| Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 10/1/20 | | |
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| **Question Asked** | **Answer Given** | **Answerer** |
| **Testing/ Devices/ Specimen Collection** | | |
| Is WA using BD Veritor or Abbott antigen tests? | Both of these brands have been sent to facilities by DHHS- federal agency. | Candy |
| SNF - Point of Care testing (BD Veritor) - if we test a resident because they met 1 or 2 s/sx for COVID such as episodes of diarrhea or nausea (no fever and no other symptoms), and they tested Negative using the Point of Care (BD Veritor), do we have to do a PCR test? LJH was consulted and stated that the Point of Care is most sensitive to symptomatic residents and in this case, we should take the Negative test and no further actions required. If we can get clarifications on this? | Follow algorithm for negative test with symptoms - https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf | |
| AL--We are considering purchasing equipment for POC BD-Veritor testing. Is there any regulatory reason we cannot use this in an AL setting if we are willing to pay for this type of testing. | Need CLIA waiver & contact DOH. Reach out to LHJ to establish reporting. All positives to be reported to RCS as well. | Amy/Shauna |
| Skilled Nursing : If you have one COVID positive NAC with no identified close contacts, do admissions need to be stopped?<br>If you have one COVID positive NAC with no identified close contacts, do you need to test all residents or just unit were NAC worked?<br>Facility has already been doing weekly testing for 3 weeks due to CMS guidelines for routine testing of staff | I would recommend you reach out to your LHJ to help guide your actions. | Shauna |
| SNF - just to clarify, do we check the county positivity rate every first and third Monday of the month, or has this change to every Monday? Thanks! | Data is only updated 1st & 3rd Monday. See county positivity at this website https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg | Amy/Mary |
| AFH: can we ask for testing for a new admit or re-admit residents? | It is fine to request a test, but facilities should not require a test before admitting because it will slow discharges from the hospital. Ideally, a facility will test a newly admitted resident at admission and at 14 days to ensure no infection. However, the minimum action is to quarantine . A test on admission will not change what you do: you will still need to quarantine for 14 days | Marisa/Amy/Shauna |

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| SNF- Can the NP swab be used to collect a nasal specimen and sent in for PCR testing? We have many NP swabs and are awaiting more nasal swabs. Is it ok to wait for the nasal swabs or would we be required to collect nasopharyngeal samples? | Wait for nasal swabs | Charissa |
| Are the nasal swabs test send directly to the AFH's or do we need to request them?<br>And if we had already done testing in the last month on everyone , do we need to do the nasal swab again? | A team will be reaching out to all AFHs to determine the number of tests each home needs. You can give the information at that time. If your home has completed testing in the last month you can choose to participate in this Point Prevalance but you do not need to. | Amy |
| AFH: Can you plz explain again the purpose of the AFH nasal swab (prevalence/point-in-time) testing that is to occur over the next 2 wks. | To learn what the current incidence is and to make sure we are not having undetected infections in this setting.<br>Also, Nov 15 is new deadline | Charissa |
| Afh's are struggling to get delegators to delegate this task. What other options are available so the point prevalence testing can be completed. Many delegators state they don't agree with this so they dont want to participate. Many have sent out letters and left the testing as not an option. | Thank you for this information. Do you know why they don't think it is important to understand the rate of infection in this population? | |
| AFH - on the Prevalence Ltr - 1st - it states that DSHS recommends but is it Required by November 15th. 2nd - What do we do if our Nurse Delegator will not delegate us? and we are being told it is not Required just a recommendation. 3rd - is there a DOH number or email that we can order the Covid tests from. | It is not required by November 15th. That is a date we are aiming for but no home will be regulated to that date.If your ND does not want to participate, contact the case manager for your residents and ask for assistance in finding a ND who is participating in this process. A team will be calling each facility to determine the number of tests each home needs. You wil not need to reach out to anyone. | Amy |
