Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 12/3/20		
Question Asked	**Answer Given**	**Answerer**
Eye Protection		
Is the KN-95 mask approved in the USA to use for covid-19 protection?	HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. A KN95 is not NIOSH approved. More information can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html and https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html	Beverly
WHCA: We are getting emails asking that Larissa and/or Sara please clarify again regarding eye protection being able to be used for "like" patients/residents. A number of facilities have no COVID and are currently not in need of quarantine areas. Therefore the population is "like" without suspected or positive COVID residents. How is eye protection handled in these cases?	If there are no residents in quarantine or isolation, eye protection (googles or face shield) should be worn for all patient encounters. Facilities should consider implementing extended wear between residents to preserve supply under contigency optimization strategies. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html and https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html	Larissa
ALF are faceshields that are attached to glasses approved	CDC Recommendations on Eye Protection -Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply. ●Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays. -Ensure that eye protection is compatible with the respirator so there is not interference with proper positioning of the eye protection or with the fit or seal of the respirator. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html	Beverly

LHJ responding to facility questions - is it acceptable for staff to wear a surgical mask over their N95 to assist in preserving the N95 and being able to change the surgical mask more frequently if needed?	CDC Guidelines under extended use: HCP can consider using a face shield or facemask over the respirator to reduce contamination of the respirator, especially during aerosol generating procedures or procedures that might generate splashes and sprays. https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html. HOWEVER, at the DOH, we recommend that HCW wear a faceshield over the N95 instead of a mask. The impact of wearing a surgical mask or cloth mask over an N95 on the ability of the N95 to seal properly with the face is **not well studied**. Any change in breathing pressure may lead to leaks where the N95 should form a seal against the skin, and any mask barrier fabric or straps may interfere with proper fit of the N95 . https://journals.lww.com/jphmp/Fulltext/2008/03000/Effect_of_Surgical_Masks_Worn_Concurrently_Over.23.aspx	Beverly
Afh: Did you say we have to wear protection even when we do not have an outbreak.	HCP working in facilities located in areas with moderate to substantial community transmission 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 Standard Precautions (and Transmission-Based Precautions 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. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html	Beverly
So when tranmission rates fall below moderate, we do not need to wear eye protection unless we have active cases?	See above answer ifor resource. Even though transmission rates fall below moderate in your community/county, we still recommend that you consider having your staff continue to wear eye protection along with the surgical face mask. This will help prevent potential transmission of COVID-19 between HCWs/residents as well as other infectious diseases such as influenza.	Beverly

So if you are moving from an isolation room to another area or room that is not on transmission based precautions, the face shield should be disinfected. Correct? So extended use applies to "like" patients.	Eye protection should be disinfected when moving from a resident in transmission-based precautions to a resident not in the same precautions. Staff can implement extended wear when moving between residents in like transmission-based precautions (e.g., from a resident with COVID to another resident with COVID or from a resident without COVID to another resident without COVID.	Larissa
NH staff. can eye protection be worn throughout building and in different areas without cleaning?	Eye protection can be worn throughout the building, however, staff should disinfect eye protection when moving from a COVID unit or area to a non-COVID unit or area.	Larissa
From a SNF: Eye protection is to be cleaned between quarantine residents correct?	If practicing extended wear, eye protection only needs to be cleaned when moving from a resident in precautions (e.g., known to have COVID) to a resident not in precautions (e.g., not known to have COVID).	Larissa
Can we use eye goggles ?	Yes, goggles can be worn as well as face shields just so it meets the definition found in the answer to questions 6.	Beverly
What do you mean by full coverage ?	Staff should wear goggles, that fit sunggle particularly from the corners of the eye across the brow and should either be non-vented or indirectly vented. Face shields should cover from crown to chin and wrap around the face to the point of the ear. https://www.cdc.gov/niosh/topics/eye/eye-infectious.html	Larissa
Could you please clarify what full coverage eye protection means.	Staff should wear goggles, that fit sunggle particularly from the corners of the eye across the brow and should either be non-vented or indirectly vented. Face shields should cover from crown to chin and wrap around the face to the point of the ear. https://www.cdc.gov/niosh/topics/eye/eye-infectious.html	Larissa
AFH-We have caregivers that are older that struggle due to hearing loss. We also have some deaf workers that need to be able to lip read. Can you suggest what they can wear but how we can help them so they can lip read when working.	Clear masks or masks with a clear plastic panel are available commercially and may be a suitable alternative. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html	Larissa
AFH-Are we suppose to wear masks and face shield at all times when in the facility?	HCP should wear a facemask at all times while they are in the healthcare facility, **including in breakrooms or other spaces where they might encounter co-workers.** Faceshield or eye goggles are recommended as noted above in answers to questions 9 & 13.	Beverly

