

Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 12/17/20		
Question Asked	Answer Given	Answerer
PPE		
SNF- All of our staff are wearing N95's and face shields. Do they need to change their N95 when going from quarantine to quarantine and quarantine to non quarantine? It requires a lot of face touching and donning and doffing to accomplish this and I worry about an increased exposure risk from all the extra touching.	Extended use is generally favored over reuse because it is expected to involve less touching of the respirator and therefore less risk of contact transmission. Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters. Extended use is well suited to situations wherein multiple patients are infected with the same respiratory pathogen. Thus, I recommend that when you are using the extended use guidelines, that the N95 be changed when going from quarantine to non-quarantine resident or going from resident in isolation to resident not in isolation. <a href="https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextended_use.html">https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextended_use.html</a>	Bev
can we have the slides or link for that PPE competency validation form?	PPE competency tool sent with slides; there is not a link at this time	
SNF, Can you please tell me if face shields/or goggles are required in LTC/SNF, in addition to face masks? And if so, where is this written?	<b>HCP working in facilities located in areas with moderate to substantial community transmission</b> are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow <a href="#">Standard Precautions</a> (and <a href="#">Transmission-Based Precautions</a> if required based on the suspected diagnosis). They should also wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>	Bev

<p>question for Nursing home, In covid unit, can nursing staff wear gowns in and out of resident rooms thru out the covid wing? thanks</p>	<p><u>Under Crisis Capacity Strategies</u> <b>Only</b>: the gown may be used via extended use or reuse strategy. (The risks to HCP and patient safety must be carefully considered before implementing a gown reuse strategy. Disposable gowns generally should NOT be re-used, and reusable gowns should NOT be reused before laundering, because reuse poses risks for possible transmission among HCP and patients that likely outweigh any potential benefits.) Consideration can be made to extend the use of isolation gowns (disposable or reusable) such that the same gown is worn by the same HCP when interacting with more than one patient housed in the same location and known to be infected with the same infectious disease (i.e., COVID-19 patients residing in an isolation cohort). However, this can be considered <b>only</b> if there are no additional co-infectious diagnoses transmitted by contact (such as <i>Clostridioides difficile</i>, <i>Candida auris</i>) among patients. Similar to extended gown use, gown reuse has the potential to facilitate transmission of organisms among patients. However, unlike extended use, repeatedly donning and doffing a contaminated gown may increase risk for HCP self-contamination. If reuse is considered, gowns should be dedicated to care of an individual patient and dedicated to the one staff. Any gown that becomes visibly soiled during patient care should be disposed of or, if reusable, laundered.</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html</a></p>	<p>Bev</p>
<p>Can we please have clarification about gown re-usage? It sounded like James said it was okay but Larissa said that it was a Crisis tactic</p>	<p>Please see above answer.</p>	<p>Bev</p>
<p>AL - if we go through fit testing and they choose a BYD respirator for our staff but we have no way of obtaining any, what benefit is it? We submit requests every single week as well as continuing to seek from the marketplace and it never bears fruit.</p>	<p>If you are able to access a different type of N95 more readily, discuss with the testing organization using this brand/style to do testing. Many testing sites will allow you to bring the respirator you will typically be using.</p>	<p>Amy</p>

<p>Q-If a resident is admitted to a SNF in Kitsap County from the the hospital, whay type of mask should be worn when providing direct Care (surgical mask or N95)?</p>	<p><u>New admission should be placed in a single-person room so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission.</u>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p>	<p>Bev</p>
<p><b>Visitation/Return to Work/Outbreak</b></p>		
<p>Window visits can be open as long as 6 ft distance and masking maintained?  AFH - We were told the window could be opened and could that not be considered shared air space?</p>	<p>Window should not be open for window visits. Facilities may utilize technology, such as phones or intercom to facilitate window visits.  <a href="https://www.dshs.wa.gov/sites/default/files/AL TSA/covid-19/202012%20SSLTC%20FAQ.docx">https://www.dshs.wa.gov/sites/default/files/AL TSA/covid-19/202012%20SSLTC%20FAQ.docx</a>  also see FamHelp page: <a href="https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information">https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information</a></p>	
<p>Hello, question from an AFH. Window visits, is it recommended for a staff member to go outside the home, screen and log in the visitor prior to a window visit? It seems the staff member would be exposing themselves by going outside and having contact with the visitor. It would make more sense for staff to not have contact with the visitor but then how can we screen them?</p>	<p>If the resident and visitor are using technology to enhance the window visit (i.e. call phone), have staff use the same technology to do screening with visitor. Or request the visitor call the facility so staff and do screening over phone while observing the visitor through the window.</p>	<p>Amy</p>
<p>Are there NEW rules for visitation at NH</p>	<p>See website for revised visitation  <a href="https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/LongTermCareFacilities">https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/LongTermCareFacilities</a></p>	

