

Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 12/10/20		
Question Asked	Answer Given	Answerer
Fit Testing		
AFH - What is the new deadline for facility staff to be fit tested for an N95?	There is no deadline, but the ability to participate in the DOH free project ends 12/31. Facilities should arrange fit testing by other means as well as soon as possible.	Mary
n95. when to change? how often?	N95 should be changed after one shift or after 5 doffings, whichever is less. N95 should also be changed if it becomes soiled or wet. N95 reuse is crisis optimization strategy.	Audrey
where to get free fit testing for N95 or KN-95	Email carolyn.ham@doh.wa.gov	
Testing/Reporting		
SNF. Do the HCBS workers coming in to assess for ALF or AFH need tested and are they tested by their agencies?	not currently testing staff due to infrequent onsite visits. Test workers "regularly in the facility, e.g. weekly."	Candy
will there be any upcoming testing requirements for assisted living facilities?	No from RCS; but LHJ might do during outbreak	
AFH-how we get the covid 19 kits. Not received yet	dear provider letter for AFH test kits: Here is the provider letter with information regarding how to get the test kits for AFH if you have not received yours yet: https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/afh/020-064.pdf	
How close of exposure should we be concerned about? I have a staff member whose fiance was potentially exposed by her client who is awaiting test results. The fiance is getting testing today and is quarantining. Do we need to be concerned with the employer's risk of exposure since it is second hand? he was COVID positive back in April if that makes a difference.	consult with LHJ - James - Agree with consulting with LHJ. Generally exposures to contacts that are not confirmed would not be a reason to exclude from work and in this case given previous infection of the contact I would be less concerned.	

<p>If employee tested negative twice after exposure to positive covid family member but developed symptoms after the 2nd test, do they need to test again.</p>	<p>If exposed to COVID+ person, quarantine for 14 days from last exposure. Any time anyone becomes symptomatic they should be tested regardless of known exposure timing given the rampant spread in the community now. Otherwise don't test exposed persons since early tests are meaningless, they can be negative but still develop COVID in the next 14 days.</p>	<p>James</p>
<p>SNF: Previously we have been told we must report ALL positive tests to RCS, as well as families, staff and residents. The FAQ from CMS that was recently published says we should NOT report positive POC antigen tests until we have a confirmatory PCR test verifying the positive status. Please clarify.</p>	<p>Report positive antigen tests. https://www.dshs.wa.gov/sites/default/files/ALISA/rcs/documents/multiple/020-12-02.pdf?utm_medium=email&utm_source=govdelivery https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/ReportingTestResults/ReportingCOVID19TestResultsforPointofCareTestingFacilities</p>	<p>Bev</p>
<p>Question about weekly testing of independent service providers coming into AL. We are asking for them to test their staff for home health providers and are being told that it is unreasonable and refuse. any resources for this conversation?</p>	<p>You cannot make independent providers test their staff however all visitors entering into a facility must be actively screened for COVID.</p>	<p>Candy</p>
<p>Are there any free testing sites for facility staff?</p>	<p>The free testing sites in King County are open to anyone. https://kingcounty.gov/depts/health/covid-19/testing.aspx. I think DoH may have a statewide testing site page as well</p>	<p>James</p>
<p>There is a facility in Vancouver that is unable to get nasal swabs and so they are doing 2x week NP testing on their staff. How can they get nasal swabs. it is a SNF</p>	<p>DOH is providing PCR test kits. Please contact DOH- CBTS regarding testing swab options</p>	<p>Candy</p>
<p>ALF - How do I determine if we have a CLIA waiver or not?</p>	<p>link to find out if your facility has a CLIA license (look up Medical Test Site Certificate of Waiver License): https://fortress.wa.gov/doh/facilitysearch/</p>	
<p>SNF- When would the DOH have access to NHSN results so we will no longer have to do double reporting.</p>	<p>No update yet</p>	

