Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 10/15/20		
Question Asked	**Answer Given**	**Answerer**
PPE/AGP/FIT TESTING		
SNF – For residents on quarantine precautions and wants to leave the room for a care conference (due to having a roommate and wants privacy). What PPE does the staff member must wear from transporting this resident from the room to the conference room? What other PPE does the resident must wear in addition to the mask?	Private room for residents in quarantine is always preferrable when available. The resident leaving the room should wear a mask and do hand hygiene. Staff in the conference room should be wearing a medical mask and eye protection and perform hand hygiene. Consider teleconferencing.	Beverly/Mary
Regarding question above. Are we speaking of quarantine for residents after an outing ? Or on quarantine d/t suspected case?	Follow the facility risk assessment for recommendations of quarantine after an essential or non-essential community trip. The assessment and communication template are in the LTC Safe Start documents in the trips section and linked on the ALTSA FamHelp web page.https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information	Candy
SNF; N95 – for aerosolizing procedures such as nebulizer or CPAP, can the staff wear the same N95 for multiple residents on nebulizers/cpap for NON-QUARANTINED residents, how about for QUARANTINE residents? N95 for our everyday nebulizer use on our long-term care folks???? Can we get documentation of this? Disagreement between agencies is making it very difficult to write policies/procedures. This has been a problem since the pandemic began. Very frustrating.	Ideally the N95 respirator should be discarded after each AGP. If in crisis standards of N95 are used, may extend wear after AGP for residents in quarantine or Isolation and wear a face shield to protect the respirator from contamination; however, if the respirator is contaminated, it should be discarded after each use. HCW should not wear PPE from an isolation room to a non-isolation room. https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html Yes this is frustrating, under discussion and may change if we can get more data that a lower standard of care is as safe.	Beverly
I have seen various opinions regarding nebulizer treatments. Are they or are they not aerosol-producing?	Nebulizer treatments can be considered aerosol generating. References: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID19InfectionControlForAerosolGeneratingProcedures.pdf and https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html	Audrey

SNF; N95 – the scenario is a group of residents were tested for COVID-19 (presumptive positive) in a hallway with other residents who are not suspected for COVID-19. Is it recommended to remove N95 in between rooms? Can staff wear the same N95 just for the AEROSOL PRECAUTIONS rooms? Does it pose more risks that staff are taking on/off their N95 to go in between rooms and would it be better to just have them wear their N95 for their entire shift on this hallway with both AEROSOL PRECAUTIONS and no precautions rooms?	Recommend having dedicated staff to care for the residents with COVID-19 and other dedicated staff to care for non-COVID-19 positive residents. This way the staff are not going from positive to negative and vice versa and use of N95 respirator could be optimized.	Beverly
SNF- Please detail the transmission based precautions surveyors will be following when they enter a facility. Does a Surveyor need to be screened upon entry the same as everyone else? If they are present during routine testing, will the surveyors need to be part of the testing process?	All DSHS surveyors are wearing PPE appropriate to the facility, provided by DSHS. Surveyor should be screened, as all entering the facility should be, for symptoms and temperature DSHS is working on a process for routine testing. RCS staff should not be tested by the facility or agency and staff have been instructed to contact their manager if asked to be tested by a facility or agency.	Candy
AFH: Is there an N95 that does not need fitting and an N95 respirator that does need fitting?	OSHA requires fit testing of the N95 respirators used to protect staff from COVID or respiratory hazards..This assures proper fit and education. Here is a link to OSHA's current requirement: https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit.	Beverly/Mary
Is there a good guideline how to interpret and process the Medical evaluation for the N95 fit testing?	If all questions are answered with "no," a facility RN acting on behalf of the employee can sign off. The record must be kept out of HR files and kept confidential. RN shares only if the employee can be fit tested or needs a medical evaluation. If any questions are answered "yes", a designated licensed health provider (ARNP, PA-C, MD, DO) needs to determine if the employee can tolerate work in a respirator or not. If so, the employee is approved for fit testing.	Mary/Beverly
VISITATION/SERVICES		

