

<b>Long-Term Care (LTC) COVID-19 Q&amp;A Weekly Sessions: 11/12/20</b>		
<b>Question Asked</b>	<b>Answer Given</b>	<b>Answerer</b>
<b>Testing/Reporting/Admissions</b>		
<p>Policymakers, (ALF in King County) over the past months there have been varying requirements for reporting positive cases to the different health/state agencies. Can you provide us with updated reporting requirements for DSHS, DOH, and King County Public Health? Are there other agencies that require other reports?</p>	<p>1) RCS - requires known &amp; suspected cases through CRU - complaint resolution unit  2) Report to LHJ, who reports to Dept of Health  3) SNF only - report positive and negative testing COVID and POC testing results to NHSN when available. Otherwise send results to LHJ.</p>	Mary
<p>SNF- Positive staff found with routine screening with no close contacts in facility. Does facility need to stop admissions?</p>	<p>Need to understand extent of outbreak before accepting admissions. Full facility testing every 3-7 days til no new positive cases. Call your LHJ.</p>	Shauna/James
<p>RE: above question - What determines when a facility may continue to take admissions when staff have tested positive? I have seen some facilities with pos staff continue to take admissions, other facilities have not even while awaiting results of full facility testing.</p>	<p>LHJ weighs types of facility exposures, presence of outside known exposures, results of confidential interviews for contact tracing, use of universal face masks and eye protection, duration that infectious persons may have worked in the facility, participation in group activity, staff to staff contacts, if any other cases are detected, ventilation of facility etc.</p>	Mary
<p>SNF- There is a COVID -19 positive employee (cook) who wore facemasks and eye protection while working with no close contacts.  Found positive during routine testing. Confirmed with PCR. He cooked for 20 residents.  The cook was only in one of the four different resident buildings can we admit to the other buildings?  Would you recommend any resident testing?  Does the facility need to stop outdoor cube visits?</p>	<p>Check with LHJ for admits to other buildings.  1 positive employee = outbreak. Test everyone in facility.  Hold visits till know severity - after 1 or 2 rounds of testing. Wait for testing and discuss with LHJ.</p>	Shauna/James
<p>ALF- When testing with BinaxNow POC for staff presenting with symptoms, if results are negative, has the recommended quarantine time changed?</p>	<p>Recommend to F/u with PCR test. Assuming no known exposure to Covid with Neg Binax &amp; neg PCR - If they are sick should not be working until symptoms improve.</p>	Marissa
<p>SNF-when point of care test result comes back positive and a second test comes back negative should the staff be pulled off shift while we wait for the PCR test result</p>	<p>Yes, while waiting for a PCR confirmatory test, the staff should not be working.</p>	Marisa

Is it a requirement to get all the residents and staff tested and if so how many times. Afh	Not a requirement but please seriously consider testing all. Point prevalence is one time testing. Deadline moved to Dec 31.	Charissa
When are covid 19 testing due for afh?	December 31 due date	Charissa
Is the point prevalence testing for afh a nasopharyngeal testing or how are the testing administered?	Anterior nasal, AKA just inside the nose about 1 inch. Instructions: <a href="https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Self-SwabNasalCollectionInstructions.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Self-SwabNasalCollectionInstructions.pdf</a>	Mary
The other confusion that is also happening in adult family homes is some have also been receiving the email where homes can get free kits from DOH and since this is coming from the smart sheets it has homes confused. One email is labeled COVID 19 tests available from <tammi.leclerc@doh.wa.gov> and homes are thinking this is the point prevalence testing as it comes from Smartsheet. If they order through that email they are not ordering through the other email that is being sent out.	We updated the Dear Provider letter explaining that the adult family homes would receive an email from Tammi Leclerc @ SmartSheets giving them information about how to confirm their interest in receiving tests. (Tammi works for DOH). Homes can complete a form within the SmartSheet email about their interest or hit reply and ask questions. Hitting reply sends their message to an email box that is then answered or directed to the group that will help them order their supplies if they are interested. All of these requests end up in the same system. Anything coming from Tammi Leclerc or the State Testing Branch (either Smartsheets or direct email) relates to the point prevalence survey and testing distribution activities at this time.	Charissa
<b>Visitation/Holidays/Quarantine</b>		
Can facilities bill for translators used to screen visitors for COVID? <a href="https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html">https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html</a>	Facilities are required to provide interpreter services for their residents and clients related to the provision of care and services and cannot bill the resident/client. In the processing of screening visitors, the facility cannot charge a visitor for an interpreter if the cost of that service would prevent the visitor from access to the resident or client. RCS recommends using a phone based language line or contact the Medicaid contracted brokers for more information.	Candy
SNF/AL - With this change in weather, can we do outdoor visitation with overhead propane heaters if safety measures are observed? (Distance, trip hazards, etc)	Revised Safe Start guidance is not final yet. See the NFPA fact sheet on outdoor heater safety for general businesses. There may be additional restrictions for LTC. Note that "appropriate distance" from the tent/roof is generally interpreted as 3 feet vertically.	RCS /Mary