AFH-Any other recommendations to PPE, my staff cannot wear goggles and the face shield at the same time while doing personal care. They say it is too difficult doing personal care and fogs up.	Facility may wish to trial some face shields that are listed as anti-fog by the company. Check with other facilities that may can you assist you with type they are using that work well without fogging up.	Beverly
AFH - Can you walk us through removing and storing the face PPE when leaving a covid bedroom. There is a limited space in the hallway when all bedrooms are on that same hall and you are needing to go into another room that may or may not have covid. Many are wanting to cross between bedrooms with the same masks. We need a diagram showing what this looks like in a hallway.	PPE should be removed in this order: 1) Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). 2) Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. Healthcare personnel may now exit patient room. 3) Perform hand hygiene. 4) Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles. 5) Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask. a)Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator. b)Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front. Adhere to recommended manufacturer instructions for cleaning and disinfection, but if no manufacturer instructions are available, staff should follow this disinfection guidance: 1) While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe. 2) Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.	Larissa 4) Fully dry (air dry or use clean absorbent towels). 5) Remove gloves and perform hand hygiene. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html and https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html Disinfected eye protection does not require any particular storage, but should be stored such that they stay clean and staff use only their dedicated eye protection (i.e., staff should not share eye
Quarantine		

SNF-Are the health departments going to follow the new CDC guidelines on quarantine timeframes?	In King county and I believe the state we will be adopting the guidance but strongly suggesting healthcare settings stick witht he 14 day quarantine period given the higher risk of these settings until further clarification from CDC and experience has accumulated from this new approach. RCS sent a Gov Delivery message on Friday regarding LTC facilities continuing to follow 14 day qurantine periods.	James
Can you please address the new CDC guidance for Quarantine? Will WA observe the new timeframes? And can this also apply to staff who are on work restriction? This is for SNF.'	WA DOH reached out to CDC and asked if they anticipate updating the guidance for a 14-day observation period for newly admitted LTCF residents and the 14-day work exclusion for HCWs to align with the CDC guidance for reduced quarantine time. CDC responded that "…they are considering changes to the healthcare facility guidance, including LTCFs, but for now the currently posted guidance still stand as the official CDC recommendations. The updated CDC guidance, states "The variability of SARS-CoV-2 transmission observed to-date indicates that while a shorter quarantine substantially reduces secondary transmission risk, there may be settings (e.g., with high contact rates) where even a small risk of post-quarantine transmission could still result in substantial secondary clusters." For now, facilities should to continue to follow the CDC recommendations for healthcare, specifically this guidance: • newly admitted LTCF residents https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html and • the 14-day work exclusion for HCWs https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html	
SNF:With the New CDC guidelines for a quarantine can end after day 10 without testing and if no symptoms is the guidelines for placing a new admission on a 14 day quranatine going to be changed to 10 days?	See above still strongly recommend 14 days for healthcare settings including LTC	James

