

Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 9/3/20		
Question Asked	Answer Given	Answerer
Testing/Test Kits		
Can caregiver return to work if they still tested positive 6 weeks after first positive test and is now Asymptomatic?	Typically recommend the symptom based strategy for ending isolation.	Claire
On the 1st question-on the staff still testing positive after 6 or 6 weeks, what happens when you do facility testing and they test positive again? will that stop admissions or how would that effect things?	We recommend not testing individuals that have tested positive within 3 months. CMS also addressess this issue.	Shauna/Amy
Everyone in an AFH tested positive to covid-19. It's been three weeks now. The Provider claims they were told re-testing is not required if no symptoms. Is this the correct guideline? Essential workers refusing to go into this AFH because they want to be sure the residents and caregivers are all negative.	This is the current guidance. We recommend the symptom based strategy for discontinuing isolation.	Marisa
Another question: are the test kits SNF's receiving the same rapid tests that the hospital are using? I am hoping not as it appears anyone previously testing positive for COVID historically are testing positive so can we find out what testing machine the hospitals are using? Are they saliva? I think the ones we are receiving are nasal?	Anterior nasal. Some packs may have 2 swabs a very small one and a bigger one. The bigger one should be used for the nasal sample.	Charissa
In regards to above question, I think it refers more to the test kits that CMS has send to skilled nursing facilities. They have an antigen test	CMS is sending two antigen tests: BD Veritor and Quidel Sofia 2	Mary
Back to above question - AL and SNF - we have found that the rapid testing our local hospital has been doing is producing false positive tests in folks that have recovered from COVID months ago. PCR followup tests and inbetween have all been negative Four of four samples. So, if the rapid tests we are being sent to use are the same - we are looking at anyone who has had COVID in the past - may test positive. Therefore being in outbreak, staff away from work, residents in COVID units that shouldn't be. Can we really check out the machines.	If a person previously tested positive for COVID and recovered. Do not include them in your facility-wide screening. If it has been more than 90 days, and a patient become ill, they develop symptoms requiring intervention, have a medical provider evaluate them and determine diagnostic needs.	Mary

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<p>Can you clarify as to whether IL residents who live in the same community/building as AL residents should be tested for the ALF point prevalence test to be completed prior to September 11? If so, will the state cover the cost of testing IL residents?</p> <p>The language on the Dear Provider Letter, dated August 6, states testing is "recommended"— is this point prevalence test for AL facilities required or suggested?</p>	<p>If you have independent living who are intermingled (same floor, etc.) the state will cover the cost of testing. If the independent living residents are not sharing staff, space, amenities, they would not need to be tested. When in doubt, err on the side of testing.</p> <p>It is not required, but it is strongly encouraged and requirement may be revisited.</p>	Amy
NH: For the CMS Testing Requirement; we are in SNOCO so requirement is to test monthly. Is it acceptable to test 25% of the staff every week so that all staff are tested 1/month? Thanks.	Yes. Monthly testing can be divided so all are tested in the month. Switching to once a week or twice a week may be more challenging. LHJs can require more testing, but facilities must at minimum meet CMS testing guidance. Facilities will be held to the stricter standard.	Amy/Shauana
SNF- For ongoing testing, do we need to test everyone that is present the week we are testing or do we need to test 100% of staff, meaning bringing in staff that is off.	Everyone defined as staff by CMS needs to be tested. May not necessarily have to bring in on time off, but all need to be tested. CMS has some guidance in the memo on handling contractors. You do not need to test persons who had lab + covid and recovered.	Charissa/Amy
What percentage of staff is the expectation with mandatory testing of staff? 100% is the goal but will the facility be cited if they don't get 100%	The goal is 100%. Facilities should document why they are unable to test staff.	Amy
CMS regulation to test skilled nursing staff every week if testing materials are available. We have recieved the machines and 330 test kits but more kits are on back order. We feel we should not do testing of all staff until we have the ability to get more kits. We will use current kits to test residents and staff with symptomes of COVID. Local health jurisdiction stated full staff testing not needed at this time. Is this correct?	Document efforts to meet the testing. Use the test kits available to do CMS required testing.	Amy

