Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 11/19/20		
Question Asked	**Answer Given**	**Answerer**
Flu Vaccine		
What the DOH guidance regarding staffs that refuses to take the flu vaccine at a SNF?	Staff education & sign to education; wear mask. Kathy Bay sent an email on the weekend with the resources that are posted and available and the employee vaccination policy templates have not yet been posted. Flu Fighter: https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/LongTermCareFacilities/FluFighterFacilityAward	Amy, Candy
Does anyone know if flu tests are available at state or just thru our prviate contracted labs?	The WAPHL performs influenza virus testing, subtyping, and antiviral resistance screening primarily for surveillance purposes. Please contact your Local Health Jurisdiction for any interest in using the WAPHL for flu testing. More information can be found here: https://www.doh.wa.gov/Portals/1/Documents/pubs/301-018-InfluenzaTestingPHL.pdf	Anna
Apologies if I missed it, but what are recommendations for LTCF staff or residents that refuse COVID or flu testing during an outbreak?	Residents have right to refuse. Can do education on importance; contact Ombuds. Need policy for staff. Usually symptom based drives testing strategy	Amy
AFH - 1) If a resident's POA refuses flu shot and Pneumococcal vaccine except for documenting and having them sign a refusal consent what else should an AFH provider do ? 2) When COVID-19 vaccine is available if a resident or their POA refuses vaccine except for documentation and having them sign a waiver what else should we be doing ?	1) Just maintain your documentation that the vaccine was offered and refused. Should influenza be identified in the home, initiate prophylaxis as soon as possible. 2) if COVID vaccine is refuse, document that the vaccine was offered and should COVID be idenified in the home take extra precautions to protect that resident.	Shauna
if staff has suspected flu or symptoms of they go to an urgent care for a test before they return to the facility	if a staff member is showing signs and symtoms, they should not work and be tested for COVID at the very least. if their is a high incidence of influenza, they should consider flu testign as well. If the COVID result is negative, and they did not test for flu, they should consider flu testing or and stay home for the appropriate amount of time based on your staff illness policy.	Shauna
A re AFH required to do tests for influenza?	If you are seeing a high incidence rate of influenza in your community or residents are symtomatic and COVID results are negative. Then I would encourage flu testing.	Shauna

Do you have a sample flu vaccination policy?	Employee vaccination policy templates are not posted yet but will be available here along with other resources and toolkits: https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/LongTermCareFacilities/FluFighterFacilityAward	
SNF-Is the Rapid Flu testing using the BD Veritor analyzer appropriate for the diagnosis of Influenza in SNF setting?	It can be used to test for influenza. We will need to get back to you with its accuracy for flu A&B.	Charissa
That BD analyzier is only good for 3500 tests or so. Is it wise to use it for both flu and covid	We are still waiting to hear back from the company whether or not running both tests at once count as 1 or 2 tests towards the 3500.	Charissa
where was the template for illness log?	https://www.kingcounty.gov/depts/health/communicable-diseases/immunization/flu-season/~/media/depts/health/communicable-diseases/documents/influenza/LTCF-influenza-like-illness-line-list.ashx	
SNF - do you all have a general outline or requirements for developing a treatment plan	review CDC's influenza dosing recommendations and speak with the medical director or resident phsician. https://www.cdc.gov/flu/professionals/antivirals/antiviral-dosage.htm	
can you show chart again with symptom comparisons?	https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/IsItCOVID-19-English.pdf	
Are residents that have flu like symptoms which may be similar to COVID, will the resident be tested for both COVID and influenza?	if you are seeing flu incident rates increase in the communit, and symtoms over lap between COVID and Flu, then yes yest for both Flu and COVID. Please see CDC's guiance for testing and management considerations when flu and COVID are co-circulating in the community. https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm	
Visitation/Gatherings		

