Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 9.17.2020		
Question Asked	**Response**	**Answerer**
Testing/POC/Consent		
For SNF with monthly testing: If an employee has tested positive for Covid in the past, do we exempt them for routine screening forever, or just for the 3 months following active infection?	Should be exempted 3 months, but resume routine testing after 3 months	James/Marisa
If we do an asymptomatic screening test for COVID and the staff member develops symptoms 1-2 days later would they need to retest?	If a person tests negative, then develops symptoms, retest. If the person is positive and later develops symptoms do not retest. They have have been in the asymptomatic phase.	James/Marisa
Can we get an update on the BD point of care machines that were having false positives?	False positive are within 2% margin of the error and encourage continued use of the POC testing devices. An asymptomatic positive, with no outbreak or exposure, should be placed in a private room under precautions and reach out to your LHJ. Follow CDC algorithm. https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf	
AFH: Our nurse delegator refuse to do the delegation for COVID-19 testing, what is the other option for us to have testing for the caregivers and residents? Are we still recommend to do the testing for our caregivers and residents?	The facility can access the Everlywell test. It is a self-swab, so nurse delegation is not needed. Resident will need an email address for Everywell. If a resident cannot self-swab, you should reach out to the resident's case manager to find resources for specimen collection.	Candy
SNF- I am wondering what the guidance or recommendation is regarding testing new admissions and residents on quarantine for going on appt. Should we be testing before they are taken off quarantine and if so what day should test on?	There is no recommendation to test when going for an appointment. Should be on quarantine for 14 days and if you are going to test, consider testing at the end of 14 days. Also should test anytime symptoms develop within the 14 days.	Patty/James

This question is for Amy and Candace. We understand the guidance states " all staff must be tested", and that each facility must have a " plan" in place for if a staff member refuses to be tested. If YOU Amy or Candace were in charge of a facility, and for implementing a plan regarding staff refusals, what would you do? Our local health jurisdiction does not have any guidance on this either. Please advise.	Every facility is different with unique staffing requirements. Facilities should consult with HR, attorneys, director of nursing and infection prevention to develop a policy to manage staff who refuse testing.	Amy/James
Re refusals: Yes but the guidance is that all staff must be tested, its absolute, what other option is there other than to discontinue resident care for a nurse or CNA?	See above. staff do have the right to refuse testing.	Mary
Sorry I might have missed this. Is it a requirement that all employees to be tested monthly?	It depends on what type of facility you are. If you are a nursing home then yes there are requirements to test but whether you test twice per week, weekly or monthly depends on community positivitiy. CMS requirements are here https://www.cms.gov/files/document/qso-20-38-nh.pdf	
Can you tell me what the monthly testing requirements for SNF are?	See above.	
From Assisted living- If you have a resident who tests positive with the random testing round; asymptomatic. Do we retest this person ? Or a 3 month pass as you would with an employee.	See above. Current guidance is to wait three months then add the person back if you are doing surveillance testing of all residents	
If a resident go to a doctor's appointment with their PAO, do they need to be quarantined or tested for COVID-19?	Use the risk assessment. If masked, social distant except provider, safe transport and goes directly to provider. No quarantine needed. https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf	
If any resident or staff turn positive on covid test but asymptomatic. Do we need to quarantine the whole facility : staff and residents exposed?	Quarantine the person, those with significant known exposure and consult your health department	
AFH: Is point prevalence COVID-19 testing mandatory?	Testing is not mandatory. It is recommended	Amy

Would you recommend the patient to be tested for influenza in this situation? We are in flu season…	Have a provider make the decision when flu activity increases. Track flu activity https://www.cdc.gov/flu/weekly/fluactivitysurv.htm and in WA here https://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf. Week 36 there have been no lab confirmed flu in Washington state.	Mary
SNF- DO we have any more information on routine staff testing reporting requirments for the CLIA waivers. We are currently planning to track them on a spreadsheet with all required information.Is that correct? Do we know when there will be a system in place to submit this data and should we be reporting to the DOH all negative results.	DOH is working on options for reporting and CMS is also working on options. In the meantime homes will want to create spreadsheets or a system to track testing and have documentation available to show all points are covered. It is unclear when a system will be available. Both RCS and the CLIA inspection team are aware of the delay and will take this into consideration during any inspection or investigation.	Amy
We have not received our machine yet, is there any update when they will arrive?	We do not have any clear indication at this time. All homes are supposed to have devices by the end of September	Amy
Are those the Abbott machines?	CMS is shipping BD Verifor and Quidel Sofia 2	Mary
When you get positive should we have retest with lab?	I assume this is for antigen testing CDC has guidance here (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html) Essentially if your facility does not have any COVID cases and then a Ag test is positive you should isolate that person as if they are positive and confirm with a PCR test, if the PCR test is negative can assume the antigen test was a false positive and there is no outbreak.	James
SNF and AL What about the BD positives for staff who are asymptomatic.	In outbreaks and communities with moderate or high transmission treat them as positives. In low prevalence settings furlough and retest with PCR. https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf	Mary
AFH: Can the Nasopharyngeal swab be used to collect nasal specimen?	This is not ideal, would avoid if at all possibe.	James
SNF and AL - is 1 positive test an outbreak?	Yes	Mary

