

### Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 8.27.20

Question Asked	Answer Given	Answerer
<b>Dialysis and Transportation</b>		
Your slide showed that patients are masked if they have symptoms. Are the patients universally masked?	Yes (at NWKC). Patients are universally masked and chairs are 6 ft apart. No patients next to a confirmed COVID patient tested positive.	Liz McNamara
Are you able to share the results of staff and patient testing and if have had any transmission presumed to be onsite?	At NWKC of 1850 patients 397 have been tested 89 positive. 14 deaths attributed to COVID. 113/130 staff (not all) tested positive.	Liz McNamara
How many feet are chairs separated by?	At NWKC chairs are 6 ft apart, some clinics are farther apart. Even in initial days of outbreak, no adjacent patients got COVID. Healthcare workers wear mask and face shield universally	Liz McNamara
Who would be the best person for LTCFs reach out to at individual dialysis clinics to review/coordinate infection control based things for residents?	DaVita did outreach to facilities and asked about masking practices, shared staff, EVS practices, general infection control. NWKC route calls to IP and provide policies when asked.	Danette/Liz
How have the dialysis companies managed staffing during Covid-19, understanding that goal is to provide dialysis schedules?	NWKC has a separate pool for testing and staff leave. NWKC has never not run a patient due to staffing. DaVida also pulled together a float pool.	Liz/Danette
Should hemodialysis patients isolate for 20 days? Aren't they considered immunocompromised?	People receiving hemodialysis are not considered immunocompromised simply because they are receiving hemodialysis. Hemodialysis patients and facilities should follow Safe Start and CDC guidance.	Barbara/Liz
What percent of your (hemodialysis) patients have been tested, and what % have been positive?	In general state WA dialysis rate for multiple facilities are reported as 3.7%. However universal testing of patients and staff has not been done. They do test symptomatic patients	Mary Catlin
For DaVita, what are the questions that hemodialysis facility administrators ask to long-term care facilities when a LTCF reports a positive case? Does NWKC conduct similar outreach to long-term care facilities in which their patients reside?	DaVita asks about janitor practices, to determine if patient at risk. ESRD - there is a communication tool around COVID & she can share. NWKC - pretty standard handoff & keep improving.	

For transport speakers, if transporting in vans or sedans, do they open windows and/or avoid recirculating air settings for ventilation?	HD- TPR- drivers don't go to rear; positive pressure air flows from driver to back. Hopelink-clients can roll windows up or down; driver requests open (that is default).	Mary Catlin
Is there a certain number to call if we need transport for COVID positive using Hope Link?	There is not a separate number for COVID-19 positive clients, please use the normal reservation number, just alert the agent the client is COVID-19 positive. King: 800-923-7433 Snohomish: 855-766-7433	Susan Carter
What do panelists believe the risk of COVID-19 transmission is during hemodialysis and transportation locally?	Universal testing has not been done, but they believe universal masking lowered risk; more concern person to person breathing vs surfaces. Because they have had patients on either side of an infectious patient not develop infection they believe the 6 foot separation is adequate, NW Kidney Center has added barriers between stations.	Mary Catlin
Are immunocompromised residents in LTC settings to quarantine for 20 days as opposed to 14 days?	For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html</a>	Larissa Lewis
LTC - ACCESS how many riders are you taking in van at one?		
<b>Isolation/Quarantine</b>		

SNF - Is the expectation that residents are isolated for 14 days after admit from the hospital? How are facilities without private rooms handling this? What is the definition of "observation area"?	Yes. An observation area should meet quarantine requirements if the area is used for persons in quarantine due to exposure or new admission.	Mary
SNF - On observation unit for new admits quarantined do the doors to resident rooms have to be closed at all times? If yes, what about confused residents or fall risk residents to keep them safe? Are we able to care plan situations where a door can be open partly or full?	Do a falls assessment; for disease control purposes a closed door is generally better. However falls are also a significant and common risk. If doors cannot be closed due to risk of falls assure the health care workers are wearing medical grade masks and eye protection.	Patty Montgomery
LTC SNF: If a confused resident wanders frequently and it is not possible to enforce quarantine isolation or mask use (this agitates the resident and they become combative), what recommendations are there for their plan of care?	CDC has considerations for Memory Care Unit found here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html</a>	Patty Montgomery
<b>Testing</b>		
LHJ- Some of the LTCFs are receiving Rapid Testing Instrumentation through CMS. What is the guidance on this type of testing? The administrator of the one LTCF that I spoke to about this had only received an email that stated the facility would be receiving the machine.	This information is being provided to the State regulatory agency who will inform facilities as to what is expected. Facilities and administrators will receive training through manufacturer website. State and local public health can attend a webinar on September 3.	Patty Montgomery
We are a CCRC, for the CMS rule to test NH staff; can we just test the staff that work in the NH?	If you have any staff that work in other parts of the CCRC but occasionally work in the NH as well you will need to test them	
from health department. When might we hear more about LTC point of care testing?	The letters for all programs except AFH have been sent out. AFH letters re: testing should be released this week	Amy Abbott