| AFH-Can the speaker please clarify that the CDC return to work criteria is NOT a negative test. The CDC does not recommend retesting in the first 3 months after a positive test. Return to work determined using the time and symptom-based strategy. | WA DOH follows the CDC guidelines to return to work:<br>https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html | |
| AFH-What happens if a resident has a suspected symptoms and doesn't want to get tested? | Isolate for 10 days and notify provider to see if they can encourage to participate in testing | |

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| AFH-I was under the impression that if you have a resident that tests positive in an AFH, they will be transported out due to the fact that it's hard to properly cohort in the home and also that it would be very hard to take care of that person cause AFHs usually have a small amount of staff and it's hard or impossible to dedicate one specific caregiver just for that person who tested positive.... Unless things have changed? | This will be taken on a case by case basis, depending on the size of the home, the layout of the home, how many test positive, and the ability of the home to staff for the positive resident. Some homes may be able to manage the resident in the AFH. Others may need assistance in finding another placement for the resident temporarily. | Amy |
| AFH-Is covid testing mandatory? Do we have to wear a face shield? | Testing is not mandatory. Standard PPE for all encounters is face masks and face shield or eye protection. | Mary/Charissa |
| **Test Results & Reporting** | | |
| SNF- with asymptomatic staff member tested positive for COVID via BD Veritor poc analyzer and with a follow-up PCR test result of negative 24 hours later, is widespread testing of staff and/or facility residents required if none are symptomatic? | Why was the test performed? 1) If routine asymptomatic screening on HCP, the person has no exposure and the facility is not in an outbreak, get a 2nd PCR neg and if 2 PCRs are negative soon after the positive antigen test, assume it's a false positive. 2) If testing in response to an exposure, believe the antigen test, no need to get a PCR to confirm. 3) If testing because of another case in the facility, believe the antigen test, no need to get a PCR to confirm. It is appropriate to consult with your local health department. | Marisa/Charissa |
| can you go over how and where to report point prevalence testing results for AFHs | Internal discussion needed with RCS to make least burdensome. Reporting is required for positives. | Charissa |
| SNF - Assuming the BD rapid test false positive is 2%, we would be quarantining every time we test staff, even when the PCR test comes back negative. this would be very hard on our residents and staff. According to CDC guidelines staff should be sent home if BD instant test is positive then retest with PCR. then if negative for PCR then no outbreak is considered Can we follow CDC guidelines on this? | Recheck guidelines. If the staff is asymptomatic and you do not have any other cases in last 2 weeks, then you send HCW home until you have the result of PCR. | |
| LHJ-please clarify on the question on how and where to report Point Prevalence tests. Positive and negatives to DOH and positives to LHJ? | Point Prevalence positive and negative test results are reported to LHJ. Positive tests reported to RCS Complaint Resolution Unit. | |

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| We are a LTC facility getting ready to start Antigen testing. Should we report all test results or just if we have a positive? | Report positives and negatives with 18 data elements. Currently report to LHJ | |
| SNF - candy, are we reporting all false positives to RCS, or only confirmed POC through follow up lab test to rcs for asymptomatic staff. | Please report all COVID positive test results while waiting for a follow up PCR. If the PCR is negative please update CRU. | Candy |
| We have been instructed to reach out to LHJ and DOH if our lab is not resulting in 48 hours (TAT for staff testing). How can we most efficiently reach out to check if there are other resources? It's been rWcommended that we contact weekly and document that we've done so. | If you are looking for another lab you can contact: doh-cbts.imt@doh.wa.gov | |
| Is there a deadline for the DOH covering/paying for Covid tests performed by UW lab for the LTC employees? | We have not yet stated a deadline but with the receipt of the point of care tests it is expected that facilities conduct their own tests until supplies run out | |
| LHJ-please clarify, is there a place to find the documentation for two negative PCRs w/in 48 hours negates a positive Antigen test. And, are you saying the first PCR w/in 48 hours and then again in another 48 hours from the first? | A confirmatory PCR should be performed as close to the antigen test as possible, ideally the same day. If getting second confrimatory PCR, repeat it as soon as possible. | |