CDC has lowered recommended quarantine periods for suspected covid exposure to 7 days, any new recommendations from the DOH for LTC employees?	See above still strongly recommend 14 days for healthcare settings including LTC	
AFH-How can you ensure that staff members will adhere to the quarantine protocols? I guess it would be on the honor system	Staff should be encouraged to adhere to the Governor's proclaimations and travel advisory as a way to help decrease risk to the residents and to their coworkers.	Larissa
AFH-with a new admit who has a negative Covid we know we quarantine them for 14 days. does the staff need to wear n95 during the 14 days?	Staff should wear an N95 or facemask, and eye protection for the 14-day quarantine period. https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Quarantinesign.pdf	Larissa
AFH-how about 5-7days for health care providers 7days, then test	During staffing shortages, facilities/homes should follow CDC's Stragties to Mitigate Healthcare Personnel Staffing Shortages https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html, which may include allowing exposed staff who remain asymptomatice to return to work before 14 days.	Larissa
AFH-Is the incubation period 14 days?	The incubation period is 2-14 days which is why a full 14 day quarantine is recommended	Larissa
Testing/Reporting		
Do you report COVID-19 cases to RCS along the same timeline as the 'Purple Book' suggests for communicable diseases?	COVID cases and outbreaks should be reported to you local health jurisdiction within 24 hours.	Larissa
SNF- Licensed Nurse worked passing medications using surgical mask and eye protection. No close contact with any resident or staff members. Tested negative for routine COVID-19 on last day of work with no symptoms of COVID. Called in sick with nausea/vomiting the next day. Two days later tested positive for COVID. Weekly testing of staff all negative. Do residents need to be tested?	Yes	James

SNF: It is absolutely unrealistic to think that SNF's can report each POC Antigen test using the line list provided from DOH that requires some 40+ fields completed for each test in addition to reporting in NHSN as well as to our local health department (whom does not require the 40+ fields of information thankfully). We are testing 230+ employees twice a week. How are we supposed to care for our residents if we are having to complete all this reporting every time we test? This is very frustrating to those of us working in SNF's and something needs to be done to remedy the situation on DOH's end. The only other option is to not use the POC Antigen machine (which by the way we had 6 "false positives" in this last week on staff) and utilize PCR testing which is not covered by our employees insurance plan (Premera Blue Cross) after the 1st round of testing. PCR testing on our staff twice a week will cost our SNF over $30,000 per round of testing so over $70,000 per week but sadly, that appears to be the only way to avoid doing this additional reporting. Please advise as to how we are supposed to do this.	Please review the options for reporting to see if can streamline: https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/ReportingTestResults/ReportingCOVID19TestResultsforPointofCareTestingFacilities We are not able to comment on the additional costs associated with COVID testing and reporting.	
AFH?? - What are the steps when there does become a positive case both with staff and residents?	If you find a positive staff or resident you should test all staff and residents and report to Public Health.	James
AFH-What are the costs of getting tested if I don't have insurance?	Depends where you go, King county has a number of free testing sites, but could be up to $150-200 The department of health will provide testing for the owners, their family living there and the residents as part of the point prevalence study.	James
AFH-is it required that all staff in the adult family home should be tested for covid 19?	It is not required as part of the point prevalence testing but encouraged.	

AFH-I saw some homes saying they received testing kits but I haven't received any. Kindly let me know how to request for the kits.	All AFHs should have received an email from SmartSheets asking for a response. If not please email DOH-CBTS@doh.wa.gov	
AFH-What is the percentage of AFH's that have done the point prevalence testing?	There is no data available yet.	
AFH - Can you update the influenza & covid Outbreak managment checklist for long term care facilities. https://kingcounty.gov/~/media/depts/health/communicable-diseases/documents/influenza/influenza-2020-2021-ltcf-outbreak-management-checklist.ashx What is happening is homes are getting to step 6 and are calling all around looking for a licensor because it states to call your licensor and most homes do not know who that is and if and when they contact a licensor they are failing to contact the CRU. IF they dont get a licensor they are still failing to report because they believe if they left a message they did that part. This form is circulating all over washington and many are not realizing that #6 is mutliple steps. Also please make it clear that the DSHS facility reporting is also not the same as CRU. Under 6 if under 6 your could put each report in a,b,c,d, order it would eliminate this confusion.	RCS has given King County correct info for this questions and King COunty is working on updating the form. Thanks for pointing this out to us.	Amy
Vaccines		
What information are you able to share about vaccine distribution in washington?	Our distribution plans continue to be updated based on the Advisory Committee for Immunization Practices recommendations as well as the allocation of vaccines for Washington. Our most current updates can be found in press releases, weekly media presentations, the DOH website (www.covidvaccinewa.org) and partner presentations and meetings like this.	Kathy Bay