<p>When does the new CMS requirement for staff testing in NHs need to be started?</p>	<p>September 2nd is the effective date. If the facility has a shortage of testing supplies, or cannot obtain test results within 48 hours, the facility would need to document the shortage and not able to obtain results in 48 hrs. If there is documentation, then the home would be in compliance.</p>	<p>Amy Abbott and Bett Schlemmer</p>
<p>LTC SNF: Our facility is planning to transition to Phase 2, but does not have routine staff testing in place as of yet due to not having testing supplies, etc. Is this a barrier to moving into Phase 2?</p>	<p>The facility will need to have a plan in place for testing, whether it is with the POC testing kit or through a local lab that can provide 48 hour turnaround on results. This will be the requirement as of 9/2</p>	<p>Amy Abbott</p>
<p>LTC SNF: Are AFH and ASL allowed to require a negative COVID test prior to accepting a resident from a LTC SNF (LTC has not had cases &gt;90 days, resident has no known exposure, is asymptomatic.)</p>	<p>There is no specific rule that requires this testing. However there is no rule indicating a AFH and ALF cannot set up specific admission parameters that need to be met before accepting a new resident.</p>	<p>Amy Abbott</p>
<p><b>Infection Control/Outdoor visits/Phases/Other</b></p>		

<p>AFHC - We have received some infection control questions from providers that I wanted to pose to this group.</p> <ol style="list-style-type: none"> <li>1. With cold and flu season soon approaching and the symptoms so closely resembling that of Covid-19, what is the recommendation/requirement for testing and/or quarantining if a caregiver or resident develops a sore throat or a cough?</li> <li>2. Should outdoor visitation be stopped if a staff member or resident develops a cough?</li> <li>3. It's been reported by an AFH provider that some home health and hospice agencies have nurses who go to both Coved positive and Coved-naïve homes. What is the best way for a provider to address concerns of infection control, if they have any? Who should they contact?</li> </ol>	<ol style="list-style-type: none"> <li>1. Recommendations for testing and quarantine as we move into respiratory season are currently being developed. Facilities should continue to follow standard precautions and CDC's recommendations for transmission-based precautions and management of COVID.</li> <li>2. Staff members who have symptoms consistent with COVID should report to their supervisor and go home. Residents who have symptoms consistent with COVID should be placed in isolation and should not participate in outdoor visitation.</li> <li>3. If facilities have a concern with infection control practices of home health, hospice or other contractors, the facility should discuss the infection control practices with the individual and consider reaching out to the agency with concerns.</li> </ol>	<p>Larissa Lewis</p>
<p>Can you please share the email and the subject info to schedule a meeting for infection control in the aft? thank you</p>	<p>Assessments can be requested by emailing: HAI-COVID@doh.wa.gov</p>	<p>Larissa Lewis</p>
<p>AFH:- Because AFHs are small and unable to properly and safely cohort when there is a COVID-19 outbreak in the facility does that mean that we can't allow outdoor visits? In order to allow outdoor visits does it mean we have to meet all the requirements (cohorting, Adequate staffing, adequate PPE etc.)before doing so ?</p>	<p>Outdoor visits are allowed in all phases and the home an offer these. A home needs to be able to have adequate space for the visits and be able to provide masks to visitors and appropriate hand sanitation materials if they do not provide their own. <a href="https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/LTCOutsideVisit.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/LTCOutsideVisit.pdf</a></p>	<p>Patty Montgomery</p>
<p>My AFH is in King County. Can you tell me what Phase are AFH in to move back to normal?</p>	<p>Please consult with your LHJ and review the guidance in this document, including the COVID 19 dashboard to determine the county phase: <a href="https://www.governor.wa.gov/sites/default/files/LTC%20Safe%20Start%20AFH-ALF-ESF.pdf">https://www.governor.wa.gov/sites/default/files/LTC%20Safe%20Start%20AFH-ALF-ESF.pdf</a></p>	<p>Amy Abbott</p>
<p>Is the Essential Support Person always the SAME person for a specific resident or can a resident choose to change their ESP at their discretion?</p>	<p>A resident can choose to change the ESP.</p>	<p>Amy Abbott</p>

<p>We were told by the state mock survey consultant that there have been buildings cited for having unlaminated postings on the wall in care areas, PPE levels for entering a downgraded phase (50% of positive cases without conservation practices), CMS required training implementation and how to have all staff enter the website that is slow and 4 hours long.</p>	<p>Thank you for the information.</p>	
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