AL-IL - When will we know about indoor visitation? I was at one of our communities yesterday and we had a 92yr old having to sit outside in the pouring rain (yes, they were under a tent that we have set up for their outdoor visitation area but it was still very rainy and cold). This community does not have the ability to offer another alternative for visitation, only outdoor with the way their building is set up. I find this very concerning because if they have to continue to be outside with weather like this, the risk of getting sick will also increase.	Follow the current LTC Safe Start documents for visitions requirements and restrictions. The requirements and recommendations are under review with a target completion date of November 13. The final recommendations/changes will require executive leadership and Governor office approval.	Candy
AL: are there any updates to safe indoor visits with the weather changing? Also - will there be guidance issued for families that will want to take loved ones to family homes over the holidays?	More to come. Should use the risk assessment when indicated by Safe Start for travel outside the community.	Candy
SNF - In regards to patients wanting to leave for holiday celebrations with families or flying to other parts of the country, are facilities required to accept them back into the facility if they are leaving AMA after showing non compliance and physician determining that it is unsafe? This seems to post a huge risk to exposing our other patient base who are forgoing these celebrations and remaining compliant to avoid exposure?	All client and resident rights are in effect and must be considered before a resident or client can be discharged. In addition the faility and agency must follow discharge criteria in rules and law. We anticiapate that the holidays are going to be challenging for individuals, families and staff.	Candy
SNF: Families are already talking about taking loved ones out for a day trip for Christmas. They would need to be on quarantine for 14 days on return but there is no place to do this other then their assigned rooms which would then cause the room mate to be on quarantine which is a violation of their rights. How do SNF's manuever this situation when we cannot tell the resident they cannot leave for a day trip but cannot put the room mate on quarantine and there is no where else to place the resident who wants to leave for the day to quarantine?	Ideally residents are in private rooms, but when this is not possible, the resident who is going out will need to be masked and kept out of any group activities for 14 days to reduce transmission risk. Keep the curtain drawn between residents and monitor the resident who goes out closely for any symptoms as well as twice weekly testing.	Candy

AL-IL - Can you provide any protocol around salad bars in the dining room and if we can start utilizing these again with safe guidelines?	Should try to avoid if possible. Offer the residents the salad bar choices and bring them on the tray to the resident.	Candy
SNF- Has there been any progress on making decision about when hair dressers can return to the facility	Follow the guidance in the LTC Safe Start documents regarding allowed activities. Each salon area needs to be evaluated for space and size, disinfected between residents and some services not offered if a resident is not able to retain the mask and eye protection required. The hair dresser would need to be tested according to the positivity rates and pass a health screening and use appropriate PPE.	Candy
SNF. I did not hear a clear answer on the hair dresser question for a facility in King Co. If we brought them back do we have to kick them out? Can we put them on the payroll?	Hair dresserss are allowed in Phase 2 under non-essential visitors and need to follow the health screening and PPE requirements https://www.governor.wa.gov/sites/default/files/LTC%20Safe%20Start%20NH-ICF-IID.pdf	Candy
SNF-Would vision service providers that come to the facility and see multiple patients be considered essential, same question for podiatry?	Very similar to beauticians above. Healthcare services are considered essential.	Candy
OUTBREAK/INCUBATION/ADMISSIONS		
SNF- Have you seen many outliers to the average number of days from exposure to infection? Wondering as we do investigations in a skilled facility and we have some time spans that look to be very short and some very long.	2-14 day incubation, but most fall in 5-8 days.	James
SNF- What is your recommendation for when a facility is in an outbreak. All staff have the same level of exposure but with PPE on. When new symptoms develop do you recommend using the CDC testing-based strategy or CDC symptom-based strategy for exclusion from work? Some of our staff have received 14-day exclusion letters from the local HD even though they were wearing full PPE and PCR test negative 2 times.	Symptom-based and test-based strategies are for return to work, not for exclusion from work. The LHJ should evaluate for exposure and provide exclusion recommendations. Testing does not negate the need for 14 quarantine. Staff still need to participate in routine testing regardless of previous negative results. However staff who are wearing full PPE (mask and goggle or face shield , or N-95 and goggles or face shield) are generally not considered exposed. If the LHJ interviewed them, they may have additional informaton on gaps during breaks etc.	Mary/James