SNF: I thought the routine testing CMS mandate was only for staff - UNLESS you have an outbreak - then you'd test all residents.	CMS for NH/SNF test staff at a frequency per the CMS percentage positive website. If you detect cases you notify the LHJ and follow their testing recommendations for broader testing.	Mary
Per discussion there are obviously several different tests for COVID. Can you explain the different types of tests or tell me where I can get information on the different tests being used and in what settings they are being used?	There are many tests used for different purposes. Manufacturers often make more than one type of test. If you are a NH/SNF CMS is using point of care antigen tests from Quidel (Sofia 2) and BD Veritor for routine screening of health care staff and sometimes residents. https://www.cdc.gov/coronavirus/2019-ncov/lab/testing.html	Mary
How do others deal with false positives?	In a low prevalence setting, with an asymptomatic person who has had no exposures, consider retesting with a PCR	Mary
The health department re-sent all of our positives to be retested the same day and they all came up negative not once but twice	We're interested. Please e-mail us HAI-COVID@doh.wa.gov and give us a contact to speak with. Be aware many things change the test results. Specimen collection technique and supplies, media used, if temperatures were appropriate during storage and shipping, contamination during test prep, available specimen etc. All lab tests have some false positives and some false negatives. Expect some difference.	Mary
What are requirements for Afh for volunteers apart from the protocols	They should be screened, oriented and tested as if they were employees.	Mary
Can someone speak on Vendor Testing to meet requirements including Hospice Staff?	Any staff who work in a NH, even those under a contract, who provide care should be tested	Amy
Local Health Dept: We have a memory care facility that is requiring residents that have been transfer out to a rehab facility and acquired COVID-19 while at rehab to have two negative COVID-19 test before coming back to the original facility. The memory care facility has never had any covid positive cases. The Health Dept. does not recommend the 2 negative test before returning to the memory care facility, but the facility is still requiring it. Any suggestions?	We'd advise them to follow their LHJ recommendations. CDC does not recommend routine testing to end isolation or quarantine.https://www.cdc.gov/coronavirus/2019-ncov/lab/testing.html	Mary
AFH - How do I access Everlywell testing for my home?	A team will be contacting each home to determine how many tests will be required for the home and which test kits will be needed	Amy

RE: Everlywell - Sorry if this question already came up. What is the current turnaround with Everlywell?	24-36 hours in the King County pilot currently	James
How do we get the everlywell tests?	If a King County SNF email Maureen Linehan at n-mlinehan@kingcounty.gov for assistance	James
For everlywell, they are only accepting them M-F which is tough for a 24/7 facility	Charissa to check into this	
AFH-With the one time baseline COVID-19 testing are we supposed to get a consent from our residents POAs before doing testing?	If a resident is unable to consent you will need to get consent from the resident representative	Amy
Nurse delegators have been asked to help perform screening testing in AFHs. There is a lot of concern for those asymptomatic postive client they MAY come across and the impact on the testers if they do not have N95 masks & they potentially testing asymptomatic positive clients. What is the risk to the testors that they could contract COVID from testing asymptomatic positive clients?	Persons in gowns, gloves, face mask and eye protection who collect nasal specimens are at low risk. All staff providing patient care should be wearing masks and eye protection due to risk from asymptomatic persons.	
SNF and AL. Respectfully - just a comment on "the bigger concern is false negatives vx false positives". For a facility operator false positives is havoc as well - trying to have staff to care for residents and the contact testing which just creates entire facility testing..... on and on.....	False negatives lead to disease and possible deaths. False positives lead to a lot of work and unhappy people.	Mary
Comment to James on complexity: the physicians in your audience need to hear more from you. It would be great to have a webinar for medical directors and physicians as the target audience	I will take that as a compliment! Happy to accomodate this if someone is able to set it up? Would likely not be able to do it on a regular basis. But certainly happy to do this once or maybe once a month? Email HAI-COVID@doh.wa.gov if physicians are interested.	James
Quarantine/Isolation/Admissions		
From skilled nursing facility. The facility follows the CMS guidance and isolates the new admission for 14 days. A patient advocate is insisting the patient in isolation be permitted to go outdoors. We do not allow residents in isolation leave their room expect for an emergency. Comment?	I think we have to balance all aspects of patient safety, if a quarantined perosn is able to safely eave their room (i.e. appropriately social distance, wear a mask etc) I think allowing outdoor walks is very reaosnable.	James

