

Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 10/22/20		
Question Asked	Answer Given	Answerer
PPE/Masks		
ALF: Last week were promised a follow up on the question of wearing N95 for all aerosol procedure. Have you found out a clear answer yet? Does N95 has to be worn for suspected or confirmed cases or for all aerosol procedures?	Currently LNI requires a fit tested N-95 for all aerosol generating procedures, and for those caring for suspected and confirmed COVID-19 patients. If this is not possible document efforts and have staff wear face masks and face shields or goggles.	Mary
AFH - Are we needing to begin universal use of face sheilds like assisted living facilities?	Yes, standard is universal use of surgical masks and eye protection (face shields or goggles). For nuanced language see here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html	Mary
AFH - What about the fit testing? Is that required in order to open?	No	Candy
Can we use KN95 instead of N95. tx	Yes. If you can not get N-95 use KN-95 and fit tested.	Mary
What is the best resource for getting N95 fit test. AFH	I have sent LNI list of 20 resources to the meeting organizers. Also try Fire Dept, Hospitals, other LTC. Varies by county.	Mary
we can not get supply of N95 even to buy unless the adult family home has positive cases. where can we get those suuplies?	Document efforts. Request from EMA. See attachment with suggestions from EMA for langauge to use.	Mary
I have adult family home. I do not have any COVID positive client. The question I have is, Is it a must to have N95 mask?	You only need N95 if you have suspected or confirmed COVID patiets or other respiratory hazards. But If you need them you need them immediately, and employees should be fit tested in advance. Check with LNI https://www.lni.wa.gov/agency/outreach/coronavirus-covid-19-worker-face-covering-and-mask-requirements-questions	Mary
SNF we still cannot get fit tests nor N95 masks because we have not had COVID. We continue to be told we are low priority. How can we comply with L&I if we cannot get N95 masks?	The organizers of this call met with LNI and EMA to discuss this Catch 22.See 8.	Mary
This is a SNF. I worry about these AFH's that seem to have more trouble than us in obtaining PPE. Is there a way we can find out as a community when an AFH has an outbreak so that we can reach out to see if we can assist with donations?	Discuss with your local LHJ how you might be able to help?	Mary
AFH: Do we need a consent for face covering if resident is exempt due to health condition.	No, consider documenting issue in medical record.	Candy

AFH-The state agencies are willing to distribute N95 only if there is an outbreak of Covid. What brand and model of N95 are available from WA state agencies?	It varies, BYD is one type available in quantity. Ask you County EMA representative	
AFH- Do we have/Can we get a provider letter on face shield please for review/that we need to use face shield all the time	CDC advises mask and eye protection (face shield or goggles) universally for persons in all settings doing patient care in settings with moderate transmission or above. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html	Mary
AFH- I know this is a topic on hand hygiene and gloves. but I just had this thought, can you double mask if you do not have N95s? Double masks on the surgical	If you do not have N-95 or KN-95s, wear surgical masks and face shield for all encounters	
Can you clarify the comment on the peanut butter that we need to wear gloves to open the peanut butter jar? If we open the jar with our bare hands and then use a long utensil to scoop out the peanut butter is this OK? I apologize for this question seeming trivial, but people are asking and are getting ready for inspection and licensors watch food prep and they don't want to make a mistake. The concern is do we need to wear gloves when touching items that multiple may touch and this is why they must wear gloves to open jars or other such items.	If you are coming into contact with the food (or things that go into mouths) wear gloves, when in doubt wear them. Take them off when done iwth the food task and wash and dry your hands.	Mary
Safe Start		
Is it official that King county did roll back to phase 1 as the dashboard does not reflect the change	Stay in phase 2 for now. Safe start guidance is being updated. County incidence does inform community risk which raises and lowers risk within the facilities. LHJs are involved with updating the Safe Start guidance.	James/Patty
SNF so what phase is King County?	Phase 2	
NH and ALF - If we have previously received approval to enter phase 2 of the Governors safe start plan for LTC, and now our county (snohomish) is above 75 cases/100k population; do we automatically have to fall back to phase 1?	The Phase by County can be checked at here. Use this unless your LHJ has advised restrictions due to an outbreak	Mary
AFH: Do we need to do Covid test/quarantine if resident stays at ER and came back to AFH same day?	Use the risk assessment https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf	Larissa Lewis