Vaccine		
AL: While it was shared in a vaccine webinar last week that there will be a standing order on file for the first round of vaccines for AL and other first round facilities, it seems prudent that we still notify all individual resident physicians to confirm s/he is comfortable with their 'patient' receiving the Pfizer vaccine? Thank you	That is a practice that could be established if there is concern that a resident is appropriate to vaccinate due to co-morbid conditions or allergy concerns. It is always a good idea for the provider responsible for the patient to coordinate ongoing health planning with the patient/responsible decision maker. It is important that you review your organizational policy for this process to ensure you are following internal guidance/standards.	Candy/Kathy
After we get the vaccine, when can we return to normal life?	It is unknown how long we will still need to wear masks, socially distance and follow other pandemic guidance. We do know the randomized clinical trials indicated the vaccine is 95% effective at preventing symptomatic COVID-19 infection starting at 7 days after the second dose. Vaccinating can save lives while we continue to provide other protects to prevent the spread of the virus.	Kathy Bay
after taking the vaccine, are you returning to a normal life? How soon? When will visitation and gathering will be allowed?	It is unknown how long we will still need to wear masks, socially distance and follow other pandemic guidance. We do know the randomized clinical trials indicated the vaccine is 95% effective at preventing symptomatic COVID-19 infection starting at 7 days after the second dose. Vaccinating can save lives while we continue to provide other protects to prevent the spread of the virus.	Kathy Bay
Are there updates in how the covid vaccine progress is going? Is anyone getting vaccine dates given?	The Pfizer-BioNTech vaccine was approved by the Food and Drug Administration for Emergency Use Authorization on 11 December 2020. Vaccinations should begin in Washington the week of 14 December.	Kathy Bay
AL: Assuming EUA for COVID-19 vaccine is approved today, what is the state's plan for timeline of distribution as well as which communities will first receive vaccines?	We're working to begin the vaccination programs in all facilities in December 2020 and January 2021.	Kathy Bay

<p>From a SNF-will the vaccine be given or required for anyone who has tested positive?</p>	<p>Washington is not considering a mandate for the vaccine, but employers could require it. The Advisory Committee on Immunization Practices (ACIP) states: Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection. Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection solely for the purposes of vaccine decision-making is not recommended.</p> <p>Vaccination of persons with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and criteria have been met for them to discontinue isolation. While there is otherwise no recommended minimum interval between infection and vaccination, current evidence suggests that reinfection is uncommon in the 90 days after initial infection. Thus, persons with documented acute SARS-CoV-2 infection in the preceding 90 days may delay vaccination until near the end of this period, if desired.</p> <p>https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html</p>	<p>Kathy Bay/Marisa</p>
<p>is this (consent) required to get the vaccine for caregiver and clients?</p>	<p>Per RCS, consent is required for all vaccines. Washington State does not require a written consent for vaccinations, but the national partnership with Walgreen and CVS does require written consent.</p>	<p>Candy/Kathy</p>
<p>Thinking about turnaround time, with families or POA, for consents. Do we need to wait to use the consent form that will be provided by the pharmacy for the vaccine or can we use a generic facility generated consent?</p>	<p>Walgreens & CVS requires use of their form</p>	<p>Kathy Bay</p>