Afh: when it comes to vaccines, am wondering whether afh will be considered first. It seems like we are the last one to get resources that we need compared to other LTC.	I can't speak specifically to this, but there may be some priorities for larger locations initially to best plan and use the vaccine supplies. There may also be a higher risk to residents living in larger facilities due to the possibility of more exposures. That does not mean residents or staff in smaller facilities are less important, but it may be necessary to phase vaccinations to allow for vaccine distribution size/volume.	Kathy Bay
AL: My understanding is the state will be responsible for vaccine distribution. How is the state planning to prioritize vaccines once received? SNF vs AL? Staff vs residents? Etc. Are there any updates in regards to timing of receipt of initial vaccine distribution?	The state is responsible for vaccine distribution. The priorities are based on recommendations from multiple national organizations including the National Academies of Medicine, Engineering and Science and the Advisory Committee on Immunization Practices. We've also done focus groups with Washington residents and association to guide planning. Specifics about this can be found on the DOH website: https://www.doh.wa.gov/Emergencies/COVID19/Vaccine.	Kathy Bay
have heard of shortage of 1" injection needles	We've heard that intermittently, but generally hear organizations are able to replace with a different vendor or similar gauge needle for administration. The ancillary supply kits coming with the vaccines will also have safety needles and syringes for dilution and administration as well as other supplies.	Kathy Bay
What do we do after the vaccine clinic is done at our facility for new employees and new residents to get vaccinated?	Facilities will need to create long term plans for this, but of course initially there will be limited supplies. Long term care pharmacies are registering as vaccine providers and may be able to provide this for ongoing purposes. We'll also have other pharmacies and health care providers that will have supply to support vaccination.	Kathy Bay
How will vaccine be prioritized among the HCW if there is not enough vaccine this month?	We're continuing to hardwire this plan in part because our allocation numbers do change. This will depend on the overall supply available and what ACIP recommendations guide for who should receive vaccine. By that, I mean if we have one vaccine or two and is one preferred for a particular age population. More to come on this as vaccines are reviewed and approved for safety.	Kathy Bay

Will it be mandatory for healthcare workers	It will be your choice whether to get the vaccine for COVID-19. Washington is not currently considering any mandates for the vaccine, but your employer could require it. Per RCS: There is no regulation that this is mandatory for Healthcare workers. THis will be determined by the facility level policy and procedures	Kathy/Amy
So with that timeline for review and approval in mind, when would we expect the first set of vaccine to become available?	Based on upcoming meetings for EUA status by FDA, ACIP and Western States Pact specific approval of vaccines, we're expecting to have limited vaccine shipped to Washington by 17 December then weekly supplies thereafter. If the second vaccine is also approved by the end of December, we'll have both vaccines being administered.	Kathy Bay
Any recommendations for staggering the vaccination due to anticipated side -effects , i.e. we wouldn't want all workers to be out with a mild fever	Based on the reported side effects from immune response due to vaccination, it might be very helpful and even best practice to plan staggered vaccinations. Guidance on management of side effects in healthcare workers after vaccination is expected before administrations start.	Kathy Bay
SNF we have signed up to get the pharmacy assistance with vaccine administration but how will we manage vaccines for subsequent admissions and new hires after the visits?	Same message from above: Facilities will need to create long term plans for this, but of course initially there will be limited supplies. Long term care pharmacies are registering as vaccine providers and may be able to provide this for ongoing purposes. We'll also have other pharmacies and health care providers that will have supply to support vaccination.	Kathy Bay
Our long term care pharmacy hasn't yet been approved by washington for vaccine distribution. So how is it planning to be distributed in Washington? CVS/Walgreens are the only distribution channels?	Other pharmacies are in the process of applying as vaccine providers. The biggest barrier at present is the required ultra-cold storage for the Pfizer vaccine as well as the larger volume for shipment of the vaccine. Many pharmacies and typical vaccine providers may not have this ability. Other work is being done to allow transfer of vaccine in smaller amounts that can be used immediately in vaccination clinics or at least within the required time period for vaccine efficacy needed.	Kathy Bay

