Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 10/8/20		
Question Asked	**Answer Given**	**Answerer**
Testing/Test Results/Training		
SNF- When we begin to retest previously positive employees (after 3 months), how can we be sure that it is a new infection?	Can't be sure, but we look at a few things to help decide, including cycle times, known exposures. High cycle threasholds (on PCR) may indicate that it is not a reinfection. Likelihood of continued positive on antigen is not likely. Consult with your LHJ if you have concerns about reinfection.	James
SNF – seeking clarification on reporting of “false” positive POC testing with BD Veritor – according to CDC algorithm and guidance from CMS (per Leading Age National) if you receive a questionable “positive” test result on staff person during routine monthly screening, no facility outbreak, person is asymptomatic and no known exposure – you are to remove staff person from working and perform PCR test – if results come back as “negative” within 48 hours you do not need to report this “false” positive result to RCS (according to CMS you do not need to report until you have confirmed it is positive with PCR as long as it is routine screening with other variables as already listed i.e. no outbreak, asymptomatic, etc.). On the call last week Candi G. from RCS stated facilities should report all “positive” results which would include possible “false” positives even if you have not confirmed it yet with PCR and that you can “update RCS” once you have PCR results – this is not consistent with guidance that CDC/CMS is giving and will create more work for SNF that are already doing all they can. Please clarify? I have no issue reporting to local DOH my concern is having to report to RCS before you have confirmed it is positive	Facilites are asked to report suspected and confirmed COVID cases. And it's always good to reach out to your LHJ.	Candy/James

SNF – please explain the rationale for waiting for (2) negative PCR results following a possible "false" positive with POC testing using BD Veritor. Why is (1) negative PCR not sufficient? And who is going to pay for the (2) PCR tests that will not likely be covered by staff person's insurance as the person is asymptomatic without potential exposure?	One negative PCR collected very close in time in an asymptomatic person outside of an outbreak with no known exposure is adequate to determine the antigen is a false positive. Reach out to your LHJ.	Marisa/James/Shauna
SNF- If we are required to do weekly testing and an employee does not get tested (I.e., because they only worked part of the week and did not get tested when they should have), how do we document that?	Reporting formats are being worked on, but for now talk to your LHJ for their preferences, in general you would report info on positive results, and info on those with negative test results. One option is to report the info on persons who were not tested, or just give a denominator on number not tested.	Mary
SNF ?online training for the BD Veritor testing?	https://www.bdveritor.com/long-term-care-facilities/training/	Charissa, Audrey
Is is correct that afh residents & staff are not mandated to take the Covid test but recommended	That is correct	John
SNF- If we send a specimen to a lab and it takes more than 48 hours to get the result back, how do we document that per the new guidelines?	Delays are most often caused by shipping issues, document explaination including date shipped.	Charissa
ALF - Can we continue to use the lab assigned to us from the last mandante for future/recurring testings?	Yes, if you've established a relationship. Payment may need to be clarified for asymptomatic people	Charissa
SNF: Does DOH contract with local labs (i.e. Fidalab) in order to pay for these routine staff tests? Is this a possiblity for a local lab to bill DOH for these tests as staff members are questioning why they have to utilize their insurance coverage.	DOH contracts with the following labs: UW, Northwest Lab, Atlas, Altius and Molecular Testing in Vancouver. Specimens at times can also be sent to the Public Health Lab. At the present time labs for staff can be sent to one of these locations and DOH will be billed. Other labs not on this list will not be paid as prices have not been negotiated with them. If another lab wants to negotiate a price similar to those DOH has with the labs listed above, reimbursement might be considered. DOH is paying lab fees for one time point prevalence testing. DOH is not paying for continued costs of testing.	Charissa/Candy

SNF, please explain the different covid testing options. our staff very much dislikes the nasalpharangeal swab technique?	NP, anterior nasal. Anterior nasal swab is most common and can be self-collect. You should not use NP swab for an anterior nasal collection. https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html	James/Charissa
what is new about saliva test	Not widely used yet. WA doesn't have any labs that process saliva tests, yet.	James/Charissa
We are looking at a patient for admission to our vent SNF. She has had six PCR tests in the past few weeks. The first three were negative, the fourth was positive, then a week later, tests 5 and 6 were negative. Would this be a patient that we request one more PCR test and then place on isolation precautions for 14 day observation? She would need to be in our vent unit and this causes some concern.	Meets criteria to remove precautions. The time based strategy is still preferred. Consult with your LHJ.	James/Marisa
Screening/Quarantine/Cohorting		
SNF & ALF - In light of the new HIPAA talk about not having temperatures displayed on a sign in sheet for others to see, do we have to record the exact temperature? Currently, we are having staff verify their temperature by another person and that name is recorded. Can we just have them indicate Y or N that temperature is not above 100? Instead of writing the temp down? Then it is not specific medical information? The other questions are just yes and no and don't require explanation – unless we need to based on the answer – the details are kept private? Just want to be sure we don't have to have exact temp – and can verify below 100 is good enough.	There are not specific regulations for recording health screening temperatures, but RCS will review if a facility is following their health screening polices and practices, documentation and review of screening information before staff begin their shift and providing care and services in a facility or agency.	Candy
ALF. We have been told by DOH to quarantine all residents from the hospital or urgent care due to being high risk places. What is do we do if the resident had a room mate and what is your advise with residents in memory care that won't stay in their rooms?	Difficult situation. Do a risk assessment to determine risk of potential exposure. Urgent care visits may be lower risk than hospitalization and may not need quarantine Ideally, residents will be in quarantine by themselves. When this is not possible risk to the roommate should be assessed. https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf	James