AFH-I do have a question, about if a resident can go walking for an hour outside with the POA and another person, they can't keep the social distance, wearing a mask only, what will be the precaution measures? Do I have to put the resident in quarantine, he is insisting to come daily for walks, if the weather permits, all the rules were explained and the risks of exposure of covid-19. He insists that the client needs at least one hour walking outside.Please advise.	The current Gov. Proclamation allows for socialization outdoors with 5 or less people and the safe start plan allows for outdoor visits with 2 people in phase 1 and 5 or less people in phase 2. Should do all possible infection control standards to minimize risk of transmission.	Amy
SNF-Regarding the Governors's requirement that a person not attend any indoor gatherings unless they have quarantined for 14 days, or for 7 days and then had a negative COVID test no more than 48 hours prior to the gathering…who pays for that test? It doesn't seem to me that the facility would have to pay for a COVID test for something we actually are trying to discourage. And I don't think most insurance companies, Medicare or Medicaid will pay for a COVID test unless there is reason to believe there has been an exposure. Would the family pay for it? I think I need to have that in our policy so it's clear up front. One other question that came to mind…what should I tell a family that just shows up and demands to take their loved one out (assuming the resident wants to go, of course)? They have not met the Governor's stipulations, but do they have the right to take them anyway? Does the resident have the right to go out anyway? I'm just trying to anticipate the holidays!	If resident and family want to have indoor gathering using the COVID testing and 7 day quarantine requirement, the facility may ask the resident or family to pay for that test.	Amy
AL/SNF - Is the current guidance still to screen visitors for temps? The guidance out early in March notes to record temps. Later guidance from May doesn't specify either way. Do they need to log the symptoms checks like they do for staff, including temps, on the visitor log?	Yes, record temps, symptoms, exposures.	Mary

AFH with the new CDC travel guide lines and the "pact" between WA, OR, CA regarding travel and 14 day quarantine....if someone is traveling up from CA for thanksgiving and wants to come visit do we have to allow the visit to occur?	Not unless this is a end of life visit. The Gov. Proclamation indicates No visitation in LTC unless end of life or if the person has an assigned Essential Support Person.	Amy
Are essential support persons allowed indoor visitation in phase 1?	Yes with limitations as described in the LTC Safe Start documents, PPE and health screening	
SNF and we would appreciate clarification re: whether an outdoor tent can have four sides, and if there is a type of heater that is approved for use in the tent.	No, a four walled tent has too little ventilation to be safe.	Mary
SNF. What are the most recent visitation guidelines from CMS?	Currently the State of WA has set a no visitation guideline for LTC	Amy
Can we have movers come into the building under new restrictions?	Not at this time. The Gov proclamation indicates no visitors unles end of life. Movers would not be considered essential health care staff.	Amy
Testing/Reporting/Return to Work		
SNF - when they have a COVID case they report the outbreak to the LHJ. The RCS “purple book” says they have to report communicable diseases in "5 days”. Is there guidance that they have to report to RCS earlier? They also report to NHSN on the time line required.	You would want to report to the LHJ and to the hotline within the first 24 hours after knowledge.	Amy
Does turn around time of 48 hours start with time the swab is collected until the result is returned to the facility? Or does the 48 hours start from the time the lab receives the swab unti they return the result? Next day shipment of swabsfrom a SNF can delay the process.	In general, 48 hours from specimen collection.	Mary
My AFH and ALF are having trouble getting information about the point prevalence testing. They weren’t contacted by anyone as it says they would be. I know the state extended the deadline because it was a bigger job than anticipated and other things have popped up. Is there someone in particular to contact for San Juan county facilities (I am assuming perhaps sections of the state are handled by different offices)?	We will be releasing a new provider letter this week with information about FAQs, a new webinar, and the contact information. You can also contact doh-cbts.imt@doh.wa.gov	Amy