Is there any thinking on prioritizing between types of LTC facilities....and/or between staff vs. residents?	There was some work done by CDC to assess if it was better to vaccine staff or residents. In general, the modeling studies indicated vaccinating staff was more effective, but it would also depend on the effectiveness of the vaccine in the particular group. Previous vaccines have not always been as effective in older adults as this population does not always create immunities after vaccination as effectively. What's great is based on what we're hearing regarding the two vaccines that have applied for EUA status already is that they actually are effective in all age groups removing this barrier. We'll hear more specifics in the next few weeks as we continue to receive more detailed information about the vaccine candidates.	Kathy Bay
what time frame after immunization is given is required to assure the vaccine is effective and no longer can be symptomatically communicable?	More specifics to follow, but it may be 2 weeks after the second dose is administered.	Kathy Bay
Has anyone dicussed what to do when either residents or staff refuse the vaccine from the onset?	We know that initially there will be a need to continue to wear masks and socially distance to protect those who have not or cannot be vaccinated. We continue to work on education to ensure accurate information is provided, but management of staff and/or residents who refuse would be at the discretion of the organization. Per RCS: Vaccination is not mandatory. Residents have the right to refuse. The facility will need to ceate policies and procedures regarding staff vaccination recommendation and requirements.	Kathy/Amy
how long does the vaccine work?	Immunities post infection seem to wane in the first six months after illness, but we have not had sufficient time to determine the time based impact after vaccination. More will come on this as we have additional information from the phase 3 clinical trials.	Kathy Bay
Does anyone know how the vaccination will affect subsequent testing result?	There should be no impact on PCR or indication of active disease.	Kathy Bay
What do we know about how long the antibodies last?	Immunities post infection seem to wane in the first six months after illness, but we have not had sufficient time to determine the time based impact after vaccination. More will come on this as we have additional information from the phase 3 clinical trials.	Kathy Bay

Is the vaccine FDA approved?	It is not yet FDA approved, but both Moderna and Pfizer have requested an Emergency Use Authorization (EUA) to be approved. During a public health emergency, the FDA has the authority to authorize an EUA. The phase 3 clinical trials have been completed moving the vaccines from investigational status, but is not full licensing. The EUA would allow for vaccines to be administered while the documentation of monitoring for additional data continues which would take 6-9 months.	Kathy Bay
Will staff that receive the vaccine be able to work without masks and eye protection.	No, they will still need to wear masks and eye protection to safely protect themselves and the residents. As we learn more about the length of time the vaccines help support immunities and have more people immunized, this may change.	Kathy Bay
if you do not have side effects from the vaccine does that mean your immune system did not respond correctly? Would there be less side effects if you have already had the virus?	It is too soon for us to know. More information will come from the full report out of phase 3 clinical trials.	Kathy Bay
If someone has had COVID do they still need to get vaccine? And will the vaccine be one-time only or annually like the flu shot?	ACIP recommended that unless personnel had an active symptomatic infection with systemic symptoms in the last 90 days, they should be vaccinated. It is too soon for us to know. More information will come from the full report out of phase 3 clinical trials as well as a larger number of individuals having the vaccine.	Kathy Bay
Any guidance on managing symptoms of the vaccine vs Covid-19 symptoms?	Information will be coming from CDC as part of LTCF toolkit to help support decision making before the vaccine is released.	Kathy Bay
If they are evaluating the vaccine test subjects for antibody development to determine the efficacy, why am I not hearing anything about testing people prior to getting the vaccine to see if they have already had COVID 19 and were asymptomatic?	Great question, but there was routine testing of individuals done during the phase 3 clinical trials. We'll be able to provide more specific information when the full report out of phase 3 clinical trials as part of the approval process before anyone is vaccinated.	Kathy Bay
does the vaccine have live virus in it	The two vaccines furthest in the approval process do not have live virus in them.	Kathy Bay
Is there any member of the LTC community represented in the WA State vaccination team?	There are individuals who specialize in geriatric practice and were recommended by the LTC community for our vaccine advisory work group.	Kathy Bay

