

Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 9.24.20		
Question Asked	Answer Given	Answerer
Testing		
Please clarify if DSHS expects test results within 24 hours or daily?	Do not need to report if tests are not done.	Amy
SNF- please clarify, earlier it was mentioned that POC test results need be reported daily/24hrs. IS this reporting requirement is only for positive results?..We dont need to report our neg results, do we?	Both Federal and State requirements for CLIA and CLIA waivers facilities indicate all COVID testing must be reported. WA state is still working on the reporting mechanism. At this time continue to report all positive cases to LHJ and RCS. Document all other testing done in your facilities.	Amy
King County SNFs – Is it a requirement or a recommendation to test staff weekly? CMS requires testing based on county positivity rate, currently King County would be monthly. SNF are REQUIRED to test on this schedule for CMS. If King County is a recommendation only, SNFs would continue to follow the CMS guidance, correct?	RCS follows CMS. King County strongly recommends weekly testing.	Amy/James
SNF: Question regarding the new mandated routine testing. If a non-employee (i.e. outside provider, hospice personnel, contractor, etc.) tested positive, how would we be expected to handle and report that? Or for a resident’s family/POA/visitor. If we were offering voluntary testing onsite for a family member, and they tested positive, how would we be expected to handle and report that? Would that be considered an outbreak and/or confirmed case for our facility? Do we need to report to the CRU? Would that potentially put us back at Phase 1 under Safe Start, and require us to start doing 3~7 day routine testing of all personnel & residents, per new CMS requirements? We are taking samples onsite and submitting to a local lab. We not using POC antigen testing, and so not considered the "lab" under CLIA at this time.	Any COVID test performed by the facility must be reported. Consult with your LHJ. Response may determined at a local level. Report to RCS. When you collect the specimen, you will need to collect the information required by CMS to report and information so the LHJ can contact. . Your visitor log should collec the dates they were in the facility. Facilities should report to LHJ/RCS anytime they become aware of a positive case that was inside the facility regardless of whether they were staff/contractor/visitor/resident, LHJ can help determine next steps.	Amy/Shaina/James

How can you explain the efficiency of the testing of staff and residents if all this people can get infected with COVID-19 after the test is done	Periodic testing detects asymptomatic cases that would otherwise continue to infect people.	James
AL: Can you share when the guidance will be updated in writing on either CDC or KCPH websites about the recommendation to wait on testing until 3-5 days after exposure to another individual positive with COVID?	Consult with LHJ - this may depend on the circumstances and LHJ can help with recommendations. Timing of testing is mentioned I believe in multiple places I found it here: https://www.doh.wa.gov/Emergencies/COVID19/TestingforCOVID19 if you scroll down to viral PCR test and then click on "After being exposed, when will a person test positive?"	James/Marisa
if the staff testing is negative still need a another test for every week? AFH	SNF? Related to KC questions? Tacoma Pierce County uses 5-7 days. In an outbreak we retest negatives in a week. In King county we would recommend all staff who have not been positive in the last 3 months should be tested weekly regardless of outbreak status.	
CMS wants more frequent testing if facility has outbreak?	CMS sets the test frequency based on their County positive test % website, on data.CMS.gov . In an outbreak your LHJ sets the testing schedule.	Mary
Is there a stipulation for increase in testing if the covid in the community is high?	See above	
Question coming from afh provider regarding COVID 19 testing: if we start the testing process for residents and staff, How often do we have to retest routinely? every week, every month??	The repeated testing is currently for NH/SNF. In an outbreak the LHJ may direct you to test residents and staff until you have several weeks of no new cases. Note that AFH are currently doing a one time point prevalence study which is different.	Mary
When you have a new admit to your Dementia unit in an Assisted Living, they dont understand to quarantine, and we certainly cant lock them up!! Would you recomend testing upon arrival and intermittently through the next two weeks (14 day)?	In this case when someone cannot be quarantined, do your best and testing on admission would be reasonable, then anytime symptoms develop and also at the end of 14 days. Could consider intermittent testing as well.	James
Follow up to current question; how about if an outside lab is processing the tests and non-employees test positive, do we own that positive or does it count against the facility?	This would depend on the situation, if a non-staff member or resident tests positive that has been in your facility notify RCS/LHJ.	James
If a SNF is testing per CMS guidance are they supposed to follow the county positivity rate of where the facility is located at or is it based on the facility of where the employee resides?- Local health dept.	They should use the CMS county percent positive data on data.cms.gov chart. Use the county where the facility is located.	Mary

