Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 10/29/20		
Question Asked	**Answer Given**	**Answerer**
Safe Start		
ALFs in South King County: There are groups working on the Safe Start guidance, but In the meantime, what do you expect the assisted living to follow? Are these facilities still on Phase 2 on the Washington's Phased Approach? How about for the Safe Start for Long-Term Care Facilities in King County, are they still on Phase 1?	This is a bit tricky to answer the way it is phrased without more information, but at this point the intention is for facilities to remain in the phase they were at until further notice. One notable potential exception to this is that if you are in an outbreak your facility will be able to come out of the outbreak response recommendations once the outbreak is over.	James
SNF. As a county we are in phase 2, we were in the process of planning to re open some communal dining based off of the guidlelines. We are located in thurston county. Given the recent spike in cases, should we postpone moving forward with a communal dining process ?	Yes. Based on the https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard, Thurston County currently has a rate of 87.8 cases per 100,000 newly diagnosed over the past two weeks. According to the Safe Start Nursing Home guidance https://www.governor.wa.gov/sites/default/files/LTC%20Safe%20Start%20NH-ICF-IID.pdf, current COVID-19 rates are above 75 cases/100,000 which is considered heightened COVID-19 activity and the facility would therefore be in Phase 1 according to Safe Start current guidance. In Phase 1 of the Safe Start Guidance, communal dining is not recommended. Once case rates are considered moderate in the county (defined as 25-75 cases/100,000 population for two weeks) and the facility has not had a case in 28 days, the facility would be in Phase 2 of Safe Start, in which communal dining can be resumed with some modifications. See Safe Start Guidance for more information on specifics and ask your LHJ when in doubt. Currently a letter has been issued by the Director of Thurston indicating all LTC facilities have been moved to phase 1 and need to remain there at this time.	Audrey/Amy
SNF - we were in phase 2, but based on the comments from King county we moved back to phase 1. If we are still meeting all the requirments can we move back to phase 2?	ok to continue in phase 2; reach out to LHJ	Shauna
Quarantine/Compassionate Care		

SNF: A resident of ours recently readmitted from the hospital, following a medical procedure. This resident requires increased supervision due to poor cognition and a history of falls. The resident was readmitted into our temporary isolation wing and placed on 14-day quarantine status. Is that still the recommendation we should be following in these situations? If the resident requires additional supervision and/or is confused and refuses to remain in their room, is it okay for us to have the resident leave their room where they can be supervised in a more visible area?	Yes to 14 day quarantine post hospital stay. Try to minimize risk to others. Eat in room? Outdoor time with mask? Outdoor walk increase compliance? Watch TV in well ventilation place with mask alone or with staff? The goal is to try to reduce risk to others and staff as much as possible.	Mary
SNF: We were recently informed by a DSHS RCS surveyor that we are allowed to let residents leave their rooms, as long as they wear a mask and distance themselves from other residents. Is this true? And if so where can we find that written guidance? How about residents who won't wear a mask or won't distance from others? Most of our residents refuse to wear a mask, or they remove their mask within minutes. Many residents are looking for social interactions and they naturally approach each other. What are the recommendations for handling such situations?	Residents can leave room if wear mask & distance. If resident is having difficulty or does not want to wear mask, continue to educate about reasons for masking. <https://www.governor.wa.gov/sites/default/files/LTC%20Safe%20Start%20NH-ICF-IID.pdf>	Amy
Re: above question. Our facility received a citation for lack of resident social distancing in a common area (they were all watching TV). 5 of the 6 residents present were also not masked, which was the surveyors bigger issue. The advice given to us was to care plan the "why-not" of mask use for each of these residents. We have since care-planned mask use or not for each resident separately based on their medical and mental condition. We are finding that more often than not, residents want to do the right thing & wear a mask, but they do forget & need frequent reminders & also to stay at least 6ft apart, as well.	Thank you for the input and ideas	Amy