Is it a live attenuated or recombinant vaccine? I think you said live attenuated if I heard correctly.	The two vaccines further in the approval process are both mRNA vaccines. They use three pieces of the spike virus code on a messenger RNA transporter which goes into the cell, but not the nucleus where the DNA is located.	Kathy Bay
will the detailed results of the clinical trials be available for the public?	Yes, there is an open meeting of the Vaccine and Related Biological Products Advisory Committee (VRBPAC) where the information will be discussed on 10 December for the Pfizer and 17 December for the Moderna vaccines. More information can be found via this link: https://www.fda.gov/advisory-committees/vaccines-and-related-biological-products-advisory-committee/2020-meeting-materials-vaccines-and-related-biological-products-advisory-committee.	Kathy Bay
Do we need MD orders for staff and residents for COVID-19 vaccination	There is a need for orders, but the pharmacist who is administering through the federal CDC/Retail Pharmacy partnership will have standing orders. Samples of standing orders for use in facilities will be posted on the DOH website after the vaccine has been approved for immunizations to begin.	Kathy Bay
What are the costs for the vaccination and who will administer it to LTC?	The vaccine is free to recipients. It was funded by U.S. tax payers through the federal government. The administration fee will be charged to insurance companies, CMS or to another agency (HRSA) for those who are un- or under-insured.	Kathy Bay
We're thinking of staggering the vaccinations for staff and residents. How do we handle the side effects if they mimic COVID-19 symptoms? Do we need to quarantine?	More guidance on this is coming from CDC after the phase 3 clinical trial information is released. It will be available before vaccines are administered.	Kathy Bay
Will the vaccination be mandatory for all residents and staff? How about those who refuse?	It will be your choice whether to get the vaccine for COVID-19. Washington is not currently considering any mandates for the vaccine, but employers could require it. We continue to work on education to ensure accurate information is provided, but management of staff and/or residents who refuse would be at the discretion of the organization. Per RCS: There is no regulation that this is mandatory for Healthcare workers. THis will be determined by the facility level policy and procedures	Kathy Bay/ Amy

What forms to have as we prepare for the vaccinations	Although the CDC/Retail Pharmacy program is requiring written consent for vaccination done through this national partnership, there are no Washington requirements for written consent to be done. The individual or their decision maker receiving the vaccine must be able to review the Emergency Use Authorization sheet provided by the manufacturer and agree to be vaccinated. For the present, reviewing your organizational information on the management of vaccinations and standing orders can help support preparedness.	Kathy Bay
Visitation/Phases		
SNF-How does a facility determine which phase they're in?	Review the Safe Start for LTC and follow the COVID 19 Risk assessment Dashboard. Also contact your LHJ to determine if the LHJ has made any specific recommendations for LTC.	Amy
LTC (ESF, ALF and AFH) Where can we find a live list of all of the counties that have rolled back to phase 1. Example on the dashboard it shows King ,Snohomish , Pierce and Thurston from my understanding all been rolled back to phase 1 but the map shows Thurston in phase 3 and King , Snohomish and Pierce in Phase 2. We need real time assistance when a local jurisdiction has rolled backed without having to call because often these phone lines are jammed or go to voicemail.	Nothing exists at this time - we will see about exploring this option	
AFH-Besides calling the jurisdiction is there a website we can go to in order to see the roll backs the assessment dashboard does not change	Nothing exists at this time - we will see about exploring this option	
Can you clarify if beauty shops are allowed to operate in the ALF at this time? Which phase do they have to be in before the beauty shop is allowed to resume operations? What are the rules to operate?	At this time beauticians will not be able to anter the building due to the visitor restrictions	Amy
Are there any recommendations specific to dental office practices?	If this is a dentist visiting the LTC facility to provide service to residents, all current infection control measures associated both with the facility and with the dental profession must be followed. If the dentist uses a specific space in the facility, only one resident at a time may be in the room, and the room must be sanitized between each resident.	Amy