I own 2 adult family homes and am experiencing staff challenges. There are now 11 listed symptoms potentially related to covid-19. When a caregiver calls out sick, it is rare (in my experience) that one of these 11 symptoms are not included for the reason they call out. My understanding is that we should have them contact their pcp for further guidance in regards to whether or not a covid-19 test is necessary. When their pcp says to get tested, and the results take another 48 hours, we typically look at a minimum of 3 missed days of work even for a negative result. If a positive test results then there are another 10 days of isolation required. As we head into cold and flu season, the unnecessarily missed 3 days vs one or two days is creating staffing challenges in the LTC setting. Is it unreasonable that the guidance might include language such as "if these symptoms persist for more than 24 hours, call your pcp for guidance?"	Staff with symptoms of communicable illness such as fever, diarrhea, vomiting, sore thoat, cough, may be infectious with other diseases and should not be working. If staff screen positive restrict from work. Advance planning may reduce the testing lag. Can you arrange with a provider to have a standing order or phone visit on short notice if needed? Can your nurse delegator do or train CNA in anterior nasal swab collection? Is there a drive through testing site near you? If the staff is off site from the onset of symptoms and later gets a positive test, they should be off work for 10 days from the onset of symtoms. Remind staff to say they are HCW, gives them higher priority! Testing sites: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/TestingSiteOnlineResources-LHJ.pdf	Mary
SNF - With cold and flu season coming and schools opening back up we are likely to see more staff with ill children. What would be the guidance for any restrictions from work when staff have household members with potential COVID symptoms? We are going to strongly encourage those staff to have their household member tested, but if they can't or won't and are not symptomatic themselves, what would be the recommendation?	If the household member is a suspected case, the household member should quarantine. Under staffing mitigation strategies - if your facility is experiencing staffing shortage - there may be some exceptions. It may be reasonable, if the household member had no exposure, for the employee to continue to work. Consult with you LHJ.	James/Marisa
If staff member tests negative 5 days after being exposed can they return to work?	No. If exposed, they should quarantine for the full 14 days since they may later become positive. The incubation period is 2-14 days. If this is not possible due to staffing shortages, discuss with your LHJ. see https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html	Audrey/Mary

AFH-I was told that if a resident would have Covid-19, you send them to the hospital because we're not able to properly cohort in AFHs.	This is not a requirement by regulation and RCS. An AFH needs to evaluate their facility and ability to cohort and isolated infected residents and consult with their LHJ for guidance when they have a COVID positive or suspected resident or staff member.	Candy
So if household member is positive, then what is guidance for LTC worker?	The worker is considered exposed and should quarantine for 14 days from last known exposure. Follow the CDC staff shortage mitigation strategies and develop protocol to manage staff with high risk exposures. CDC outlines time for quarantine based on level of household contact: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html (the full 10 + 14 if you share bathroom, wash dishes/utensils, care for person. only 14 if do not share bathroom, do not care for person, have ability to isolate)	James/Marisa/Audrey
Visitation/Compassionate Care		
ALF - has RCS made progress in updating their guidelines for outdoor visitation during the cold and wet weather? If not, what timeline can we expect for this decision/revision? Family visitation is the single most important element to our residents and we are constantly managing upset family members and residents regarding this. Please advise.	Expect updates within the next couple weeks for more definitive information	
AFH: we are currently doing patio window visit at the moment. The weather is getting cold, do we have any other alternatives to visitation?	Expect updates within the next couple weeks for more definitive information. If you phase of safe start allows indoor visits, pick a room with a door and an open window and wear masks.	
LTC- Can we allow visitors into the facility to pack up a residents belongings. These visitors have already been in facility for compassionate visitors wearing PPE.	during phase 1, staff could pack up & deliver to entrance or outside.	Marisa/James
family is asking if they can take the client out for couple day stay over. is that okay	https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf. A multi-day event with exposure to multiple people, including unmasked meals is a high risk activity. Discuss risks and benefits with resident and family. Resident would need to quarantine for 14 days upon return.	Mary