<p>Does the generic facility consent form have all the information regarding the pros and cons of the actual vaccine? If not, as a consumer advocate I would suggest updating the consent form and follow RCS and pharmacy guidance. Patricia Hunter, State LTC Ombuds</p>	<p>The Emergency Use Authorization will be provided before or the time of vaccination. A copy of the document can be found via this link: https://www.trinity-health.org/covid-19-resources/assets/documents/clinical-guidance/vaccine/pfizer-biontech_covid-19_vaccine_eua_fact_sheet_for_recipients.pdf.</p>	<p>Kathy Bay</p>
<p>Will the vaccine prevent transmission or only prevent infection/disease? What is the plan if vaccine induced protection only lasts a few months?</p>	<p>At this point, it is not known if the vaccine prevents asymptomatic disease transmission. The randomized clinical trials indicated the vaccine is 95% effective at preventing symptomatic COVID-19 infection starting at 7 days after the second dose. Ongoing monitoring of individuals who were part of the phase 3 clinical information to be obtain more information.</p>	<p>Kathy Bay</p>
<p>LHJ Vaccine providers are also asking to be notified when LTCFs are having their residents vaccinated so that geriatric care teams can be aware and prepared if there is an increased need in provider response for side effects, etc.</p>	<p>It is always a good idea for the provider responsible for the patient to coordinate ongoing health planning with the patient/responsible decision maker. It is important that you review your organizational policy for this process to ensure you are following internal guidance/standards.</p>	<p>Kathy Bay</p>
<p>LTC: can the consent be signed PRIOR to the day of the clinic? Walgreens instructions state to be signed day of clinic. In a nursing home this may not be feasible.</p>	<p>We're working with Walgreens on this question. In a recent meeting, they noted that the consent can be given in advance, but that has not been confirmed in writing. Kathy Bay is continuing to follow up on this and will update.</p>	<p>Kathy Bay</p>
<p>LHJ - will facilities be provided guidance for vaccinating staff/residents if in an outbreak status and/or those who have been covid positive what time frame is best for that prior positive person to receive the vaccine?</p>	<p>The Advisory Committee on Immunization Practices (ACIP) recommends that individuals should get the vaccine if they have not had an active COVID infection in the last 90 days prior to vaccination. Due to the frequency of outbreaks in long-term care settings, vaccinations can begin and continue for those who are not actively infected if social gatherings continue to be limited and vaccinators wear appropriate protective equipment.</p>	<p>Kathy Bay</p>
<p>I forgot to indicate my facilities. Do we know when vaccine will be available for ALF and AFHs? I know Kay's not here so we might not get an update</p>	<p>For questions about facilities register, please contact Ivanna at ivann.berlin@doh.wa.gov</p>	<p>Kathy Bay</p>

<p>SNF-My question is concerning the three Testing dates for testing.It would not allow us to stagger residents/staff in order to monitor for side effects etc as well as to monitor for 30 minutes for adverse allergic reactions?</p>	<p>Unfortunately the national contract only allows for three visits by the pharmacy. Consider if there are options to spread staff and resident first doses over the first two immunization visits and utilizing the last visit to complete the final dose for the last booster for group two. For example: Visit 1: ½ staff and ½ residents Visit 2: Booster (dose 2) for group A staff and resident; initial dose for remainder of staff and residents, group B Visit 3: Booster dose for group B staff and residents</p>	<p>Kathy Bay</p>
<p>AFH - wondering if vaccine can be given to pregnant women?</p>	<p>If a pregnant or lactating (breastfeeding) person is part of a group (for example, health care personnel) who is recommended to receive a COVID-19 vaccine, the person may choose to be vaccinated. People in this situation should discuss it with their health care provider to make an informed decision.</p>	<p>Kathy Bay</p>
<p>can still we can enroll in pharmacy for vaccine program?</p>	<p>We encourage organizations that did not register for the CDC/Retail Pharmacy program to touch base with local health jurisdiction to see if they have other program available. Other options will be available as well as other updates from DOH in the future.</p>	<p>Kathy Bay</p>
<p>I haven' registered in the survey. I missed it. I tried to fill it up, but web did not support. Now it is expired. So what can I do to register for the vaccine? I m from AFH</p>	<p>We encourage organizations that did not register for the CDC/Retail Pharmacy program to touch base with local health jurisdiction to see if they have other program available. Other options will be available as well as other updates from DOH in the future.</p>	<p>Kathy Bay</p>
<p>When will assisted living get access to the covid vaccine?</p>	<p>We're working to begin the vaccination programs in all facilities in December 2020 and January 2021.</p>	<p>Kathy Bay</p>
<p>When is the vaccine available to administer to residents In afh</p>	<p>We're working to begin the vaccination programs in all facilities in December 2020 and January 2021.</p>	<p>Kathy Bay</p>
<p>AL: Assuming EUA for COVID-19 vaccine is approved today, what is the state's plan for timeline of distribution as well as which communities will first receive vaccines?</p>	<p>The vaccine was approved for EUA status on Friday, 11 December. We are beginning vaccinations during the week of 14 December with high risk workers in health care facilities and long term care facilities. More information about the vaccination planning can be found via this link: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf</p>	<p>Kathy Bay</p>