<p>AL Is the new guidance for DR and activities mean we can now open up our dining and activities? Is this for all phases? Also If we were in phase 2 do we move back to phase one if the case counts rise to the phase 1 levels or only if our LHJ states to do so?</p>	<p>At this time King, Pierce, Thurston, and Snohomish Counties have moved all LTC facilities back to phase 1. Facilities in those counties will need to follow phase 1 criteria for group activities and dining. In other counties facilities will need to coordinate with the LHJ to determine the best course of action for phase at this time.h Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs) <a href="https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/LongTermCareFacilities">https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/LongTermCareFacilities</a></p>	
<p>AL - define sharp decline in health. If someone is on hospice due to health decline, this is apparently not sufficient? This is a matter of great concern for our hospice family members.</p>	<p>Hospice itself would not be the trigger for in person visits as some residents can remian stable on Hospice for a number of weeks. If a resident has a sudden decline and it is clear the residents death is imminent, in person visits may occur.</p>	Amy
<p>NH staff traveling out of state/international for the holidays, recommend testing before return to work or 7 to days quarantine</p>	<p>Recommend quarantine for staff who travel for the holidays.</p>	
<p>AL - We have been told that a person who has had COVID can continue to test positive for up to 90 days. Is this accurate, and if so, should that person not work in an LTC during the entirety of testing positive.</p>	<p>A test-based strategy is no longer recommended (with exceptions noted in the link below) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. Facility should use symptom-based/time-based strategy as to when HCW can return to work. Please see the details and exceptions here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</a></p>	Bev
<p>AFH-Caregiver is positive and asked to come to work to care for positive residents. Is this acceptable?</p>	<p>Please refer to the Crisis Capacity Strategies to Mitigate Staffing Shortages found here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html</a></p>	Bev
<p>LTC: When a housekeeper is no longer needed for COVID-19 unit can they work in laundry sorting and folding for the 14 day observation period?</p>	<p>Not sure i completely understand the question. Are they in quarantine due to a specific exposure concern or just because they worked on a COVID unit? I just worked on a COVID unit and no concern for a specific exposure. I think this is reasonable but would likely be best to run your specific situation by your LHJ.</p>	James Lewis

<p>Q-If a SNF employee in Pierce County tested positive for Covid19, and has signs &amp; symptoms including a fever, when can the employee return to work (must the employee be sign &amp; symptom free or just need to show improvement) how long till can can return to work?</p>	<p>Follow the CDC time/symptoms based recommendaitons for ending isolaiton:  CDC Staff Return to Work: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</a></p>	<p>James Lewis</p>
<p>LTC: We are currently mitigating an outbreak and only 1 + resident. We are a 2 story facility and there have been no + cases identified in staff or residents for 14 days on the 2nd story. Is it OK to resume giving limited showers and opening up resident and hallway doors?</p>	<p>Need to discuss with LHJ there are a lot of details that would need to be understood to provide this answer.</p>	<p>James Lewis</p>
<p><b>Testing</b></p>		
<p>Just to confirm if an AFH got the whole home residents and staff tested in September, do we need to do another test ?</p>	<p>Your home would not need to participate in the point prevalence testing that is occuring at this time. You may need to perform testing if someone in the home has potential exposure or symptoms, or if it is recommended by the LHJ.</p>	<p>Amy</p>
<p>ALF question- Are we able to use the state approved lab that was previously assigned for community testing for subsequent testing (surveillance,symptoms,exposure) for residents and staff?  (side note/ we are currently doing testing (surveillance,symptoms,exposure) and having the lab bill insurance/medicare but the lab had mentioned we can use the state portal instead). I thought this was a one time use due to the testing mandate back in September. If this is approved for use, how do we enroll in the portal? We only enrolled one community but have 7 others that did not need to do community testing per mandate (they had previously tested).</p>	<p>Contact DOH testing branch: <a href="mailto:doh-cbts.imt@doh.wa.gov">doh-cbts.imt@doh.wa.gov</a></p>	