SNF-For return to work guidance. If someone has a positive test and is asymptomatic initially and then develops symptoms after do you isolate 10 days from the test or 10 days from the symptom onset?	10 days from symptom onset.	James
AFH-do you know if the Point Prevalence Testing for Covid is a nasopharyngeal test?	The Everlywell COVID test collects the sample from the anterior nares. The DOH test kits use a NP swab sample.	
AFH - CMS-3401-IFC (11/6/20) requires nursing homes to test all staff and residents every 3-7 days until no new cases are found for 14 days. Will this be required of Adult Family Homes as well?	In an outbreak the local health department directs testing. It is common to test residents, staff and people who live in the house at least every 7 days until you have had no positive cases for 2 weeks.	
Admissions		
Did DOH MD James say residents from hospital do not need quarantine when admitted to nursing homes? Please clarify again	Dr. James Lewis said residents who have completed isolation for COVID in the hospital OR in the preceding 90 days and meet time and symptom criteria to end isolation do not need to be quarantined in the NH/LTC/AFH.	James
point 2 on King County slide: does certified nursing facilities only refer to SNF?	Certified nursing facilities would be any facility that accepts either Medicare or Medicaid, or both. often referred to as SNF/NF.	Amy
SNF - Please ask CMS then to let us time based instead of testing because we are all doing test based. These do not match up.	CMS/DSHs DOES NOT require test based; please see CDC guidance below. Please sue time/symptom based method. CDC Symptom based strategy/discontinuation of transmision based precautions: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html	James
define time/symptom strategy!	See link below this has been available for months and discussed regularly on this call. CDC Symptom based strategy/discontinuation of transmision based precautions: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html	
SNF - James - we can't reconcile what is requested of us from CMS, OSHA, RCS, DOH and then admit using time based.	COVID-19 Form Resident Impact and Facility Capacity This is not true and was confirmed by DSHS on the call last week.	
Some facilities are requiring DOH and LHJ staff doing one time visits to LTC to stay outside unless they can provide COVID-19 test results. They say they will be cited by CMS if they don't. Could DSHS please comment?	DOH and LHJ staff do not work for the facility. The QSO memo regarding testing in SNF/NF is specific to staff who work in the facility.	Amy

SNF-The reason I believe facilities are telling you this requirement is they are referencing the Interim Guidance for Long term care document. Released May 21st. In this document it states the receiving facility responsibilities is to have copies of the sars cov-2 results. They are not realizing how to follow the CDC's discontinuation of transmission based precautions and that the recommendations have been changed to that it is no longer recommended. They are not likely going to that link because it is below where it is requiring the test results.	DOH has transfer guidance for LTC and hospitals - https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/LTCTransferRecs.pdf	
With the governors new restrictions, can an Assisted Living Facility admit new residents and conduct tours to facilitate new move ins?	Yes you may admit residents. You would not be able to conduct tours at this time. You may want to look into doing virtual tours	Amy
Masks/Eye Protection/Infection control		
AFH- for masks for residents in the home. There is one resident who has Congestive Heart Failure (CHF) - whom should I ask if she is considered as exempt from doing masks? Please let me know if I need a letter from her Dr. for my file or DSHS?	Please consult with the primary physician if wearing a mask is contraindicated for the resident with CHF. If so, then ask the resident if she would be able/willing to use a face shield when with other residents or caregivers. If the resident feels uncomfortable wearing a mask due to SOB, please document the resident preference and mitigate exposure.	Candy
Is there any help coming for acquiring N95 masks? We request every week and never are allocated. No retail providers can ensure that masks will be stockable once fit tested to employees	AFH mask distribution is beginning. These are being sent by DSHS.	Candy
AFH - Updated guidance on masks/face shields was brought up for discussion. Chat question then came in: Even for homes without any risk of infection?	Yes, see above. Staff should wear surgical masks and face shield or goggles. All homes have risk of infection. Many cases result from staff to staff transmission. Staff caring for a COVID-19 patient wear a fit tested N-95 and face shield or goggles.	Mary