| SNF: When you determine clear guidance regarding actions to take when an asymptomatic employee tests positive on the POC test, and then negative on the PCR, will you please include clear guidance on reporting? When and to whom do we report those findings? Can we wait until the PCR test results are received? | Any positive test should be reported to the local health department as soon as possible. If seeking a confirmatory PCR, and it is negative, that result should be reported to the LHJ as well and ask for advice on how to proceed. | |
| Mobile vascular access team - how are you dealing with the percentage of false test results in relation to staff not being able to work when testing was done based on screening and asymptomatic<br>Do you have a list of locations where employers can send their staff members for rapid testing. Often my staff is getting rejections from being tested due to either needing a physician's order and/or lack of symptoms so being refused testing. They have also been changed for these testing and having testing frequently can be very costly for employers. | You can view your counties free test sites on-line to help support staff testing. This will be PCR testing and the wait time may vary. Should a staff memeber received a positive rapid antigen result, that staff member should submit a sample for PCR right away and stay home until results are available. Maybe your agency could have someone available to help support testing of your staff. | Shauna |

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| SNF question - for a resident who is symptomatic, who tested negative on point of care testing, and now pending PCR result, what are your recommendations for the roommate? Do we have to consider the roommate under aerosol precautions as well? | If possible the resident who is symptomatic should be quarantined in a private room. If a private room is not available, draw the curtain between the 2 residents, disinfect the bathroom between resident use, and have the roommates wear masks if possible | Candy |
| **AGP** | | |
| SNF-Aerosol Generating Procedures - For new admissions and 14 days quarantine/observation period, do we have to consider CPAP/BIPAP/Oxygen as aerosol generating procedures? What are the PPE requirements? | CPAP, BIPAP and high flow 02 are considered Aersol generating procedures for any patient. Staff should wear fit tested N-95s and face shields (gown and gloves). If N-95s or KN-95 are not available, wear face masks and face shield in place. Discard N-95 after use; disinfect face shield. | Mary |
| For above question on AGP - would it be okay that they have a roommate? | Mary would recommend single room if available. If not encourage barrier, curtain, 6' apart, roommate with a mask, open windows. Leaving bathroom door upon with fan on can also help improve air exchange during night, albeit is noisy. | Shauna/Mary |
| Is it realistic for a room mate to wear a mask in sleep for the entire night and for an hour after if their room mate uses CPAP? This seems like a problem. | Any concern for Covid, consider moving roommate or reach out to LHJ to problem solve | Shauna |
| LHJ- If a resident has Covid and is wearing CPAP/BIPAP at night for Obstructive Sleep Apnea, they would be exposing their roommate and staff for the whole of the time that they are sleeping. Is it realistic to expect the room mate to wear a mask/n95 all night while sleeping? | First priority is to have a private room; have a window that can be left open all night, consider HEPA filter; consider using viral filter on CPAP exhaust; consider having past positive COVID patient as roommate. However we do not know the duration of protection the roommate may have. Consider adding CPAP patient in your periodic testing. | Mary |
| Do we need to replace our Special Droplet/Contact Precautions sign with the Aerosol Preautions sign? The Special Droplet/Contact Precautions sign directs to use a N-95 mask for aerosolizing procedures. Both signs look like they give the same directive. | Either sign is OK. | Mary |
| **Fit Testing/Masks/PPE** | | |
| AL--Would you be able to re-post a resource for N-95 fit testing training please? | https://www.lni.wa.gov/safety-health/_docs/Respirator-Program-Template%20-Guide-for-N95-Use-in-LTC-During-the-COVID-19-Pandemic.docx | |

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| Do we need KN95 fit tested? | KN95s used for care of suspected or confirmed covid patients or AGP need to be fit tested. KN95s used in place of a surgical masks do not need to be fit tested. | Mary |
| AFH Where can we find information on fit testing for the N95 masks? | Requirements: https://www.lni.wa.gov/safety-health/safety-rules/chapter-pdfs/WAC296-842.pdf. Fit testing is on page 20. | Mary |
| AFH - One of the recommendations regarding N95 masks is to get fitted and medical approved.<br>Could we do those only if we have positive cases assuming we have the masks on hand if needed | Fit test before use N95 or known/suspected Covid. Takes time to get fit testing. If you have masks now, get fit tested for the brand on hand. | Candy |