SNF-We are seeing citations from RCS around staff not wearing N95's in quarantine rooms. From what was just said it sounds like that is not the recommendation.	CDC recommends use of N-95 masks for care of suspected and confirmed Covid patients. What was discussed was a new asymptomatic admission from a facility with no COVID, who is in quarantine only for being new. This may be necessary in facilities without many respirators so they can conserve masks for infectious patients. A person in quarantine due to significant exposure to a confirmed cases or who is symptomatic and awaiting test results is of higher risk and staff should wear respirators. RCS follows the recommendations of the LHJ if it is the higher standard.	Amy
Do we need to wear an N95 for residents in quarantine?	N95 is recommended for these individuals BUT N95 should be prioritized for residents who are confirmed and suspected cases. CDC guidance recommends N-95 if available. See above. Contact LHJ.	Patty/James
What advice would you give a skilled nursing center who applies a 14-day quarantine to all new admissions, but the newly admitted resident needs rehabilation services which can only be provided out of the resident room (for example, the resident needs to utilize equipment in the rehab gym). Is it appropriate to gown, mask, and socially distance the resident so he/she can receive services in a gym?	See my answer above, I think directly applies and I would feel the same way about this assuming appropriate PPE is used by all including masking resident ADN must have excellent environmental cleaning procedures in place.	James
is there a rec to quarantine every patient who has an outside appt? SNF	No, see above, follow the risk assessment.	
AFH - I wasn't able to attend all of yesterday's AFH Infection Prevention call and they may have addressed this, sorry if redundant! Do we need to continue wiping off all packages and groceries with disinfectant or let sit for a few days? And quarantine mail overnight?	No. Perform hand hygiene after handling.	Mary

SNF: I have a follow up to that question about isolation patient wanting to go out. We have someone wanting to go out for "coffee" with their SO. If they're adamant about that, and since it is not an essential outing, would this be considered an AMA discharge?	A person in isolation should not go out for coffee. They do not have the right to endanger others. James: Agree in principle but I also think we need to remember LTCF new admissions have a MUCH lower threshold for quarantine (i.e. any new resident regardless of actual exposure history is quarantined so a new resident who was in the hospital but in actuality has no known exposure to COVID is a much different sitation than a resident admitted from home who had a household member who was a confirmed case of COVID) this is reaonsable given the population in the LTCF is very high risk as compared to the general community, but if a new resident on quarantine has no known true exposure and is on quarantine while in the facility they would not normally be quarantined in the community and so grabbing a coffee and sitting outdoors with SO is pretty low risk assuming they appropriately socially distance and wear a mask hand hygiene etc. I hope this is useful and not more confusing but we do need to be empathetic and reasonable/pragmatic in our approaches. You would want to consult with your own LHJ for specifics. The resident may also need to understand each visit into the community may prolong the quarantine period if the activity is considered high risk on the risk assessment.	James/Amy
Fit Testing/Masks		
AFH: How true is that AFH must have 15N95 for every staff.? 15pcs per staff	Facilities should be prepared, meaning that N95s are available on site and staff fit-tested. If this is not available - KN95 nd document efforts to fit-test and obtain N95. Since you discard N-95 daily under extended use, a supply of 15 respirators per person would last 15 shifts.	Mary
There seems to be a lot of mis-information surrounding AFH N95 mask fit testing in the community. Where do I find the information on the AFH requirements for the N95 fit testing?	WAC 256-62-07715 5. Employers must provide fit tested N-95 respirators or equivalent to employeers caring for suspected or confirmed COVID-19 patients and those who do aerosol generating procedures.	