SNF do we need a DR order and family consent to do random POC test on a Resident w/ N/V	If you have a standing order for each resident covering any and all POC testing you may not need a special order for this test. If you only have an order for the routine testing that is being done you may need to get an order for this particular test. You would still want to alert the MD the resident is showing symptoms. You should always get the resident consent before performing a test. If the resident is unable to give consent and the family has given consent for the routine testing occurring, the home should notify the family a test outside routine testing is being performed related to symptoms.	Amy
<b>Vaccine</b>		
Can you please give us your email address.	COVID vaccination email: COVID.Vaccine@doh.wa.gov	
Do we need standing vaccine orders from their PCP similar to the flu vaccine ? We are an AL	depending on your policy, might be good to have a standing order. You can find one via the link below	Kathy Bay
Where is the link that was mentioned about requiring prescriber order?	<a href="https://www.doh.wa.gov/Emergencies/COVID19/Vaccine">https://www.doh.wa.gov/Emergencies/COVID19/Vaccine</a>	Kathy Bay
Hi please clarify- you were cutting out. Do you need a standing order for the Covid vaccine?	The pharmacists through the national program are covered for their vaccinations. For your organization on an ongoing basis depending on your policy, might be good to have a standing order. You can find one via the link above.	Kathy Bay
From AFH.Do we need to let the residents?DPOAs to sign consent for the vaccine?	Someone does need to give consent or at least assent for the vaccination and ensure screening is completed. That can be done in conjunction with the pharmacy or whoever administers the vaccine. Please check your <u>organizational policy for consent/assent</u> .	Kathy Bay
Does WA allow for verbal consent?	WA does not require written consent for vaccinations, but there is a need for consent/assent. Please check your policies regarding practice/standards.	Kathy Bay
ALF: Is there a specific way of writing the vaccine order?	Suggest using the language in the standing orders but also ensuring you are documenting the screening was completed.	Kathy Bay
AL - If a person is taking antiviral medications, will the vaccine work for them, and/or should they continue to take the antivirals before, during, after vaccination period? • Should a person who is taking immuno-suppressants receive the vaccine?	These individuals might truly benefit from the vaccine as the health conditions may also put them at higher risk, but the individual's healthcare provider should be involved for both of those questions.  See also FAQ about Vaccination in Long-term Facilities at <a href="https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care-faqs.html">https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care-faqs.html</a>	Kathy Bay

LHJ -Are there facilities on the call who have gotten vaccinated? How has that process been going?	We're just beginning vaccinations on 12/21.	Kathy Bay
What is the level of side effects and management of that?	We know the common side effects, but are just beginning vaccinations this week.	Kathy Bay
Are they vaccinating staff and residents at the same time? I heard they may be expecting residents to come to the pharmacy for vaccines?	For the national program, vaccinations can be given to both staff and residents at the same time.	Kathy Bay
Are taking vaccines voluntary at this point for residents? Staff?	Yes, vaccines are voluntary for residents. A resident may choose to decline the vaccine. Staff may also choose to decline. It is up to the employer what the expectations will be for employees in the organization.	Amy
What are the chances that CVS and Walgreens will send vaccine and staff on a ferry ride to little tiny San Juan County to vaccinate our ALF and AFHs?	We are working with a pharmacy on Lopez Island and also with the local health jurisdiction to ensure vaccine is available for residents and staff in long term care. If you have questions or need assistance, please contact us through the DOH mailbox COVID.Vaccine@doh.wa.gov for us to help coordinate.	Kathy Bay
If people have had Covid-19 should they still get the vaccine? What is the current practice on this?  you answered but your answer is not clear. do covid 19 positive clients can get the vaccine?	People who currently have COVID-19 should not get vaccinated until they feel better and their isolation period has passed. People who were recently infected can choose to wait 90 days after their illness before getting vaccinated. Our data suggests reinfection may be uncommon in the 90 days after infection.  People who were recently exposed to COVID-19 should also wait to get the vaccine until after their quarantine period, if they are able to safely quarantine away from other people. If there is a high risk they could infect others, they may be vaccinated during their quarantine period to prevent spreading the disease	Kathy Bay
AFH: Does "all people living in the afh "including staff family can have vaccinated when the mobile pharmacy comes to afh?	If the family of the provider or the staff live in the AFH they may also be included. If they do not live in the home and have regular exposure to the residents, they would not need to be included in this tier of vaccinations. DOH - If an individual lives in the building with residents/patients, they can be immunized at the same time as long they are at least the required age for the vaccine (16 or 18 depending on the vaccine) and have no other contraindications for the vaccine.	Amy/Kathy