| AFH - regarding N95 masks: where do we get these? I've purchased KN95's because that is all I can buy. The sites I've tried to purchase N95's from all indicate that they are only offered to front line providers. How do we get "fit-tested" if we do not have masks? | LNI wants to hear from AFH about their difficulties getting N-95 would you be willing to contact Ryan Allen at alry235@lni.wa.gov? Also you are providing direct care and LTC patients have and about 50% of the deaths in WA state. Push back as to your obligation to protect your staff in one of the hardest hit sectors in healthcare.... | |
| AFH: Is it okay to use KN95 plus faceshield if we dont have N95? | Yes, document efforts to try to get N-95s. | Larissa |
| snf: so do you need to wear eye protection if there is not an outbreak, or if not providing care to a covid + patient | Yes CDC recommends using surgical masks and face shields (or goggles) for all patient contact. Because we see a lot of staff to staff transmission we recommend universal use of masks and face shields (or goggles) all day. | Mary |
| Are AFHs allowed to use approved KN95 instead of N95 since FDA has issued emergency use authorizations for some models of KN95 masks to be used in used “high-risk” or “extremely high-risk” work settings? | they would be allowed to use KN95s but should be fit tested to appropriatly use during a COVID outbreak or aerosolizing procedures. If not fit tested the mask should be used similarly to a surgical mask. | Shauna |
| AFH-How true is that using both KN95 and face shield if home doesn't have surgical N95? What is the difference of standard N95 from surgical N95? Where is un-valve respirator categorized? standard or surgical N95? | Surgical N95 is not required in long-term care facilities. Ideally, HCW will wear a NIOSH approved and fit tested N95. If that is not available, HCW may wear a fit tested KN95. If no fit tested respirator is available, HCW should follw CDC optimization strategies: https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html including prioritization of respirators based on symptoms and type of care. N95s with valves may not act as source control. | Larissa |

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| AFH-Given the difficulty in getting N95 mask and fit testing would you say it's enough to keep stock of surgical masks/KN95 and face shield? | KN95's can be used. It is preferred that they get fit tested as they tend to have a gap. Use what you have in stock. | |
| **Quarantine** | | |
| SNF- Our facility has been struggling with the 14 day quarantine, and residents with decreasing function. We started requiring a test prior to admission and retesting 5 days later, for a total of 7 days on quarantiine. Are there any regulations that this violates? | Follow 14 day quarantine. F880 investigation - follow guidance from LHJ, CDC, DOH. | |
| This 10-14 day incubation period for COVID is new information. A couple months ago, we were told on this very call that re-testing within 4-5 days was permissible to shorten the 14-day quarantine. To clarify, does this mean that we can no longer test a resident 5 days after admission to shorten the 14-day quarantine? | Because COVID typically develops up to 14 days after exposure, quarantine is 14 days. Tesing at day 5 would not capture is someone developes COVID on day 10 or even day 14. | Shauna |
| AFH: During the two week quarantine for a new admit if no aerosols procedures are done. Do we need to use N95 when entering the room or just surgical masks | If the resident is on quarantine and no known COVID exposure or symptoms use surgical masks | Candy |
| **Admissions** | | |
| SNF- one NAC is positive do we need to stop admissions | reach out to LHJ re guidance on admissions. Guidance will differ depending in different settings and events | |
| It would be helpful to get consisency from the LHJ re: admissions being held or not. We recognize that there can be specific circumstances which might change the guidance but the info that was just provided from King County ie., one round of negative test results showing negatives should be done before resuming admissions is logical and seems to be a good general practice. | Since the incubation period of COVID can be 14 days, typically two rounds of weekly testing is done prior to considering admissions. One round done 14 days after the last new case in a setting with no new staff. However if transmission is ongoing infections could be amplifying. That is why repeated testing of 3-7 days is common until 14 days with no new infections is detected. A outbreak is considered over 28 days with no new cases. | Mary |
| We are a LTC facility in Tacoma who continues to take admissions. Can we room new admissions together or do they have to be in a private room if they admit on the same day? | Private room is preferred. | Amy/Larissa |
| **Visitation** | | |