<p>From a SNF: Does the COVID vaccine effect the results of POC Antigen – in other words increase the possibility of false positive?</p>	<p>Getting the vaccine will not affect the results of a SARS-CoV-2 nucleic acid amplification or antigen test, the two methods most commonly used for screening.</p>	<p>Kathy Bay</p>
<p>Assisted Living - When vaccinating staff, if they have side effects that mimic COVID symptoms, must they stay home from work according to COVID guidelines or will there be an exemption?</p>	<p>Specific guidance on screening and management of workers in healthcare will be available later this week on the CDC website. More specifics to follow.</p> <p>Staff who have symptoms and were vaccinated in the last 3 days (day of vaccination being day 1) may continue to work if:</p> <ul style="list-style-type: none"> They are not known to have had unprotected exposure to SARS-CoV-2 in a community or healthcare setting in last 14 days They feel well enough and are willing to work They only have signs and symptoms that have been observed following COVID-19 vaccination (fatigue, headache, muscle aches) <p>Staff who have symptoms and were vaccinated in the last 3 days (day of vaccination being day 1) should not come to work if:</p> <ul style="list-style-type: none"> They had an unprotected exposure to SARS-CoV-2 in last 14 days They have signs and symptoms unlikely to be from a COVID-19 vaccine (cough, shortness of breath, runny nose, sore throat, loss of taste or smell) They have a fever (temperature over 100.0°F) <p>Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-</p>	<p>Kathy Bay</p>
<p>Quarantine/Visitation/Outbreaks/Admits</p>		
<p>If you have a employee who had covid a month ago what are regulations for them working? I have an AFH she is a new hire has not worked yet</p>	<p>Discontinuation of Transmission-Based Precautions for Patients with Confirmed SARS-CoV-2 Infection https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html -Unless they are still febrile or symptoms have not improved since their dx (very unlikely) then they should be able to work without concern.</p>	<p>James</p>

<p>I have a caregiver who was exposed but doesn't have symptoms. She is in quarantine at the moment. Does she need to be tested after the quarantining before coming back to work?</p>	<p>No. She can return to work after 14 days. If she develops symptoms she should be tested.</p>	<p>Mary</p>
<p>let say client is positive for covid 19. I heard after days this person is not infectious or does not transmit covid to other client? Is that true.</p>	<p>See guidance linked in number 45 above- Discontinuation of Transmission-Based Precautions for Patients with Confirmed SARS-CoV-2 Infection https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html -Unless they are still febrile or symptoms have not improved since their dx (very unlikely) then they should be able to work without concern.</p>	<p>James</p>
<p>and how long the client stay positive? 3 month?</p>	<p>PCR testing can remain positive for potentially several months but most individuals will test negative 10-14 days after infection, that being said test based strategy is no longer recommended (for many months) so should not be retesting people once they have been diagnosed for the following 90 days.</p>	<p>James</p>
<p>Any updates on the DOH review of the changes in recommendations of quarantine for residents and staff</p>	<p>CDC still recommends 14 day esp due to high transmission</p>	<p>Larissa</p>
<p>LHJ - With the changes from CDC regarding reduced quarantine time from 14 days to 10 days or 7 with a neg test - our Bi-County area is not reducing quarantine due to high community transmission keeping it at 14 days - will this change for LTCFs?</p>	<p>Right now 14 days remains the preferred option for LTC</p>	<p>James</p>
<p>This guidelines are what we are using to define COVID recovered patients (as it pertains to accepting from the hospital or community). Not all SNFs or congregate living facilities are using these guidelines to define COVID recovered. Are these guidelines what the DOH wants us to use as a community? Also, what precautions do we use for a new admission who meets these criteria?</p>	<p>Not sure I understand this question, but if someone has recovered from COVID in the last 3 months, the 14-day COVID-19 quarantine for new admits would not be necessary. If someone is beyond their 3 months since infection, they would need to complete the 14-day quarantine before the resident is able to join the community.</p>	<p>Audrey</p>