<p>AFH - This is regards to vaccination - I spoke to many homes that have confirmation codes but have not received the CVS email to get the process started. I spoke to another AFH provider who told me when she signed up originally the website was very glitchy. I was told she did get a confirmation number but she stated that something seemed not quite right. She then followed up with Kathy Bay who looked her up and noted she was not registered even though she had the confirmation number. If providers have a confirmation number like this provider and they find they are not getting the email from CVS or DOH who should they call and can someone then manually input them on the list since technically they did follow the steps to get registered.</p>	<p>Please contact us via the email: <a href="mailto:COVID.Vaccine@doh.wa.gov">COVID.Vaccine@doh.wa.gov</a> to help. We have several pharmacies who we're coordinating to help support vaccinations in long term care facilities that are not registered.</p>	<p>Kathy Bay</p>
<p>Does washington have enough vaccine to vaccinate HCW and LTC this month?</p>	<p>We receive supply numbers on a weekly basis, but we anticipate we'll have sufficient vaccine available in January or at least by early February for both the first and booster dose for staff and residents in LTCF.</p>	<p>Kathy Bay</p>
<p>AFH - On oct 23rd there was a dear provider letter that came out and that link in that letter took you to register at a different website then the other monkey survey link. It is unclear who we are to follow up with if a facility signed up back during October.</p>	<p>Please contact our DOH mailbox and we can verify for you. DOH COVID Vaccine <a href="mailto:COVID.Vaccine@doh.wa.gov">COVID.Vaccine@doh.wa.gov</a>.</p>	<p>Kathy Bay</p>
<p>99% of the families are asking: If the residents get the vaccine will they be able to visit with the family after or the visitation restriction continue to be the same even if they get the vaccine? AFH .</p>	<p>This will be determined by the governor's proclamations. Currently there is still a proclamation in place restricting visitation. The governors office and stakeholders in LTC are certainly reviewing this and determining the best course of action as more people receive the vaccine. DOH - we anticipate that our path back to more visitation will require vaccinations for at least a larger part of our community to support those who cannot be vaccinated.</p>	<p>Amy/Kathy</p>



<p>From AFH. If the vaccine might have adverse effect or implications with a resident , will the AFH Provider liable?</p>	<p>If there are concerns, please visit with the resident MD to determine the best course of action and document and follow any recommendations. DOH - The vaccine is available under Emergency Use Authorization (EUA) by the Food and Drug Administration. For vaccines under EUA, organizations are free from liability under the Public Readiness and Preparedness (PREP) Act, and injuries can be claimed through the Countermeasures Injury Compensation Program (CICP).</p>	<p>Amy/Kathy</p>
<p>can IL residents part of a CCRC get the vaccine with the Walgreens clinic?</p>	<p>RCS - This would be reviewed on a case by case basis depending on how the CCRC physical layout is set up DOH - Depending on when the vaccinations are started that may be correct. If an independent living resident is in an apartment or room with a resident who is assisted living, they can be vaccinated at the same time. Otherwise we are still very limited on vaccine supply and will need to do independent living a little later this winter/early spring. You can see allocation phases on the DOH website: <a href="https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf</a></p>	<p>Amy/Kathy</p>
<p>AFH registered for CVS pharmacy vaccine program. CVS says they will send consent forms. ? How can afh get vaccinated wait til contacted by CVS?</p>	<p>The CDC/Retail Pharmacy program with CVS/Walgreens is beginning on 12-28-2020 in nursing homes and in all other facilities the following week on 1-4-2021. Of course the pharmacies cannot be in all facilities in a week or two weeks, but will continue to expand and vaccinate.</p>	<p>Kathy Bay</p>
<p>What is the link of the vacine to infertility? I hear it will be fine, but have they truely studied enough cases? or just say it will be fine? Also what is the link to birth defects? Nobody has studied a pregnant woman that i'm aware of. Thank you!</p>	<p>The American College of Obstetricians and Gynecologists recommend the vaccine for non-pregnant people. They also recommend shared decision making for those who are pregnant or lactating due to the high number of pre-term labor and other complications for individuals who are pregnant and develop COVID disease. You can find their recommendations via this link: <a href="https://www.acog.org/advocacy/advocacy-and-covid-19/covid-19-vaccines-and-pregnancy">https://www.acog.org/advocacy/advocacy-and-covid-19/covid-19-vaccines-and-pregnancy</a>.</p>	<p>Kathy Bay</p>