<p>Though the risk assessment assessed a clinic visit to be medium risk and does not require a resident to be on quarantine, it does ask that the resident will refrain from group activities for 14 days, how do other facilities deal with medical visits for cognitively impaired residents? Because of the varying cognitive level of our population, we quarantine residents for 14 days, monitor them - to have standard practice whether you are quarantine or not. I am wondering if this is too strict ?</p>	<p>You can try to reduce the risk of the visit by having resident go straight into provider office on arrival (no waiting room), provider wearing mask and face shield, and transport windows cracked open for ventilation, minimum of masked riders and masked driver. Come straight back.</p>	
<p>Long Term Skilled Nursing facility - what signage do you recommend for new admitted residents on Quarantine? Should the door be closed ?</p>	<p>https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Quarantinesign.pdf</p>	Larissa Lewis
<p>Have you discussed indoor visits now that it is getting cold outside? We have a room that we can designate for visits. We will have resident inside, there will be plexiglass in between resident and family.</p>	<p>We currently have workgroups meeting to update the Safe Start for LTC plans. One of the areas under discussion is visitation now that we are moving into the colder months.</p>	Amy Abbott
<p>ALF & AFH: Is there any update on indoor visitation instead of outdoor due to changing weather conditions?</p>	<p>We currently have workgroups meeting to update the Safe Start for LTC plans. One of the areas under discussion is visitation now that we are moving into the colder months.</p>	
<p>AFH- On yesterday's call with coimage, Candace said there should be visitation allowed and shocked there are homes that aren't doing them. My question is how can we allow outdoor visits if we aren't meeting the requirements set forth for us in the safe start plan? We need to have PPE for 14 days; set up with a lab to do covid testing in case of outbreak; "sufficient staffing" which was never clarified; fit tested for N95. If we open up and do outdoor visits and don't have all the requirements listed above , will we get cited?</p>	<p>Worry most about being prepared to protect staff and residents from a COVID case. If you need help request a DOH ICAR from melissa.feskin@doh.wa.gov.</p>	
<p>AL—I'm guessing you will talk about this today but we are waiting for further clarification from you regarding the possibility of monitored indoor visits. One creative solution we are considering is encouraging families to take their loved one for a scenic drive with windows open and masks on to allow for an option for a visit on a rainy day. What are your thoughts about this option?</p>	<p>Yes scenic drives with windows open or cracked. Fewer in car is better. Make sure family and resident are wearing masks.</p>	Mary

At our ALFs, some of our mail carriers are refusing to be screened upon entry. According to the mail carrier and postmaster, screenings are not required as part of their labor agreement. Do you have any recommendations for how we can encourage our mail carriers to comply to the Governor's mandate and perform their tasks? Currently, they drop off all the mail at the door and we sort.	https://about.usps.com/newsroom/service-alerts/pdf/policy-for-customers-requiring-visitor-medical-screenings-03312020.pdf . Have masked carriers enter building and distribute mail? Have carriers drop mail at front desk to identified persons? Ask for their name when they are buzzed in and log with their name and USPS worker?	
But then we can't supervise the visit	If you cannot close the door then document why not. Consider cloth covering on resident	Larissa Lewis
Group Activities		
Assisted Living - Is it possible to offer engagement choices in the "hall ways" for our residents to self start (no staff leadership). 2nd question, Hall way BINGO - is it ok to have activities with the residents in their doorways? (Staff leading).	Helpful to know airflow. Airflow is generally worse in the hallway. First step is to do assessment of airflow? What is the source of your air? Who is it blowing past. Also consider trip and fall hazards.	Mary Catlin
SNF what are requirements for Residents going out together (like 7) for a bus ride? Are they required to wear masks if they're not sitting 6 ft apart on the bus? Facility has always had zero covid cases	Wear masks, stay as far apart as bus permits, have windows open at crack for air flow, have residents in warm clothes.	Mary Catlin
Are we ok to do some small group activities at this point if they are socially distant and wearing masks for a supervised activity (i.e pumpkin painting). this is a SNF.	Check with your LHJ.	
from a CCRC with memory support. The residents in memory support typically a grouped together and not in their rooms. Would activities moving them to a bigger area where social distancing can be better maintained be allowed when the community is still in outbreak status and Phase 1.	https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html . Goal is to have fewest number of people present, mask wearing, surgical mask and face shield for staff, use area with best ventilation.	Mary
AFH-What is considered a compassionate visit? Can this be indoor for any phase?	Compassionate care visits can be done in any phase and would include end-of-life and psycho-social needs. For end of life, the resident is not required to be on Hospice to be considered end-of-life.	Amy Abbott
Testing and Reporting		
We are a SNF, is the DOH still offering site visits for infection prevention? Our facility did request one but have heard nothing back.	You can request an Infection Control and Response assessment by emailing HAI-COVID@doh.wa.gov.	Larissa Lewis