SNF-Are tents with four sides and heaters permitted if fire department says OK? Please clarify on this topic!	Not enough air flow - to include in guidance; follow CDC guidance & LHJ	Audrey/Larissa
AFH-Can a tent be put outside for outdoor visits ?	It needs to be open on 3 sides to allow adequate ventilation.	
Can we discuss what is a safe outdoor space? My understanding is the CDC states that 3 sides of any area should be open when using tents and canopies to ensure good air flow.	Yes, correct.	
ALF - I was interrupted earlier and didn't hear, but regular indoor visits are still not allowed, correct? Which means we will have to buy tents and heaters for the residents, correct?	Governor's advisory in now in effect through Dec 14 is no indoor visits for LTC	Mary
LHJ: what guidance has been decided in regards to accomodations for indoor visitation during the cold/winter weather? I have many facilities that call for guidance for the continuance of in person visitation.	Pending; new Governor advisory statewide limits indoor visiting due to accelerating rate of COVID-19 cases	Candy, Larissa
AFH-Are guardian allowed for indoor visits?	Yes - Governor proclamations have identified guardians and POA as essential visitors when in the course of their legal obligations as a representative of the client. They need to have access to their resident. This does not however allow them visitation when it would otherwise be restricted for a social visit.	Candy
SNF - please clarify: do guardians have more access than a POA daughter? Why wouldn't guardian's have to use tech visits like family does?	Same answer as above. In the course of providing a legally obligated function, a guardian or POA is given access. The person may need to review financial documents, health care decision making or other legal matters/decision making.	Candy
AFH-Do you mean that the poa can come in for indoor visits	When needed to perform a function of a guardian and a face to face visit is required.	Candy
So the guardian can only visit if they have financial needs in the AFH?	A guardian can visit when they need to complete a court appointed legal obligation with the client/resident. This may be financial or other decision making needs	Candy
If guardian/dpoa can visit. How long can they visit? 30min/1 hr?	The length of the visit depends on the purpose and needs of the visit. The POA or guardian needs to pass the health screening and have all required PPE for the visit. There is no established time limit.	Candy

<p>AFH-We are getting different information about guardians coming in to the house for visits. Can RCS clarify on this. Can guardians come in or not. Just talked to licenser who said poa &amp; guardians cannot come in.</p>	<p>Please see above answers.</p>	<p>Candy</p>
<p>Can RCS please re-state the guidance related to allowing POA or guardians into facilities? Did I understand that a POA is allowed in and the visitor restrictions do not apply to them?</p>	<p>A POA cannot visit if the phase does not allow visitation if the visit is not related to their formal defined role as a POA.</p>	<p>Candy</p>
<p>SNF-So do you have a generalized idea of what the new definitaion of the essential support person would be?</p>	<p>New guidance and defintions will be released soon.</p>	<p>Candy</p>
<p>SNF/ALF - I am hoping you can give us your thoughts on families taking our residents home for thanksgiving, what exactly should we be telling families or encouraging. Would we need to isolate/quarantine these residents upon return? Can we isolate residents together who both left the facility?</p>	<p>Remind resident and families that governor's proclamation does outline prohibition of social gatherings with individuals outside your household  <a href="https://medium.com/wagovernor/inslee-announces-statewide-restrictions-for-four-weeks-c0b7da87d34e">https://medium.com/wagovernor/inslee-announces-statewide-restrictions-for-four-weeks-c0b7da87d34e</a>          "For long-term care facilities, only outdoor visits will be allowed. Indoor visits may be permitted for essential support persons or end-of-life care."           CDC guidance: <a href="https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html">https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html</a>          Safe Gathering Guidance and a Checklist from WA DOH to share with Residents and Staff: <a href="https://coronavirus.wa.gov/information-for-you-and-your-family/safer-gatherings">https://coronavirus.wa.gov/information-for-you-and-your-family/safer-gatherings</a></p>	<p>Candy/Audrey</p>
<p>AL-Is there any update to when the revised safe start guidance will be out?          SNF-when do you expect guidance to be released?          SNF - request that new indoor visit guidance is not released the day before or after thanksgiving. it is difficult for SNF to implement</p>	<p>At this time the Gov Proclamation 20-25.8, released 11/15/2020, only allows for outdoor visits except in the case of end-of-life or if there is an essential Support Person assigned. When the visitor restrictions are modified, we will have the updates to the safe start plan ready for release.</p>	<p>Amy</p>