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Are we receiving tests? We have not received any and are actively seeking tests	DSHS has a list of SNFs that will be receiving test kits. Facilities may need to work with commercial labs to meet the CMS requirement.	Amy
How do we secure tests?	This is dependent on facility type. For ALFs, the Dear Provider letter outlines how testing kits can be obtained. For NH, CMS/HHS will be sending the kits in waves. Those in the later wave will need to determine a different way to meet the testing requirement (use of commercial lab possibly) while waiting for the kits to arrive	Amy
Do facilities need to have any specific protocol in line to use the rapid antigen tests? I have seen mention of CLIA/testing waivers and am unsure if we need to complete something before starting testing in facility.	Most SNFs are already CLIA waiver certified. Can be verified on DOH provider search website or through RCS Policy. There is also an online training and additional guidance on use of the POC machines. Consider assigning dedicated staff to testing to increase process consistency.	Amy/Charissa
For the antigen test machines that long term care facilities have received will there be anyone available to help train staff on how to use them.	Both BD and Quidel training programs on-line and have contacts for technical assistance. CMS said in the call today that after facilities are sent a machine, they will be sent information in an e-mail how to sign up for training to be completed to get certified to do the tests.	
What about adult family homes at this point? How are we getting test kits?	CMS is not sending POC tests to the AFH. In an outbreak they can contact the LHJ to request assistance. The state is working on process for getting testing set up for AFH. Dear Provider letter should be coming out soon. Training to be provided on Thursday 9/10 at 2:00 to outline the plans and how to use the kits when they arrive. Webinar registration: https://attendee.gotowebinar.com/register/6617092282786417422	Amy

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from Assisted Living: if all residents and staff tested negative do we need to notify DOH, or only if we have positive?	CMS said today AL need to send both negative and positive results to LHJ. See Requirements for Reporting of SARS-CoV-2 Test Results: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/interim-final-rule-ifc-cms-3401-ifc-updating-requirements-reporting-sars-cov-2-test-results-clia	Amy
In looking at the requirements for routine testing and the use of POC testing it seems we have to report all test results from POC testing whether positive or negative to state or local public health departments. What is the process that facilities should follow to report our results?	This is NH specific. All other programs need to report positive tests and those who are symptomatic. The reporting mechanism is still under discussion and has not been set up. In the meantime facilities will want to set up documentation outlining all of the testing in preparation for the time when reporting mechanisms are available. Documentation should include the elements that will be required for reporting. Those elements can be found here: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf	Amy
What do we do about getting orders for employees? We are an ALF and don't have a house doc that can write orders	We are working on a standing order from the State Health Officer to meet this need.	Charissa
WW County Health Dept: Can we recommend following LHJ guidance on facility testing rather than strictly following CMS guidance? The science does not make sense behind CMS guidance. Walla Walla is here and can comment on this.	Facilities will need to follow CMS regulations or risk facing penalties. LHJ testing requirements can be stricter but not less.	Amy
We're a skilled nursing facility: The two times weekly is All staff and residents even previously positive. until our county numbers go down?	CMS asks SNF to check the percent positivity twice a month and determine the testing frequency based on that unless they have an outbreak. Staff who were previously positive do not need to be tested.	Amy

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<p>1. In the CMS Memo QSO-20-38-NH it states “the facility should follow it’s occupational health and local jurisdiction policies with respect to any asymptomatic staff who refuse point of care testing” (pg.6).</p> <p>a. Can you please direct us on how we would handle this situation? This would be for routine staff testing (1x/mo) where an asymptomatic staff refuses the testing.</p>	<p>L and I and OSHA requirements, as well as facility policies around testing requirements. Local health jurisdiction don’t have oversight or policy related to asymptomatic staff who refuse testing. Your facility should establish a policy or procedure for how you want to handle that situation (for example, if you have a policy for staff who refuse flu vaccine, it could be similar to that).</p>	Amy
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<p>AFH in King County, no positive Covid-19, are we required to weekly staff test?</p>	<p>No - This is specific to NH.</p>	Amy
<p>We are a ALF and are happy to do the testing and meet the September deadline; however, I still don’t understand why we don’t obtain the test after 5 days of being quarantined. Then in theory we could be able to reduce the time in quarantine to 7 days. This would allow the 4 to 5 days incubation of the virus. As a patient advocate I’m simply trying to reduce the impact on our resident.</p>	<p>We appreciate you advocating for the resident. However a negative test at 5 days doesn't mean that the person won't become infectious day 6-14, so you would not be able to remove them from quarantine.</p>	Mary
<p>What are the current state/DSHS and King County requirements for reporting (redcap, line list, etc.) for assisted living communities that do not have any active cases?</p>	<p>For ALF reporting is required if there is a positive case or any suspected positive cases in the building. DSHS does ask that all facilities continue to complete the bi-weekly survey to allow data gathering that will help inform and prepare us for fall virus activity and PPE needs</p>	Amy

