropriate care for COVID-19 infected individuals (hopefully most can do so by now??), but if not then yes they should not admit until they meet the discontinuation of TBP criteria.	James Lewis