AFH-Are all residents required to wear a mask in the living room of the home and if so how to handle developmentally disabled residents that won't wear them?	DD clients are exempt from the mask requirements in the DOH order	Amy
AFH-What kind of mask should a caregiver use when taking care of dementia resident that came from a ER visit and the risk assessment is medium/ high?	If the dementia resident is placed into quarantine due to med/high risk exposure. I would recommend N-95 and eye protection. Please contact your LHJ to determine their standard in these situations	
AFH-Is the state going to allow or train Nurse Delegators to do fit testing?	Nurse delegators can do the fit testing. The challenge is getting the fit testing kits. Nurses can also sign off on negative medical evalations needed prior to fit testing. If employees mark any conditions or concerns "Yes" a MD, DO, ARNP or PA needs to examine the person.	Mary
AFH-Are all the LHJ departments bringing out self-fit testing kits when there is an outbreak in a home. Currently Whatcom county will bring out a kit to ensure staff has the appropriate protection.	We applaud Whatcom health department. We will contact them and learn how they are doing it.	Mary
AFH-I have some calls out to local fire departments to see if they can do fit testing or train someone to do fit testing for their facility. Is this acceptable??	Yes. Take a look at the respiratory protection program template. Staff need to have a "medical evaluaton" prior to fit testing. If the employee has no contraindications, the licensed designated health care provider tells the supervisor that a person can or can not be fit tested. Then the person can be fit tested. The time fit testing could be as paid time on the clock. Thus organizations try to have a fit tester come to the facility. Discuss with the fit tester who will provide the masks. Employees need to be fit tested to all the models they will use at work. Document your efforts to arrange fit testing and respirators.	
Phases/Dining/Visitation/Pets		
AFH-Do we open for visitors now?	Depends on your county, your preparedness and if you have gone 28 days without cases. https://www.dshs.wa.gov/sites/default/files/ALTSA/covid-19/LTC_Phases.pdf	

AFH-Are window visits ok with window open and resident kept more than 6ft apart. If the resident does not qualify for outdoor visits.	This will be dependent on the reason the person is unable to participate in outdoor visits. If the person is isolated as a COVID+ client it may increase the risk to have a window visit with the window open and would not be recommended. If the person is unable to go outdoors due to frail health such as a terminal disease or dementia, a window visit may be a reasonable option. You will want to consult with your LHJ to discuss the issue and make a determination if you have any concerns. James: As long as both are wearing a mask and the visitor is >6 ft from the window I would think this would be ok.	Amy/James
AL: As the weather begins to become colder this fall, has there been any discussion on alternatives to outside visitation and the health repercussions for residents spending prolonged periods of time outside in the cold and the rain? If the physical plant allows, could long term care facilities designate an area inside the building and close to an exit for indoor visitation if there are appropriate preventative/safety measures in place?	This is under discussion between DSHS, the associations, the ombudsman, and the governor's office. More to come.	Candy
SNF Current thoughts on facility pets. Our residents are experiencing increased isolation and depression and we were considering getting a facility dog that would live here full time.	Pets have risks and benefits, should be vaccinated, licensed and healthy. Animals should not be in a COVID Unit. Animals trained as therapy dogs are trained not to lick or jump up on people. LTC pose a risk to the animals as well. Some culture and religions find dogs "impure". So discuss with residents and family.	
SNF- How are SNF's informed that it is allowable to move to the next phase of reopening. Does RCS inform or is it determined by facility?	If you have not had a COVID case in 28 days, consult the Safe Start Guidelines https://www.dshs.wa.gov/sites/default/files/ALTSA/covid-19/LTC_Phases.pdf, and the phase of your county https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard. See if you have the prerequisites in place. If you have questions call your RCS or LHJ.	
AL: will there be official announcements regarding entering various LTC Safe Start phases or is is up to individual facilities to monitor case numbers and move into phases accordingly?	See above	

AL- Want to confirm we are allowed to opening dining if residents are at 8 ft apart while eating and no more then 10 at sitting- also small group activites allowed how many in group, up to 10 ? Sorry if this has already been addressed, just want to confirm	This is dependent on the phase your home is in. Review the guidance in the safe start for LTC	Amy
CCRC that has SNF, Assisted living and independent living. We are having a hard time deciding on independent living dining services. Our independent dining room is located in the care center where the SNF is. The SNF residents and Assisted living residents do not go into this dining room or near it. Do we follow the Safe start plan phases for the counties in relation to how the resturants open for our dining services and open at 25% capacity with social distancing which allows 16 people to be seated and served or do we follow the assisted living and SNF reopening phases and not allow communal dining until able to progress to phase 2?	It may depend on the specific layout and whether the independent residents would need to walk though the ALF or SNF or if the SNF/ALF residents routinely spend time in areas that lead to the dining room.	James/Amy
Question from an Assisted Living. I understand we are not allowed to offer dining room services, but what are our options for resident's who need extra assistance with feeding and queing. Some have lost weight and are going through depression.	If the residents are not in isolation or quarantine, you can have a staff member assist a few at a time socially distances, to help them eat.	
Other		
For ALTSA reporting does it have to be on Mondays and Thursdays or is it just twice a week? What about when there is an issue with reporting and call tech support with no resolution, should you just report again the next day?	If this is for the survey, you can report the next day if needed. to report confirmed + or suspected + cases you should call the complaint unit or file a complaint online right away	