Where does the provider call for covid test for caregiver?	Can call the LHJ of the county of residence of the caregiver, but make sure they understand the name and county of the facility. Both counties will need to do contact investigations one for personal exposures and one for facility exposures. James - I am not sure I understand the question but this response seems reasonable.	Mary LHJ please correct
Do we need to be tested before September 30, in AFH?	The completion date is now November 15, 2020	Candy
AFH: do we call everywell for test kits or we do we wait to get a call from them? This is for routine testing that we are recommended.	AFHs will receive a call from the DOH testing center staff for information about Everlywell Test kits and ordering	Candy
Can you clarify how the Binax testing works for assisted livings?	RCS not regulating; has no instructions or regs - is trying to get understanding Phyllis at Sunrise of Northgate received the tests and offered to be a resource for information.	Amy
Reporting Test Results/Payment		
I have a question related to POC testing in SNF and the HHS reporting requirements: Many of our residents are rehab short term stay. For the patients address would we be recording/reporting the facility address since that is where they are staying at the time of testing or the resident's usual address?	Ideally there will be a place to indicate primary residence and where the specimen was collected. County of residence is how cases are counted and this may not always be the same as the facilities.	Amy/Marisa/S hauna
If the caregiver needs a covid test is need a health insurance?	There are free testing sites available in King they can be found here: https://kingcounty.gov/depts/health/covid-19/testing.aspx	James
SNF - I have a question about payment for routine staff testing. Back in June it was all paid for by DOH, however there is not a clear guideline of who will be paying. Do we bill staff insurance? How about those who may not have insurance for any reason? Please advise.	NHs have been provided POC testing equipment and supplies for staff testing. An initial amount of testing supplies were provided by HHS. Additional supplies will be purchased and paid for by the NHs. Medicare and Medicaid will pay for the lab fees for residents.	Candy
Eye Protection/PPE/Quarantine		
how often would you need to sanitize eye protection that is not visibly soiled?	Everytime the eye protection is taken off.	Marisa/Bev
Is the new recommendation for face shields and not goggles?	CDC defines eye protection as face shield or goggles. Goggles that fit close to face are best.	Mary

<p>CCRC with SNF and AL: Could RCS please clarify DSHS's stance on eye protection for SNF and AL? I feel like I have heard a couple of variations of what is required for SNF, but no guidance for what is required for AL. I have heard:</p> <p>A. Eye protection is required at all times while on a SNF unit, regardless of whether COVID-19 is present in the facility or not.</p> <p>B. Eye protection is required when employees enter an isolation room on a SNF such as a resident who is on quarantine, but eye protection is not required anywhere else.</p>	<p>DSHS/RCS follows CDC and DOH requirements. Eye protection should be used at all times in areas with moderate or sustained transmission. Also consult with your LHJ - follow the more stringent recommendation.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</p>	<p>Candy/Marisa/Mary</p>
<p>While collecting a nasal swab specimen for POC testing or sending the swab out to a laboratory during weekly surveillance testing- Is it mandatory that the person collecting the nasal swab wears an N95? Is a surgical mask, face shield (not goggles) and gloves adequate? I have heard that an N95 is required for the nasal swab collection.</p>	<p>Follow CDC guidelines:</p> <p>https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/downloads/OASH-nasal-specimen-collection-fact-sheet.pdf</p>	
<p>I work in the SNF, Just have some clarifications: Questions:1. Does the doors need to be closed for residents on Quarantine since they are placed on standard/droplet/contact precaution? 2. Per CMS Ftag 563 on visitation facility can allow indoor visitation as long as they do not have a positive case for 14 days. This contradicts with DOH criteria for reopening of 28 days with no positive case? 3. Clarification on N95 Masks sanitization using UV, what's the limit of when you can sanitize it?</p>	<p>Persons in quarantine should have the door closed if possible. Do a falls assessment, and if at risk, follow CMS guidance for falls prevention. 2. DSHS and DOH are currently discussing how to incorporate CMS new visitation guidance. 3) Respirator re-use and decontamination is a last resort, first reduce the number of people entering the room, prioritize masks for COVID+ persons and AGP, purchase additional masks, ask for KN95 from your EMA or ppe.wa.gov, do extended use respirator use etc. LNI recommends no more than 5 doffings per N-95 whether or not it is UV treated, so that is typically 1 day of use. For general info on UV disinfection see https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/uv-lights-and-lamps-ultraviolet-c-radiation-disinfection-and-coronavirus#coronavirus</p>	<p>Mary</p>