Another suggestion for above is to ensure that the mask fits the resident and is not always falling down. You can put a knot in the ear loop which would help to keep it in place.	Thank you for the input and ideas	Amy
For an AFH with dementia if they are not able to wear a mask but we are able to social distance them can they be in the common area?	Keep employees safe - universal eye protection & mask. Keep > 6 feet between chairs, try to have increased ventilation. Per DOH masking order - cognitive difficulties don't need to wear mask. Don't need to be isolated due to dementia.	Amy
Recently the news ran a story about designating family members as essential care givers for LTCF residnets to mitigate depression. Would the group support this practice and what conditions would we like to see the family members follow in order to allow these members into the facility.	Compassionate care; designated support person. We are looking at in revisions to the safe start plan.	Amy
Many of our families are willing to designate a single family member for the ESP and they are willing to submitt to routine testing	We are looking at updates to the Safe Start Plan and are taking ideas such as this into consideration	Amy
I have a client who goes out to speech theraphy every week. the risk assessment shows that is 2 that needs 14 day quarantine. are we going to put this client quarantine all the time? ?	Discuss with LHJ for more detail, precautions & get advice how you can lower the risk of the visit. (Fewer in transport car, speech therapist mask and eye protection, no contact with persons in waiting room etc.	Bev/Mary
Holidays/Visitation		
Maybe Providers could mail in their ideas for holidays and they could be included on a Q&A	**Send holiday ideas to mailbox HAI-COVID@doh.wa.gov to share on Q&A call**	
AFH & ALF- If clients go to family homes for holiday meals, do they have to quarantine when they return? And similar question for staff at facilities who want to take vacation and see family during the holidays - do they need to quarantine before they can come back to work? (potentially extending their time off quite a bit)	Use doh risk assessment staff diligence https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf https://www.coronavirus.wa.gov/information-for/you-and-your-family/safer-gatherings	Audrey/Bev

From AL: What kind of family visits/interactions are recommended for both Thanksgiving and Christmas? Some how we need to connect our residents with their family in a safe yet rewarding (and needed) manner. Holidays are fast approaching and residents and families are asking and facilities need time to prepare. The above questions is to try and do a little more for residents and family than window visit or weather accommodating visit. We need a more "relational" experience for them. What are some suggestions and recommendations so that the holidays can continue to be special	This will be hard year: write letters with beautiful stamps, make videos, be creative. We have asked for providers to send some different ideas to discuss on the next call.	Amy/Mary/ Audrey
SNF/ALF: Families of residents have already started to inform us that they will be taking their loved ones home for a few days and some up to two weeks for the holidays. This has potential to bring COVID into our buildings. Risk and benefits are being discussed but they don't care. We are already asking for COVID testing to be down prior to return to facility but we all know they could still have COVID and have a negative test. This is putting the population at great risk. I would say we should have a unit ready for all these individuals to return to but there is no space for that and not enough staff to designate to a this unit. The resident's will be returning to their assigned room with there previous room mates. Is there going to be any guidleines coming out on how to handle these situations? Or should we just notify our LHJ of the situation?	Start working with LHJ for how to prepare, what to do, if can't create separate unit but know this is coming; test persons; quarantine. Mary asked what are the roommate's rights. Can you quarantine together residents who have both gone on riskier outings and not expose those whose family chose not to risk their expsoure?	Amy
ALF-Is there new guidelines for resident visits during the winter seasons.	We are currently working on updates to the Safe Start for LTC guidance to address inclement weather	Amy
LHJ in NCW I am getting calls from local LTCFs regarding visitation restrictions, phase 2 - they are wanting to know if they can move visitation indoors in a safe manner, such as specified room with direct in/out 1-2 visitiors w/resident only, masking, distancing, signing in/out etc. disinfecting/time between visitations.	We are currently working on updates to the Safe Start for LTC guidance to address inclement weather	Amy