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| AL-While conversations take place with the Fire Marshall to provide updated guidance on outdoor visitation and use of heat lamps/garages, can guidance also be provided on if measuring the CO2 level in the air is an acceptable way to understand if there is enough outside air being supplied to a space. If so, what amount of CO2, in ppm units, would be an indication of having enough air exchanges per hour. We are in King County and getting closer to Phase 2 and want to understand what more we should be doing to ensure common area spaces/corridors satisfy air circulation thresholds for activities, etc. Thank you! | It was unclear whether the questioner meant CO2 or CO. **CO2 (carbon dioxide)** is exhaled by humans and a higher than normal level in a room indictates poor ventilation but would not be dangerous. Normal CO2 level outdoors is 300-400ppm, indoors 600-800 ppm. It is very unlikely that CO2 would build up in a tent which in general has better ventilation than an enclosed room. **CO (carbon monoxide)** is an odorless toxic gas produced by combustion that can kill quickly. If using a heater run on propane or gasoline in a tent, it may be possible to achieve toxic levels of CO. According to the EPA, average levels of CO in homes without gas stoves ar 0.5-5 ppm, and in homes near properly running gas stoves may be 5-15 ppm. The fire marshal may be able to provide information about safe levels of CO inside a tent. | Amy/Marisa |
| Assisted Living and Memory Support Community -<br>Question: With the changes in the weather, outdoor visits are difficult.<br>1. Would RCS consider a designated room inside the community for indoor visits?<br>2. With the understanding that the community could provide an appropriately vented room, easily accessible from community entrance, where visitors had minimal to no contact with residents and staff. Could AL/MS communities have indoor visits if these or other expectation were met? | We are currently in discussions regarding revisions to the "Safe Start for LTC" plans to address the colder weather and outdoor visitations. We are looking at mulitiple different options. | Amy |
| AFH PROVIDER WE WOULD LIKE CLARIFICATION ABOUT VISITATION NOW FOR PIERCE COUNTY, IF THE WEATHER CHANGE CAN WE HAVE VISITORS INSIDE? AND IF WE CAN , DO WE HAVE TO HAVE SCHEDULE FOR FAMILY? | Please see above answer. | Amy |
| King county AFH allows visitors inside the house or not? | Please review the Safe Start for LTC plan and utilize the COVID 19 risk assessment link to determine phase for King County. This will assist in determining types of visistation allowed in King County currently | Amy |

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| For SNF: Can you address visitation for patients on transmission-based precautions due to dialysis? They will perpetually be on precautions so are they limited to window and virtual visits for the durration of their stay other than per new definition of compasionate care? | We are taking this into consideration as we look at adjustments to the Safe Start for LTC plan | Candy |
| SNFs who are strictly post acute admits need correction on the dialysis patient issue as well. Not just the LT care facilities. | We are taking this into consideration as we look at adjustments to the Safe Start for LTC plan | Amy |
| Adult Family Home, King County. Family members and even the ombudsman are pushing back on hospice residents visitation. The confusion is "actively dying". If a resident is on Hospice service but is not "actively dying" are visitors allowed inside the resident room or is visitation limited to outdoor or virtual is resident is able to participate? | For compassionate care visits, visitors can visit the resident in their room provided they have passed the health screening and are complaint with masking and social distancing from other residents and staff. In Phase 1 if the resident is not actively dying and can tolerate an outdoor visit those are allowed, In phase 2 an essential support person is allowed indoor visitation. | Candy |
| Rather than having a family member take a resident to their home or to town can they walk around outside with them at the facility with masks | Outdoor walks for people assessed to be safe are great! Mask. | Mary |
| LTC - is it acceptable to allow a resident to take a walk outside if they will wear a mask and have been assessed safe to do so | Yes | Candy |
| AFH-Are podiatrists still not allowed in the facility? | If you don't have an outbreak, screen, mask, use face shield and treat podiatrists as essential personnel. | Mary |
| **Safe Start** | | |
| As the case numbers increase do you have to roll back to previous safe start phases? | At this time, all counties are on pause in their current phase so there will be no forward or backward movement until the pause is lifted by the governor. | |