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Assisted Living: what are your recommendations on residents coming out of their rooms within the facility (currently no visitors are allowed) and what is your advice on precautions if residents were to go out to see family members if its a low risk activity, but still they are seeing someone outside of the facility.	Determine how many days it has been since you had a positive case in staff or resident. Identify the phase that your county is in, and if your facility meets the requirements for safe start. Use the risk assessment to see if the person needs to be quarantined after the visit outside. Consult with your health department.	Mary
Does the risk assessment >1 hr take into account drive time? Or only the acutaly appt?	I'd include drive time, as that is an exposure risk too. The risk decreases if the windows are open, if everyone is masked, if people are spaced, if the drive is short. The drive can be riskier than the apt.	Mary
We are ALF/IL - Any update on a state "blanket" doctor order for prevalence testing (vs having to get individual doctor orders for each resident and staff.)	Hope to have it available in the next 1-2 weeks.	Charissa
Just didn't want to get my questions missed because I'm sure you have a ton. I don't know what to do about getting orders for staff since we are an ALF and don't have a house doc. We have done all of our residents and need to know how to proceed with staff.	Same as above	Charissa
With the new antigen testing machines and the requirements to report positive and negative COVID results to local public health. Do you know how to direct Skilled Nursing facilities to make those reports to their LHJ. Is there a template for them to use?	The reporting mechanism is still under discussion and has not been set up. In the meantime facilities will want to set up documentation outlining all of the testing in preparation for the time when reporting mechanisms are available. Documentation should include the elements that will be required for reporting. Those elements can be found here: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf	Amy
I am from an Assisted Living. Is there a thought about if there will be a requirement for ongoing testing for Assisted Livings the same way Nursing Homes are required based on the county percentage?	Once we have completed the Point prevalence testing in all settings there will be discussion about any future testing.	Amy
If a AL resident refuses to test but still wants to leave the community to go to town should we encourage after 14 quar.	Use the risk assessment to help decide the need for quarantine. Strongly encourage masking, social distancing, outdoor visits, avoiding large gatherings.	Mary

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I have a couple of adult family homes and missed some of the discussion about testing for staff and residents as I had to step out for a bit. For staff, is it the facility responsibility to have access to testing? In our county, availability of testing is a challenge. I've reached out to a local clinic in case my staff needs to be tested, but they do not have the test kits, yet. For residents, is the testing the responsibility of their primary provider or our facility? To my knowledge, AFH's have not yet been tested (as opposed to SNF's and ALF memory care units which have been tested).	We are still working on setting up testing for AFH and getting the testing kits to AFH for both residents and staff, as well as anyone else who lives in the home. A Dear Provider letter should be coming out soon. Training to be provided on Thursday 9/10 at 2:00 to outline the plans and how to use the kits when they arrive. Webinar registration: https://attendee.gotowebinar.com/register/6617092282786417422	Amy
SNF - is that training available again for the test machines?	We are asking CMS if/when training will be available to providers regarding the testing kits they are receiving	Amy
Where can we find the 18 things that need to be reported	_https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf	Mary
Quarantine & Visits		
AL Facility. Can you clarify for the resident on a 14 day quarantine following admission or following a community outing and falling in medium/high risk, standard precautions apply correct? So staff providing care wear masks and gloves when providing direct care. Staff do not need to wear PPE associated with isolation precautions when a resident is on quarantine? Presumably, however, staff should wear full PPE for aerosolizing treatment for the resident on quarantine?	Residents on quarantine should be managed wearing the same PPE as if they were positive, including N95 for aerosol generating procedures. Always reach out to your LHJ to discuss particular cases. Please call your LHJ and request an ICAR assessment. We can walk you through this stuff 1:1.	Patty/Larissa
AL Facility. Can you clarify for the resident on a 14 day quarantine following admission or following a community outing and falling in medium/high risk, standard precautions apply correct? So staff providing care wear masks and gloves when providing direct care. Staff do not need to wear PPE associated with isolation precautions when a resident is on quarantine? Presumably, however, staff should wear full PPE for aerosolizing treatment for the resident on quarantine?	Facilities should manage residents in quarantine wearing the same PPE they would wear if the resident had tested positive for COVID-19. A respirator must be worn during aerosolizing procedures (with gown, gloves, and eye protection).	Patty