<p>ALF- I was late coming on, but have you covered requirements for quarantine for residents that go out for Thanksgiving diner? if they have a small gathering (5 people) will they still need to quarantine?</p>	<p>Use the risk assessment questionnaire. If a resident is going to an indoor home gathering where facemasks and social distancing will not be enforced, that is a high risk outing.  <a href="https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf</a>.  Suggest publicizing the policies that will be enforced after outside family gatherings well before the holidays so that residents can make informed decisions. One suggestion was that if a resident chooses to go out of the facility for a family gathering, they agree to a two week quarantine with another resident who has chosen to go out of the facility, rather than quarantining with their usual roommate if that roommate has remained in the facility.</p>	
<p>Along these lines...are there any updates on indoor visitation yet?  SNF- We cannot do visitation outside when it's 40 degrees. this is "guidance" is taking too long for visitation. We have been hearing the same thing each week and residents and families are suffering</p>	<p>At this time the Gov Proclamation 20-25.8, released 11/15/2020, only allows for outdoor visits except in the case of end-of-life or if there is an essential Support Person assigned. When the visitor restrictions are modified, we will have the updates to the safe start plan ready for release.</p>	<p>Amy</p>
<p>SNF-Can someone please post the CDC guidance re: outdoor visits?</p>	<p>Here are the DOH guidelines:  <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>Mary/Bev</p>
<p>AFH-What about residents that go to shopping, is there a document we can show them?</p>	<p>This risk assessment tool can be used for either medical or community visits to determine whether quarantine is indicated. The last page is a letter you can provide to residents, family to help provide prevention measures.  <a href="https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf</a></p>	<p>Bev</p>
<p>AFH-Do we need to put a plastic shield in the door way if the family visits with the loved ones The family outside the door and the resident inside with the open door.</p>	<p>Not recommended to have residents inside or to use doorways.</p>	<p>Mary</p>
<p>Was there an effort to collect ideas for holiday visiting from providers? I thought they were going to send in their ideas and you would distribute?</p>	<p>Facilities are asked to send holiday ideas to mailbox: HAI-COVID@doh.wa.gov  We'll be happy to distribute ideas when receive any.</p>	