RCS region 1: We would like some clarification regarding the guidance for when and where AFH staff/caregivers are to wear eye protection. Please cover goggles vs. face shields and which is recommended again.	CDC recommends: HCP working in facilities located in areas with moderate to substantial community transmission (e.g. > 25/100,000) 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. Given the high prevalence in the community and the risk of transmission between HCP, facilities should consider wearing eye protection when unable to maintain social distance from each other. Extended use (wearing the eye protection from one resident to another) is an effective way to maintain supply.	Larissa
ALF - This is with respect to Infection control and how the virus is spread. There is a question about meal tray being delivered to resident's room. When a person is on Quarantine - when we retrieve the meal tray from the room, it is considered contaminated so needs to be dealt with differently, what are your recommendations to prevent dignity issue (still allowing meal tray), and or infection control guideline with respect to meal tray retrieval from the room of quarantine resident.	Persons picking up trays and cutlery should wear gloves. No special requirements are needed.	
From Comagine AFH call 11/18/20:		
Risk Assessment		
AFH-Why do you need to do the risk assessment twice?	The risk assessment is done prior to leaving to identify and share the risk with the resident and their escort. This provides them with education about how to mitigate the risk of community outings	Candy

AFH-In the last letter that came out on Nov 18, and it is required that the provider should do a risk assessment before the resident or client leaves the facility and upon return to the facility to identify the level of risk and implement any measures indicated by the risk assessment upon the resident's return. My question is this: do we use the risk assessment tool prior to leaving or we only need to check their vital signs (temp, oxygen level) prior to leaving the facility? Thank you	We recommend using the risk assessment prior to leaving to identify level of risk and to repeat upon return.	Candy
AFH-It is clear that the risk assessment tool needs to be used upon return then implement the measures necessary based on the number of points. What kind of tool do we use before the resident leaves the facility?	COVID-19 Form Resident Impact and Facility Capacity The same risk assessment may be used before the resident leaves.	
AFH-When a client meets 5 different people during a visit to the doctors is that then considered a group activity with 5 people. Example when going to the doctors they go with their daughter, Meet the receptionist for check in, Meet the nurse, Meet the MA, Meet the doctor and see a lab technician. Is this considered a group activity or are we only counting the people in the lobby.	Going to medical appointment and having contact with 5 people is not considered a group activity as described in this question.	Candy
AFH-Regarding the risk assessment why is 2-3 points is no group activities but 4-5 is quarantine is this not essentially the same thing?	Guidance is changing and will be posted soon	Larissa
Quarantine/Isolation		
AFH-In regard to quarantine; you stated if someone is exposed then quarantine for 14 days. But then I read somewhere else that we quarantine anytime a person leaves the home.	Depending on the LTC Safe Start phase and community activity the decision of quarantine or observation is made on the activity and the level of risk.	Candy
AFH-What if the residents never leave the home and no one visits and the caregivers live-in the home. Why cant they eat together	There is likely people leaving the AFH to purchase food, put gas in a car, etc. Each facility needs to consult with their LHJ with these types of questions.	Candy
AFH-Aren't group activities and dining prohibited in LTC Phase 1 and 2? group dining*	Prohibited in phase 1, allowed in a limited capacity in phase 2	Amy

AFH-If a home has 2 shared rooms and wants to begin admitting into their new home. Would they admit their first 2 residents in seperate rooms and then bring those residents together after the 14 day quarantine is over. Then would they admit their 3rd client in the shared room that is empty by themselves. After this 3rd person if finished with quarantine does this mean then that the home cannot admit a 4th client because there is not way to safe way to quarantine the 4th client by themselves.	Each resident upon admission would need to agree to share a room and choice or roommate. You must discuss that plan in advance and have consent from each resident.	Candy
AFH-Are AFH's exempt from educating their clients and families regarding the governors guidelines that prior to going to a social gathering outside of their household that they quarantine for 14 days or that they quarantine for 7 days and test 48hrs prior to the event and have the result prior to the event.	No	Amy