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Assisted Living- In Phase 2 it also states to consult with LHJ on need for a 14 day quarantine period if a resident is determined to be at medium or high risk. Who would that be specifically at LHJ??	Would need to know more regarding which jurisdiction the home is in	Amy
LHJ had a call complaint from a family member at an independant living who is being made to quarantine for 14 days after doctors appointments. I struggled to find any guidance for this. Per risk assessment it is a low risk activity and does not indicate quarantine.	Need more information. Independent living intermingled with assisted living may be managed as assisted living.	Amy
LTC: Re: patio visits. Can residents touch pets if families bring in for patio visits? What is the risk of resident being exposed by the animal? What is RCS opinion if LHJ says low risk?	Consult with LHJ, RCS would defer to LHJ and recommend documenting recommendation. Animals outdoors is lower risk than indoors. No documented transmission identified from animals, but potentially could be considered a fomite. Practice good hygiene.	Amy/Claire/ Charissa/Ma rissa
ALF in King County for out of community visitations we are using the risk assessments and are getting a great deal of push back from families on high risk assessments for outdoor dining with more than 6 people and then having residents come back on isolation as we are viewing this as high risk based on risk assessment. Any help would be appreciated	Put people into quarantine based on the risk assessment, maybe work with families to explain what they can do to reduce the risk on outings. (Fewer people, spaced further apart, eat first widely separated, then socialized masked for the remainder of the period.) Many outbreaks have been linked to eating and socializing together. So your actions are reasonable	Mary
For Adult Family Homes if you have a resident in the high risk category, so quarantine for community outing, does that quarantine mean strictly in their room?	People in quarantine should not do community outings, and should be in their room. They should not share air spaces iwth others.	Mary
Do you know if there are still restrictions on outdoor live music with no singing ? We are and IL/AL facility and have a private outdoor patio where residents can social distance	Look at the phase of your county, and if you have had cases in the last 28 days, and read Safe Start to see what you need in place. Check with your LHJ. If OK'ed for small gatherings, use outdoors, have everyone masked, distant.	Mary
Community clinic/doctor visits need to be assessed for risk, does the actual form have to be included in the resident medical record?	Best practice would be to show documentation regarding how the facility is making determinations of risk for each resident.	Amy

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Adult family home- As we are not 100% ready if we face an out break. Is it ok to keep “ no visiting “ sign on our door?	Yes	Mary
Adult Family Home. Is there a time limit for outdoor visits for residents?	No. Longer visits have more risk of transmission, air breezes can carry virus more than 6 feet (notice how smoke travels), so shorter visits are safer. However you can place a limit on what you can safely staff and manage so all residents who want have an opportunity to visit outside. Use breezes to protect your resident. Have them be upwind.	Mary
Masks & PPE		
Re: SNF - Facility staff are wearing surgical and/or N95s and face shields for the duration of their shift. How does that work then with residents in Quarantine/Droplet Precautions due to new admit status? What needs to be doffed/changed?	When leaving the isolation room remove gloves and gowns and do hand hygiene. If you are doing extended use of masks/N-95 or face shield, staff can keep these on for use with multiple patients. Discard when wet or soiled, or at the end of the day. If doing aerosol generating procedures, use a N-95 (with goggles or face shield) and discard upon exiting the room.	Mary
In SNF w/no Covid-19. Are we required to change our masks q 2hrs?	You need to change surgical masks when they get wet or soiled. In settings where people talk a lot, that may be 2 hours.	Mary
AFH - can we get specific guidance on PPE? It is open to interpretation? Are providers going to get cited because a licenser may view it as not enough PPE?	RCS will review for infection control practices, including use of PPE based on DOH and CDC guidance. Documentation of efforts to access appropriate PPE advisable.	Amy
AFH- can you please clarify what is considered enough PPE for 14days so we can open to outside visitors?	Facilities should use the Burn Rate calculator. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html	Amy

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<p>Adult Family Home: Are adult family homes required to have 100 n95 masks on hand now as it is a requirement per Lni and OSHA? Along with a fit test and a respiratory evaluation per a doctor?</p>	<p>AFH who care for persons with suspected or confirmed COVID should have a respiratory protection program including use of fit tested N-95 respirators or fit tested KN-95s if the former are not available. Employees fill out a questionnaire in advance that is reviewed by a licensed health care professional to see if the employee has contraindications to wearing a respirator. If enough N-95 are not available you can adopt 'extended-use' for respirators and use the respirator on multiple persons, or 're-use' the respirator for more than 1 day. LNI recommends N-95 be discarded after 3- 5 doffings since that tends to make the mask unable to seal to the face. There is no rule for "100" per se.</p>	Mary
<p>AFH - Would You please talk more about Aerosol treatment and the need of N95? If we do not use Aerosol treatment, Do we have to use N95?</p>	<p>You do not need to use N-95 masks if you do not do any aerosol generating procedures and do not have any patients with suspected or confirmed COVID-19, or other respiratory hazards (fogging disinfectant etc.) Many AFH prepare for that emergency by ordering some respirators, fit testing and educating employees in their use (See respiratory protection program of LNI)</p>	Mary
Other		
<p>AFH Setting: Has it caused confusion that the Safe Start Wa for LTC phases different than the current phases that the counties are in?</p>	<p>RCS received questions when the plan was first implemented. As facilities have become accostomed to the tool RCS is receiving less questions and those that are received show the providers have a good understanding of the tool but just want to verify they are implementing correctly.</p>	Amy
<p>With the re-starting of regular surveys, is there a plan or are there discussions on testing for surveyors?</p>	<p>This is in discussion</p>	Amy
<p>Could someone please address if indoor pools are open in Phase 2-King County</p>	<p>https://www.kingcounty.gov/depts/health/environmental-health/healthy-communities/water-recreation.aspx</p>	Mary