AL-what if family members want to take their parent out for a night or two over the holiday - would you recommend the same risk assessment, etc. and then facility wide testing,	Utilize the risk assessment before & after outing to determine whether room-based quarantine, restriction from group activities, or education and screening is recommended. Facility-wide testing of residents is not recommendedd unless known positive among a resident or a staff that was working was contagious or during exposure period; additional testing warranted if symptoms arise. Consult with LHJ if positive case. https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf	Audrey/Shauna
With the cold weather. Could a family member visit from outside the door and the loved one inside the home at a distance but with the door open? AFH question. Thank you	May be ok if doesn't block egress & emergency access.	Amy
If families are taking residents out for appt. why can't they visit inside their room during the cold weather because they are still around their loved one We can request them to be tested. AFH	We are working on the Safe Start guidance to address visitation during the inclement weather	Amy
What is visitors are tested neg. before visiting if we require that to visit insidie AFH	We are working on the Safe Start guidance to address visitation during the inclement weather	Amy
AL - is there a risk for not capturing true fever or elevated temp if we use a temporal scanner during this colder temperature?	Yes. I would refer to the instructions for use or call the manufacturer, likely depends on the model I would assume.	James
Is there a restriction in what kind of heater unit we can use outside on patio and such for outdoor visits especially now and while the weather will get colder? (AFH)	no specific type of heater - look at safety of resident to meet needs & safe from harm. Trip hazards, secured so can't knock over/burn, ventilation extension cord fire hazard, etc	Amy/Mary
Test Results		
SNF? Our facility is still waiting on our machine, is there a way to get a definitive date for delivery	We have been working with the CDC on this. PLease email Amy at amy.abbott@dshs.wa.gov if you still have not received your equipment	Amy
Is any organization compiling how often the BD has false positives	Nevada documented that in 3725 tests they had 23 false positives and 16 true positives. The False positive rate was 23/3725 or .006. Others have reported a 2% rate.	Mary

Question from SNF/LTC - we have had several "false positives" from BD veritor antigen machine, getting all results verified by PCR and staff/residents are asymptomatic. If residents are cleared by PCR is it necessary to quarantine for 14 days? If staff are cleared by PCR is it necessary to keep them away from work for 14 days? **we are in outbreak** and are coordinating with public health currently and there is currently no further guidance. staff and residents are still subsequently testing negative by PCR, because they are asymptomatic and they are confirmed negative by PCR	If PCR negative, staff can return to work per LHJ. Don't have to confirm every positive antigen result if in outbreak. Check with LHJ for guidance https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/AntigennNH-Final.pdf Per James - can't rely on symptoms for infection - many are asymptomatic but are infectious. Currently CDC and DOH do not recommend confirmation of positive Ag results if there is a confirmed outbreak in the facility regardless of symptoms. HOWEVER if the facility confirms asymptomatic positives even in an outbreak, please let us know as CDC is interested in collecting data on this practice to understand the performance of the test in this scenario.	James
I thought I heard , if BD veritor test is postive, staff is asymptomatic, to redo the POC test, need 2 POC tests w/positive , before you do PCR test	See above algorithm for when to confirm. It is not necessary to do 2 positive POCs when you are going to confirm with a PCR.	James/Mary
Could you restate that guidance - what if you are NOT in an oubreak?	First positive POC antigen that tests +: If not in outbreak and have positive test whether symptomatic or asymptomatic, collect specimen for confirmatory RT-PCR test immediately. Isolate/Exclude staff from work unless RT-PCR negative results. Isolate resident in private room or if not possible keep with current roommate until PCR positive. See DOH Interim Supplemental Guidance: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/AntigennNH-Final.pdf. This confirmation is for the first case of an outbreak. For second POC+ follow algorithm.	Mary
The earlier question no outbreak, asympomatic, test positive in POC, follow up with PCR is negative, can we trust that result ? We will no longer need to treat that as a positive case correct?	Yes the PCR can be trusted in a setting where there is no outbreak, the person tested has no symptoms or known contacts. The POC test would be considered a false positive.	James
AFH, The accuracy of the diagnostic test depends on the many factors including samples collection protocol and viral load, as well as lab error can be somthing to consider, correct?	Correct.	James

What is our risk of placing false positive on a COVID unit without validation via PCR?	If someone tests positive with a POC test and they are placed with people who actually have COVID-19 they could be unecessarily exposed. If their PCR came back negative, they have been incorrectly exposed.	James