<p>AFH- In snohomish county we are in phase 2. is outdoor visit a must or a recommendation ?</p>	<p>At this timeAt this time the Gov Proclamation 20-25.8, released 11/15/2020, only allows for outdoor visits except in the case of end-of-life or if there is an essential Support Person assigned. When the visitor restrictions are modified, we will have the updates to the safe start plan ready for release.</p>	
<p><b>Other Quarantine/Phases/Cohort</b></p>		
<p>LTC – Once a resident has met criteria to leave the COVID-19 unit do they need to be moved to the “Quarantine/Observation Unit” for 14 days before returning to their long term care bed or can they move directly from COVID Unit to LTC bed</p>	<p>If met criteria, transmission based precautions can be discontinued and they do not need to go into quarantine. If immune compromised, 20 days quarantine recommended <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a></p>	<p>Audrey/Mary</p>
<p>AFH, i am the AFH provider i always take and provide ride my client to Appointments myself, with mask on and keeping social distancing and i have one client would like walk with me around the block uncrowded area with mask on my question is do i have still to do risk assesment to all these clients</p>	<p>Walk only, masked, social distancing with staff or resident may not be high risk. Have to make sure no variance. Still prudent for risk assessment after medical appointment.</p>	<p>Candy/Bev/Larissa</p>
<p>AFH-When people are roommates should they be considered as part of the same household. Would that allow them to not have to socially distance from each other at meals and when in the common space?</p>	<p>Roommates have anywhere from 10% to 50% risk of getting COVID if their roommate is infected. The more time they spend close to each other, the higher the risk of transmission if one gets infected. If they are not partners, best to keep the rules of social distance.</p>	<p>Mary</p>
<p>If 2 staff live together and 1 tests positive for covid during a facility outbreak, should the staff who lives with them quarantine or can he/she continue to work and be tested regularly? (question posted from RCS)</p>	<p>That is considered a high risk exposure and exposed staff should quarantine for 14 days.</p>	<p>Marisa</p>
<p>AFH-Could someone explain how to determine what phase we are in for LTC</p>	<p>See below for county status. Your LHJ can ask you to implement restrictions in the event an outbreak.</p>	<p>Mary</p>
<p>AFH-Can we discuss if each jurisdiction will be sending out alerts about LTC phase of that county. Thurston county went back to Phase 1 on Nov 2nd. Are any other Jurisdictions considering going backwards. Is there a place that the Local jurisdictions could put alerts regarding their jurisdiction so that everyone do not have to go hunting for information?</p>	<p>The Gov dashboard shows the state of Safe Start for each County: <a href="https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard">https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard</a>. See Gov advisory in line 31 that is statewide.</p>	<p>Mary</p>

<p>Do we have to speak to other AFH's in the area to cohort our residents in case of Covid-19? I received a phone call from an AFH near me and I am not sure if we have to set up something like that or not.</p>	<p>RCS does not require this. Discuss with LHJ for cohort recommendation for region/area. Can contact RCS for community resources/facilities. Always a good idea to have a back up plan.</p>	<p>Candy/John</p>
<p><b>Eye Protection/PPE/Other</b></p>		
<p>ALF-dietary department would like to wear guards on the sides of their prescription glasses rather than wear safety glasses/goggles. We are a covid free assisted living facility.</p>	<p>No gaps around eyes for splashes or sprays. Universal eye protection even if no Covid. Lots of transmission in state</p>	<p>Audrey</p>
<p>why DSHS distribute n95 instead of regular masks once a month if the afh wants it instead of regular mask? Tx</p>	<p>If I understand the question - the supply of N-95 and the need to fit test them restrict their use to staff caring for suspected and confirmed COVID-19 patients. We encourage you to get some in advance so you can fit test staff to the mask prior to when you need them.</p>	<p>Mary</p>
<p>LTC – after a positive case has been identified on the LTC nursing unit and unit is on exposure precautions – how long of a waiting period should occur before carpet cleaning may commence?</p>	<p>Delay carpet cleaning if possible during outbreak most viri will die in hours to days. When you do vaccum, wear mask and eye protection. Use vacuum with HEPA filter. Vacuum cleaners can push particulate out the back, and the HEPA filter will catch potentially infectious particulates that have been collected..</p>	<p>Bev/Becky/Mary</p>
<p>SNF- Submitted this last week regarding reporting in NHH COVID-19 module - I have emailed the NHSN help desk 3 times with no response. We have completed our monthly staff testing and must enter results within 24 hours - the issue is that the module does not allow you to enter staff that live in Canada - it requires you to enter a County and State from drop down but does not give option to choose other or Canada. How are we to enter accurate information for these staff and report results within time frame?</p>	<p>NHSN will either update their NHSN form or provide further guidance. In one of the NHSN trainings, the question came up about how to report if the staff member's address was unknown, and NHSN suggested that the facility use the facility address until the staff member's address is determined. My recommendation based on that response would be to use the facility address until NHSN either allows for out-of-country addresses or provides other guidance.</p>	<p>Larissa</p>