<p>We are being told our independent resident who are mixed with our assisted living resident won't get the vaccine because they aren't on a assisted living service. Is this true?</p>	<p>Depending on when the vaccinations are started that may be correct. If an independent living resident is in an apartment or room with a resident who is assisted living, they can be vaccinated at the same time. Otherwise we are still very limited on vaccine supply and will need to do independent living a little later this winter/early spring. You can see allocation phases on the DOH website:  <a href="https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf</a>.</p>	<p>Kathy Bay</p>
<p>Im assuming people are staggering vaccines to facilities so that staff and residents don't get sick with side effects at the same time?</p>	<p>That is one suggestion. More can be found in the CDC LTCF toolkit available via this link: <a href="https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships-faqs.html">https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships-faqs.html</a>.  See also FAQ about Vaccination in Long-term Facilities at <a href="https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care-faqs.html">https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care-faqs.html</a></p>	<p>Kathy Bay</p>
<p>Q- AFH- ALF- ESF and Nursing Homes- Will all of the local jurisdictions have vaccination teams to help coordiante vaccination to newly licensed or up for licensing in the future. There are many new facilities in the works of getting licensed that did not have access to sign up their facilities so how do they get their clients and staff vaccinated.</p>	<p>Some local health jurisdictions have staff available for vaccinations. Please contact us via the email: <a href="mailto:COVID.Vaccine@doh.wa.gov">COVID.Vaccine@doh.wa.gov</a> to help. We have several pharmacies who we're coordinating to help support vaccinations in long term care facilities that are not registered.</p>	<p>Kathy Bay</p>
<p>what kind of allergy we are looking when it comes to vaccines?</p>	<p>Interim Considerations for Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites  <a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/anaphylaxis-management.html">https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/anaphylaxis-management.html</a></p>	<p>Kathy Bay</p>
<p>Life Plan Community: Has it been determined whether Independent Living Residents and staff will be able to receive the vaccine at the same time as our skilled nursing and assisted living residents and staff?</p>	<p>Depending on when the vaccinations are started that may be correct. If an independent living resident is in an apartment or room with a resident who is assisted living, they can be vaccinated at the same time. Otherwise we are still very limited on vaccine supply and will need to do independent living a little later this winter/early spring. You can see allocation phases on the DOH website:  <a href="https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf</a>.</p>	<p>Kathy Bay</p>

What will be the expectation of staff or residents, who do not take the vaccine. Will they be quarantined or will they be restricted in any way?	That is an organizational decision and I'm not able to give advice. You might want to discuss with your legal counsel before making a decision.	Kathy Bay
Is it beneficial to administer the Covid 19 test before the vaccination?	No, it is not recommended that you have a test prior to vaccination. Depending on the date of exposure and possible validity of the test result, the information could be inaccurate.	Kathy Bay
does the person getting the injecton need to be observed for 15' after?	CDC recommends that individuals be monitored for 15 minutes after vaccination to monitor for allergic reactions. If the individual has a history of allergic reactions to injected (intravenous, or injected) drugs, medications or vaccines, they should be monitored for 30 minutes after immunization. Those with a known history of vaccine allergic reaction to mRNA vaccines including Pfizer or Moderna should not receive the vaccine.	Kathy Bay
ALF: When is Walgreens starting their vaccination?	Walgreens will begin vaccinating on 28 December 2020.	Kathy Bay