<p>SNF do we need to record lot#, and expiration dates for BD veritor testing? Is there anything else required to record other than name, date and result?</p>	<p>I think it is important to note the record lot # and expiration date. CDC has some lab reporting data listed here: https://www.cdc.gov/csels/dls/locs/2020/update-on-covid-19-reporting-requirements.html</p>	<p>Shauna Clark</p>
<p>SNF question – In reviewing the information on the ability of reporting Point of Care Antigen testing for COVID via NHSN it states that the state you are in must choose to adopt the NHSN pathway in order for the reporting done through NHSN to satisfy the SNF’s requirement of reporting the test results. Is Washington state planning on adopting the NHSN pathway for reporting?</p>	<p>We will update as more information becomes available. CDC has provided the following "NHSN Long-Term Care COVID-19 Module — CDC’s National Healthcare Safety Network (NHSN) added a Point of Care Laboratory Reporting Pathway within the NHSN Long-Term Care COVID-19 Module. This added capability enables CMS-certified long-term care facilities to meet the Department of Health and Human Services’ requirement to report SARS-CoV-2 point-of-care antigen test data, and other on-site COVID-19 laboratory testing data. In order to utilize the new pathway to fulfill reporting requirements, nursing homes and other long-term care facilities that are NHSN users will need to upgrade their NHSN Secure Access Management Service (SAMS) from Level 1 to Level 3. CDC is working closely with facilities to assist them in this process. An email invitation from CDC to perform this upgrade will be sent to users. Alternatively, facilities can email nhsn@cdc.gov with the subject line “Enhancing Data Security” to begin upgrading their SAMS access to use this Pathway."</p>	<p>Larissa Lewis</p>
<p>We are a Skilled Nursing Facility. I had a question regarding the requirements for CNA students to be tested according to same schedule as staff (weekly currently in Clark county). Is there any resources to help offset costs? If they have private insurance the criteria is the have been exposed to COVID but in this case they arent exposed its strictly regulatory.</p>	<p>If they are providing services to residents they need to be tested as staff. At this time we are not hearing of any resources that will be offered to offset cost.</p>	<p>Amy Abbott</p>
<p>From skilled nursing. Do we need to continue the mandated reporting if we do not have any Covid positive cases.</p>	<p>Yes, testing is still required under CMS regulation. NHSN reporting is also required. https://www.cms.gov/newsroom/press-releases/cms-posts-guidance-implementing-new-testing-requirements-nursing-homes-and-labs</p>	<p>Larissa Lewis</p>

<p>Skilled Nursing: We are currently using the BD Veritor machine for staff surveillance and have received two false positives. Upon getting the positive on the rapid, we then did a PCR swab and sent the asymptomatic staff member home. The PCR on both staff came back negative. According to CMS guidelines, we must notify residents and their families by 5 PM on the next day which we have done. Then we are getting PCR results later that evening or the next morning, so then we re-notify families that the results were negative and so the original swab was false positive. This double notification with the original positive result is causing anxiety among the residents and families.</p> <p>Can we delay notification on the BD results given we know the incidence of false positives? Do you have other advice as to this scenario?</p>	<p>The guidance from CMS regarding reporting requirements to families and residents does not exclude point of care testing results while waiting for PCR test results. All positive tests should be reported to residents and families. Facilities may want to consider adding additional information with test results that some tests results reported are preliminary from POC testing and pending PCR confirmation</p>	<p>Candy</p>
<p>Adult Family Home- How do we address when a client does not want the doctor to disclose thier COVID 19 result. This recently occurred and the DPOA did not know they did not know of the status. Doctor called facility after client arrived and called and again asked the client to please give permission to disclose. When the client stated it was OK the doctor let the home know of the status. This puts homes at a great disadvantage when the client goes but wont reveal their health status. Can you advise on how to navigate this type of situation so homes are aware as this is not OK when many clients share rooms.</p>	<p>I think in this instance the provider could call public health and we could then disclose the result to the facility as it has direct public health implications.</p>	<p>James Lewis</p>
<p>SNF, please clarify, reporting Covid test results, who are SNF required to report to. Last session you stated "Washington state only requires we report to LHJ"</p>	<p>At this time WA is learning NHSN will be the required reporting mechanism. SNF/NF with a CLIA waiver will need to work with NHSN to obtain level 3 access to the NHSN system. A Dear Provider letter will be coming out outlining this information.</p>	<p>Amy Abbott</p>