SNF-We have heard recently from LHJ that they now want us to have 0 positives for 2 incubation cycles (28 days) before we can call our selves clear from an outbreak. Previously it had been 1 incubation cycle (14 days). Has RCS heard this recommendation? Do they agree?	The end of the outbreak is 28 days (two times the incubation period). Consult with your LHJ on what activities may be resumed after 2 rounds of negative tests.	Mary/James
If I accept the new resident and that is shared master bedroom available do I allowed to accept that. This is from AFH.	A new resident should not go into a shared room. A new resident needs to be quarantined for 14 days.	Candy
TESTING/REPORTING		
SNF question – please clarify regarding monthly testing in SNF's and whether this means every 30 days or is it just one time each month? For example, if SNF did testing this month on the 12th would it be okay to do next month's testing on the 18th – or does it have to be every 30 days?	Every 30 days or as close as possible. For example, October 15 and repeat on November 15.	Candy
SNF-skilled nursing center in King County. We previously had one staff that tested positive and 28 days have gone by. Can we do monthly testing now of residents and staff?	Follow CMS positivity rates to determine frequency of testing. In an outbreak, the LHJ determines testing frequency. https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg	
SNF- Also, seeking further clarification on the question I ask last week regarding reporting the potential "false" positives to RCS prior to confirmation with PCR. In reviewing the Q&A document the answer provided from Candy/James was that "Facilities are asked to report suspected and confirmed COVID cases" – but in my question I specifically stated the potential "false" positive was when doing routine monthly staff antigen testing with BD Veritor on asymptomatic, no know exposure, facility not in outbreak – if we receive a "positive" in this situation with BD Veritor we would then follow up with PCR but I would not consider that a "suspected or confirmed case" until we receive the results of the PCR test (within 48 hours). Therefore, we would not need to report to RCS (we would alert our LHJ) until we have confirmed a positive with PCR in that specific situation?	Please report all positives whether POC testing or PCR testing. CRU is now asking whether the test result was from POC or PCR and will note that on the intake.	Candy

AFH- do we need to covid test every month for residents and staff?	AFH do not need to routinely test all their residents and staff. If they have a outbreak, their local health department will direct testing of residents and staff. AFH currently can participate in a one time testing point prevalence study. Having said that, if a AFH has a resident with possible symptoms of COVID-19, contact their provider. Ask the provider if the person should undergo testing based on their symptoms, history and exposure.	Mary
Who do we send our POC testing data to? Our LHJ does not want all that information. snf, please repeat, who we are currently required to report testing data to?	Send to LHJ and report to RCS.	Candy
This is the first i've heard about the reporting of testing. is it just POC testing that NH has to report? How are we to report? Only report POC testing?	All positive COVID cases need to be reported to the LHJ and to RCS. NH doing testing for CMS need to report positive and negative testing data.	Candy/Mary
Reportable according to what guideline? Can someone post the reference for this?	CMS QSO-20-38 https://www.cms.gov/files/document/qso-20-38-nh.pdf	
SAFE START/RISKS		
SNF - does the risk assessment template for essential/nonessential travel have any bearing on the Safe Start Plan? For instance, the risk assessment tool assigns risk points for gathering in groups larger than five people outside of the facility, while the Safe start plan allows for communal dining and group activities within the guidelines of the phases of up to 10 people (in phase 2). Should a facility follow the risk assessment template for travel only and not use the same criteria for activity inside the facility?	The risk assessment is intended for travel outside the facility. The safe start plan also discusses group activities inside the facilities. There is additional guidance in the LTC Safe Start documents for each faciliy and agency type and group activities.	Candy
The issue of LTC facilities moving backwards in the LTC safe start reopening plan needs to be clarified. We are getting questions as it was thought initially the facility would pause at the phase, not go backwards. AL—Please clarify—is King County now back in Phase 1 according to an increase in community rates of infection?	King County's incidence rate is currently >75/100,000 consistent with Phase 1 of the safe start guidance. We are currently in discussions about how and when facilities regress through the phases. All facilities continue in place in LTC Safe Start Phase 2 until further notice. Appologize for the confusion from my remarks.	