AFH: Are there any restrictions as to who can be a Compassionate Care Visitor or how many Compassionate Care Visitors a resident can have at once? Per day? How long? etc.	The facility must determine how many compassionate care visits per day can be accommodated and the length of those visits. The visitation section in each Safe Start Plan describes visitation restrictions and allowances. https://www.dshs.wa.gov/sites/default/files/ALTSA/covid-19/LTC_WhatIsAllowed.pdf	Candy
Can family hug their actively dying person both wearing a mask?	Need to take action to protect the family member if the resident is infectious. The family member should wear appropriate PPE, quarantine, and understand the risks.	Marisa/James
PPE/Masks/Fit Testing		
AFH- N95's with a face shield, but without being fit tested are acceptable? Yes or No? Also, what about footwear? I bought shoe coverings. Should they be used?	OSHA does require fit testing of the N95 respirator. Here is a link to the guidance details: https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit. CDC's recommendations for PPE when caring for a suspected or confirmed COVID-19 person is found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html	Beverly
AFH-Do we need to have or is it's must to have N95 in the adult family home? The home does not have COVID?	WA state LNI says employee must use a fit tested N95 respirator when caring for a COVID-19 suspected or confirmed case; however, a surgical face mask and face shield or googles is acceptable if an N95 is not in the facility. Guidance can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.	Beverly/ Mary
AFH-When we train our caregivers on donning and doffing of PPE and fit tested with N95 mask, can we make them sign for the training? this is an acknowledgment that they received training and fit tested.	We do recommend competency-based training (return demonstration) of PPE donning and doffing. Here is a DOH form you can use which includes signature and date of trainee and trainer (attached). You can also provide a form "Respirator Issuance and Training" that both fit-tester and person fit tested signs.	Beverly

AFH-Our surgical masks are made in China. If there is a concern of counterfeit/ineffective masks from there, how are we supposed to feel confident using the masks we're given? Are there US made surgical masks?	Surgical masks and non-surgical masks on the packaging should show FDA clearance or FDA EUA approval, many of these are from other countires. If approved products are not available. See CDC optimization strategies https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html	Mary
AFH-Are we allowed to make a modified negative pressure airflow in conjunction with the PPE and the use of N95 mask?	Yes. Simplest version starts with private room, closed door, open window and toilet fan on. Consult your HVAC expert to understand the impact on your entire HVAC system. https://www.cdc.gov/niosh/topics/healthcare/engcontrolsolutions/expedient-patient-isolation.html	Mary
AFH- I received my complete PPE supply but my masks are neither N95 nor KN95?	Depending on who provided the PPE, please follow up with that contact or resource.	Candy
King County emergency department has many choices of N95 masks. Which one should we get?	Does not matter if they truly are all N95 but an individuals has to get fit tested for each different model so if any staff have been previously fit tested for one type and that type is available that would likely be the best option for you.	James
AFH-I just got fit tested and filled out a medical questionnaire good for 2 years by an occupational facility yesterday. My staff is signed up to get tested this week. Is 2 years ok for medical evaluation?	Persons getting fit tested will needed to complete the questionaire before fit testing. At this time OSHA has waived the usual requirement to be fit tested and complete the medical questionnaire annually.	Mary
Ask a local agency (fire department, Whatcom Health Department), contract with clinic e.g. Concerta or NW response, train your staff, ask to borrow a test kit.	Contact someone who does it, (fire department, Health Department (Whatcom), Concentra occupational health, NW Fit testing Service. (These came up when I googled, respirator fit testing. Not necesarily an exclusive endorsement. We know the supply does not meet demand. Barter, pay, trade, negotiate.	Mary
AFH-ideally how many facemasks do we use for confirm or suspected COVID-19?	You will need at least 1 N-95 per day plus a face shield (goggles). LNI suggests you discard N-95 after 5 doffings (CDC limited re-use).	Mary
AFH-How can we acquire the N95 masks DSHS?	Providers are expected to purchase the PPE for their AFH. If supplies cannot be purchased the local emergency management agency can provide an emergency 7 day supply, and lastly the LHJ may be able to provide some limited supply.	Candy

Safe Start/Phases/Reopening		
LTC: We have small gift shop that the residents enjoy. Is is appropriate to open it for limited hours, limited to one resident at a time and with disinfecting after each "shopper" We are King County and in Phase 2 of re-opening	That sounds reasonable. Close symptom monitoring for the gift shop worker.	Marisa/James/Shauna
AL-Please confirm that per the COVID-19 Risk Assessment Dashboard, King County LTC are in Phase 2 as far as the KC Transmission Rate (and provided all other metrics are met)?	King County is in phase 2 if all other criteria are met. Continue to monitor as this could change.CORRECTION as of now King county is back in Phase 1	Shauna
Are ALF in Thurston County allowed to have indoor church service? Open their hairdresser shop? Open dining and group exercise activities? Some residents do not wear their facemask and do not observe the recommended social distancing.	Should be determined by Safe Start plan and consider the risk of the activity. Umasked residents pose a risk to others, encourage outdoor activities.	Mary
SNF: Last week's Q&A stated that "At this time, all counties are on pause in their current phase so there will be no forward or backward movement until the pause is lifted by the governor." Our SNF is in King County and still in Phase 1 due to a recent positive case with an employee. Are we allowed to eventually move into Phase 2 once we are 28 days out from that positive case? Or will we remain stuck in Phase 1?	All King county facilities ar enow back in phase one as our incidence is >75/100k as of this week	James
Other		
Is there any evidence frequent nasal washes (netty pot), can help reduce liklihood of contracting the virus? Especially if contact with others is limited and nasal washed occur after short exposure with masking.	There isn't any data to support this.	Mary/James