<p>SNF 1. Our facility practice is to keep quarantined residents in their rooms. However, we are primarily a short stay rehab center and many of our residents are in need of medically essential therapies that cannot be performed in their rooms. Some necessary therapies can only be performed in the rehab gym. What recommendations do you have for donning/doffing procedures? Specifically, when would you have the resident don/doff and when would the staff member don/doff. What PPE would you recommend the resident and staff member wear?</p> <p>2. Additionally, would you recommend a resident wear a surgical mask vs. a cloth mask when leaving their room?</p>	<p>This is best guess suggestion, there are several options: If low risk quarantine pt, have the resident bathe, do hand hygiene and don clean clothes when they leave the room. They should wear cloth or medical/surgical mask. A new medical surgical masks has the advantage of not being wet, so might be more source protection. The caregiver should wear N-95 and face shield/goggles or if not available, a face mask and face shield/goggles. If the treating staff are in the gym and the patient is brought to them, the staff don PPE (gloves and gown) prior to beginning treatments. Doff after finishing the treatment, or if the therapist take the person back into their room, doff gowns and gloves upon exiting the patient room, leave the room. If the quarantined persons is a low risk, new admission only quarantine, I would be OK with continued use of facemask and face shield for care of other patients. If an aerosol generating procedure was done, CDC recommends that the respirator be discarded and the face shield disinfected or discarded.</p>	<p>Mary</p>
<p>Visitation/Compassionate Care</p>		
<p>ALF - In an ALF, are there code requirements around the use of outdoor heaters – either propane based or electrical? Would King County Public Health/DSHS consider a garage (below the building) as an outdoor space?</p>	<p>Conversations are ongoing and are collecting feedback. Options may require consultation with fire safety and other experts. Additional direction will be coming.</p>	<p>Candy</p>
<p>AL - can you outline the guidelines for compassionate care visits for hospice residents?</p>	<p>Compassionate care visitation is outlined and defined in the DOH/DSHS LTC Safe Start documents on the AL TSA website at www.alsa.wa.gov</p>	<p>Candy</p>
<p>is there a resource available for AL's regarding hospice compassionate care visitations.</p>	<p>Same as above. Please call your RCS Field Manager for specific questions and guidance</p>	<p>Candy</p>
<p>we are from king county, AFH. question:: what is the allowed hours for visitation for essential visit-actively dying ..per resident rights..is it 30 minutes and not more than 1 hour /minimum of 1 hour?what about an compassionate visit, how many hours is allowed/limit inside the house?</p>	<p>There is no defined limit on hours of visitation. Each facility needs to take a person centered approach to balance the needs of residents and their visitors.</p>	<p>Candy</p>
<p>Can you discuss the CMS visitation guidelines updates based on positivity rates.</p>	<p>Dear Provider Letter and coordination with CMS is pending</p>	<p>Candy</p>

how often, and under what conditions can we deny a visit if there are already other visits... non hospice... already on the books for the day.	Each facility needs to accommodate visitation based on their visitation space, number of visitors and staff support. To the extent possible, facilities should be accomodating visitation.	Candy
Regarding phased reopening for adult family homes: If the dashboard shows that in King County the number of infections is less than 75 in 100,000 in last 2 weeks, can we allow the DPOA of the resident visit inside the home?	Follow the visitation requirements in the LTC Safe Start Plans on the ALTSA website at www.altsa.wa.gov	Candy
SNF Clarification on 28 days to 14 days per CMS . Our facility recently had one staff person tested positive for Covid. We closed visitation but are unclear of how many days need to wait until opening up visitation?	WA state has defined an outbreak cycle of 28 days. CMS for NHs is using a 14 day cycle and positivity rates. RCS has a meeting with CMS the week of 09/28 to discuss differences in outbreak cycle periods and infection rates.	Candy
AFH-what is the allowed hours for visitation for essential visit-actively dying ..per resident rights..is it 30 minutes and not more than 1 hour /minimum of 1 houran compassionate visit inside the house	The LTC Safe Start Plans do not define the length or time of visitation. This will vary based on the needs of the resident and the visitor	Candy
I work in a facility that has a Transitional care/swing bed unit, we follow guidelines for long term care facilities for visitation and are currently having outdoor visitation. We would like to move the visitations inside restricted to one room that will not have much furniture and be cleaned inbetween visits and right next to a door leading to the outside for entrance and exit of the visitor.	We are considering updates to visitation. At present outdoor visits are allowed in Phase 1 and Phase 2 with the addition of an essential support person for indoor visitation in Phase 2. Indoor visits are allowed in Phase 3.	Candy
Adult family home- we could not able to be contracted with the labs that recommend. They said , “we riches max service capacity” the question is may we pause outdoor visit due to the above reason and not enough PPE on hand?	No reason to pause outdoor visitation because of labs reporting delays in testing. All AFHs should have a 14 day supply of PPE or have resources to obtain PPE quickly when needed.	Candy
Training/Screening/Logs/Phases		
Is there any guidance for agencies that need to do hands on training to recertify staff that may need to employ right response training to physically deal with physical behaviors. (think holds or defensive techniquis to break hair pulls, bites, etc.) This would be for community based supported living with people with intellectual disabilities.	This training is not a requirement from RCS. You would want to reach out to DDA to determine how this is being addressed at this time if it is realted to a contract requirement with DDA	Amy

Has a standing order been established for the AFH testing that is to happen?	No - still in development	Candy
SNF: Do we need additional log for hospital staff who are screened in hospital and also come to SNF? Should they be screened twice or is their log within their department enough?	Screen everyone who comes in except first responders, use your visitor log.	Mary
SNF: If CMS states we are at Phase 3 and WA states Phase 2, which do we follow?	More information to come the week of September 28.	Candy