| In clark county it is being stated they have rolled back to phase 1 but on the dashboard it shows county level as 2. How do we know when to roll back? Is it when it is on the dashboard or when it stated by LHJ but there is no documented evidence of the rollback. Dashboard is coronovirus.wa.gov.<br>Clark County requires providers to use their website and data: https://clark.wa.gov/public-health/novel-coronavirus | reach out to LHJ. Now both the governor's and Clark County HD website show Phase II. However the rate rising to 86/100,000. | |

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| SNF/Assisted living:Can the safe start for long term care recommendations phases be re-evaluated to include the podiatry, vision, dental clinics and beauty shop to be open in the facility under phase 1? Residents are becoming significantly frustrated on having to wait for these items to be done as well as they have not had hair cuts for 6 months. Families are now taking them out of the facility for these items which is a higher risk then having a clinic open under controlled environments in the skilled nursing and assisting living units. The resident have a right to leave but going in a private car to a beauty shop that may or may not adhere to proper precautions for infection control is high risk verse having a beauty shop being monitored by nursing staff for proper infection control management within the building | Can take under advisement for safe start plan. Podiatry is one on one essential service - as long as not group activity; screening, PPE, precautions for foot care. Facility can evaluate case by case. | Amy |
| This is an AFH, as the cases count per 100,000 rises in our county do we need to return to earlier safe start phases that much the number | Check the county level on the GOV's page to see your county's phase: https://coronavirus.wa.gov/what-you-need-know/county-status-and-safe-start-application-process. If you have are not in an outbreak in your facility you have no additional restrictions beyond your phase. Note DSHS/DOH are meeting to harmonize CMS new visitation guidance to make it consistent with Safe Start Plan | Mary |
| **Training/Vaccine/Transfer/Placement** | | |
| We are an AFH and all my DDA clients stopped working since March, how do we educate the Job coaches that the clients are 5/5 for high risk assesment for Covid? | Use the community outing risk assessment linked in the LTC Safe Start document for AFHs. | Candy |
| (AFH) Are there new updates on HIRING/TRAINING AFH Staff requirements | Currently the training requirements remain waived. The waiver was updated and remains in effect until 11/9 at this time. | Amy |
| Is there in discussion on if Washington state is going to make the COVID vaccine mandatory? As I hear a lot of medical people talking about refusing it in my networking and this is a concern as there already is a shortage of staff. | Currently no proposed legislation to make it mandatory. | |

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| AFH-Please address for AFH staff a common situation where resident requires 24/7 supervision, for example high fall risk residents with dementia, who cannot remain in a room with the door closed. | Complete a risk assessment for your home. Recommend that the healthcare workers in the room observe social distancing and wear PPE in the home. Assist residents with more frequent hand washing. Try to keep PPE on residents. AFH staff may have to do more frequent cleaning during the day. For more guidance, visit: https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html | |
| My adult family home's Covid-19 pandemic disaster planning states if a resident tests positive for Covid-19, we will transfer the resident to another care setting, since we are unable to cohort in the home. How is this done? What's the process? Sippose there's no available Covid 19 facilities, what happens then? | Work with the resident Case Manager and you can also contact the RCS Field Manager to discuss options if needed. | Amy |
| AFH-If we have a resident who becomes COVID positive in the future do you help us with placement? | Work with the resident Case Manager and you can also contact the RCS Field Manager to discuss options if needed. | Amy |
| AFH-How do we protect our residents from becoming infected and at the same time protect their right to work? We only have shared rooms, and one of our residents is an essential worker in a busy grocery store. | Work very closely with this resident on the importance of good infection control and the need to protect themselves and others in the home. See if you can get them involved in coming up with some of the solutions so they feel more ownership what needs to be done. They may need to increase the use of masking and PPE when at home, including in their room, to protect the roommate. Discuss with the resident ways to minimize the risk (changing clothes as soon as they return home, limiting contact during transport to/from work, maintaining social distance in the home, etc) | Amy |