Afh: Could you clarify, last time you said that we could have the window open for outdoor visits so the resident can be inside the house and the visitors would outside. Would this not introduce the virus into the house exposing other residents and staff ?	You are correct. The window should be closed	Amy
I know visitors in AFH are prohibited except essential workers and compassionate visits Is visiting through an open front door if the family stays outside mentaining distance and res inside Is it allowed	A widow visit or an outdoor visit would be a better option.	Larissa
so end of life doesn't require a ESP?	Correct, End-of-life, defined as a sharp decline in health status, does not require a person to be assigned as an ESP and does allow for more than one visitor.	Amy
AFH-Do you have any more information about the vaccine going to healthcare workers in ALF, SNFs AFHs and residents first?	The state is responsible for vaccine distribution. The priorities are based on recommendations from multiple national organizations including the National Academies of Medicine, Engineering and Science and the Advisory Committee on Immunization Practices. We've also done focus groups with Washington residents and association to guide planning. Specifics about this can be found on the DOH website: https://www.doh.wa.gov/Emergencies/COVID19/Vaccine.	
AFH-Do you recommend that hospice chaplain and social workers also limit their visit time with a hospice resident? Some stay over an hour. Is it advisable to stay less than that?	If a resident is in a private room or other private space in the AFH, can use physical distance requirements, and the hospice staff are wearing PPE such as face mask and Face shield, then I do not think the visit needs to be time limited. The hospice staff need to stay in the area of the AFH where the resident is and if a common area is used, the area needs to be disinfected after the visit and before other residents use the area.	Candy
AFH-What was the discussion/decision about plexiglass at dining tables?	Plexiglass can help reduce the risk of transmission, but is not a substitution for physical distancing. Plexiglass (or similar) barrier may be used when physical distancing is not possible.	Larissa

AFH-A follow up to plexiglass? is that allowed if they do keep 6-foot distance. I guess my question is. I know we can't have indoor visits so is the visit through an open door, plexiglass and distance ok? If resident is inside.	Plexiglass may be used in addition to physical distancing.	Larissa
Admissions		
SNF-Please tell our Local HD that we can admit please. They are telling us not to admit due to outbreaks in our facilities (Grant Co)	DOH is currently working on updating guidance for transferring residents from the hospital to LTCF.	Larissa
The issue with the admission is not everyone is in agreement with your message, James, that COVID 19 residents cannot be reinfected. This is the reason many facilities are not is because there is not a clear reinfection message being circulated.	According to CDC there have bee recent reports indicating that persons who were previously diagnosed with COVID-19 can be re-infected.he immune response, including duration of immunity, to SARS-CoV-2 infection is not yet understood, though it is believed to be 3 months or more. Ongoing COVID-19 studies will help establish the frequency and severity of reinfection and who might be at higher risk for reinfection. https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing,-Diagnosis.-and-Notification	Larissa
Rapid Response/Other		
When can LTC facilities begin using the rapid response short term crisis staffing relief form when in a staff crisis due to staff being in quarantine.	The first team members should be available in King County starting the weekend of 12/5. The rest of the teams will be staffed up over the course of the following week.	Amy
Can you re-post the website for the Comagine" staff agreement site?	Staff Pledge: https://comagine.org/resource/1177	