What are recommendations for residents going out with family for large gatherings?	The recommendation is that they do not go due to the high community prevalence. Use the risk assessment and discuss in advance the likley need for quarantine upon return. https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf .	Audrey/Mary
Did the risk assessment ever get updated? I know it was expected awhile ago to go live.	Risk Assessment Template for Community Visits: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf	
SNF-If family demands to leave for large gatherings do we have to immediately accept them back into the facility? Would they have to isolate away from current roommates?	Use risk assessment - high risk & quarantine upon return away from roommate Risk Assessment Template for Community Visits: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf	
what is visitation way to snohomish county right now for specially for family?	All LTC in Snohomish County is currently in phase 1. Outdoor visitation only, with limited exceptions	Amy
AFH - THATS MEAN NO OUTSIDE VISITATION? If we are in phase one?	Phase 1 means outdoor visitation only, with limited exceptions	Amy
Continued conflict in the 10 day isolation for the asymptomatic positive person. Dr. Lewis just said 10 days after positive test yet literature out two days ago said 10 days from date of test collection. Please clarify?	Yes, start form is from date of test collection sorry for the confusion.	James
what about during the visitation some dementia client take out the mask?	Persons with cognitive difficulties are exempt from the state masking mandate. You can encourage them to wear and redirect them to put mask back on when they remove it, but you may not force them. If the resident is unable or unwilling due to cognitive deficits they would be exempt. Visitors must use masks, can use barriers, and remain as distant > 6 as hearing allows. Visit outside.	Amy
LTC: when our COVID unit has no remaining patients is it OK for that care staff to be assigned to the Quarantine Unit?	As long as they are not moving back and forth between a quarantine and a COVID unit and the staff are not asymptomatic positive staff. If this is a COVID+ that has specifically contracted with the state to take COVID residents, you would want to assure it is okay to move staff as there may be secific contract requirements about remaining fully staffed on the COVID unit at all times, regardless of census.	Amy

AFH: Can isolation be discontinued if a 2nd test is done and is positive after the 10 days of isolation and the resident is asymptomatic?	yes	James
SNF-One of our buildings is currently experiencing an outbreak. I have a question regarding the use of universal gowning in COVID-19 units. Currently the staff are keeping their face shields and N95 and just changing their gowns between residents. Although our PPE supplies are adequate we are looking to conserve and switch to universal gowning for staff in the COVID-19 units. Basically staff using same N95 /face shield and gowns between residents use unless they are visibly soiled.	This is a crisis strategy and not recommended. If you NEED to conserve gowns use them continuously in the COVID unit and doff when exiting. See the CDC crisis care standards for other things to reduce gown use. Return to single use per person per patient as soon as possible. Do not hang up used gowns. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html	James/Mary
SNF: any discussion on changing the outbreak criteria as it relates to closing to admits? our acute care centers need places to dc patients and if it is a low risk exposure...	Yes DoH is working on updating outbreak definitions for all healthcare settings. Hopefully will be out in the next week or two.	James
LTC - we are currently mitigating an outbreak and not using carpet extractor. When can we resume using the extractor - we have resident rooms who are not + that need carpet cleaned	Delay carpet cleaning if possible during outbreak or delay doing it in an occupied area, until 3-5 days after the last COVID patient to give time for the virus to die off. When you do clean carpet, wear mask and eye protection. If the solution is wet and being vacuumed, it's lower risk. If aerosolizing, they should wear fit tested N-95 and use vacuum with HEPA filter.	Mary
Other		
my annual inspection is coming up, how are they doing inspections , on line or in person?	Annual licensing visits and surveys are on hold at this time. The current focus is on infection control visits and on complaint investigations related to immediate Jeopardy, high potential for or imminent resident harm, and infection control.	Amy
Can you go over the Holiday Pledge again? I showed this and went over it with staff but didnt see a spot for signature. Is this something that needs to be signed by staff?	There is a pdf of the pledge and can insert name and date: https://comagine.org/resource/1177	