

Long-Term Care (LTC) COVID-19 Q&A Weekly Sessions: 8.20.2020		
Question Asked	Answer Given	Answerer
Fit Testing & Masks		
Does DOH have any fit kits? We have been unable to locate them!	Unfortunately DOH doesn't have any to loan. Many on back order. Try zefon.com, envirosafety.com, bitrex qualitative fit test kit from moldex.com, MSATH saccharine qualitative fit test kit from Fisher sci.com etc. You will also need to have a variety of masks sizes and and if possible masks to test people with.	Mary Catlin
Could you share resources for facilities to get fit testing for employees? (PHSKC)	Options are 1) contract with occupational health or safety group offering fit testing including hospital partners, some LHJ, fire departments) do it your self (WHCA is preparing fit testing training), or 3) partner with other facilities to share medical reviewer, kit tests, training.	Mary Catlin
where would an AFH get fit tested if needed in Kitsap county	King county doesn't have any resources. Snohomish County does not have fit testing resources, unfortunately. In San Juan County we have worked with our local EMS to arrange for Fit testing. our LHJ (Skagit) has a kit we lend out to local providers - We just ask that they provide/buy their own solution.	
Can the MD/NP medical eval be done by facility MD/NP or own PCP?	Yes. An RN can review questionnaires and sign off if there are no concerns. A MD/ARNP/PA-C does evaluation of persons with possible contraindications. Facility can use their clinicians, but kept the findings confidential in an EH file. Tell the supervisor only if the employee passed or failed and which masks.	Mary Catlin
AFH: Is it mandatory for the staff fit tested too? If so, where can we send the staff?	Staff caring for/in rooms of suspect and positive Covid patients need to be fit tested; document efforts and difficulties. See above	Mary Catlin
SNF- King County - We are waiting for our fit-testing kit that we ordered so we can fit test our own staff. CHI will help us be trained	Great!	Mary Catlin
Sherwood Assisted Living, Sequim - I have my kit arriving next week, I can help with Clallam county adult family homes but would not be able to do other assisted livings	Clallum County AFHs can contact Karen Cordero at Adult Family Home Council and she'll connect with Sherwood	

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So if we can't get fit tested what mask are we to wear if we have a covid patient?	Second choice is N-95 with seal checks to eliminate gaps. Wear with face shield or eye protection. Third choice KN95, fourth choice surgical mask. (Use all choices with goggles or face shield.) Document how tried to get respirators and fit testing; train staff to do seal checks for informal check of gaps. Discard respirator/masks after aerosol generating procedures. Minimize the number of people who need to enter room, if safe, close door and open window of room.	Mary Catlin
How can it be a citation when even the state is not able to assist the AFH regarding N95 for testing . AFH is at risk because we don't have the usual resources that the bigger facility have .	Legally, it is the employers responsibility to provide a safe workplace. We'll get L&I on future call. Meanwhile, document efforts to order respirators, do fit testing, train staff how to do seal checks and don and doff PPE.	Mary Catlin
I have been told that our AL facility is not REQUIRED to us N95 masks unless there is a procedure that results in aerosolization.	CDC guidance says to use N95 for suspected and confirmed Covid-19 patients and patients underoing aerosolizing procedures. If these are not available in an emergency and the usual standards can not be met, then a surgical face masks and eye protection is acceptable. https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf LNI requires a respiratory protection program (including fit tested respirators) for facilities that <u>have suspected or confirmed COVID patients.</u>	Mary Catlin
LTC - we've begun fit testing for our staff, done by an outside agency. However, we were told by our corporate leadership that we did not need to do medical evals, so we haven't been doing them. Will we get tagged on this? Also, I didn't understand the answer about doing them ourselves at our facility. Can one of our RNs do the medical evals?	If you have suspected or confirmed covid cases you need to have a respiratory protection program including training, medical evaluations, and fit tested respirators. See answer 7. If at all possible, don't have a supervisor do the evaluations as the person needs to advocate for the employee's safety and not represent the facility's need to provide safe staffing for the patients....As long as you respect that you can do the medical evaluation in house.	Mary Catlin
Also, for NW WA, North Sound ACH has a fit test kit. And I think that NWHRN may have one too. Is there a way to join this group	NWHRN membership: https://nwhrn.org/get-involved/become-a-member/ . Members pay a sliding fee based on revenue.	Mary Catlin
If an employee is medically evaluated at risk to use a respirator, would they then be allowed to use a surgical mask?	Ask LNI Sept 3. Yes they can use a surgical mask. The question is can they be assigned to care for patients with suspect or confirmed COVID if you know they can not be fit test for an N-95?	Mary Catlin

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Washington State Hospital Association indicated on a call last week that they were offering fit test training to all LTC facilities so you may want to include them on your list of organizations to follow-up with.	Good point!	
At our SNF we currently have all nurses fit-tested for N-95 masks, but do not fit-test Nursing assistants. For possible coronavirus residents is it required that all staff wear N-95 masks at all times while in the room? Or just during aerosolizing procedures (nebulizer, CPR, etc). Currently staff are required to wear a mask with faceshield when providing care. Nurses are only to enter resident room with N-95 mask during (and for two hours after) any aerosolizing procedure.	The standard of care is for all persons in the room to wear an N-95 respirator and eye protection when in air spaces occupied by COVID-19 patients. You can try to reduce the number of persons who enter the room, and have the RN do all the tasks. During the pandemic CDC has discussed crisis standards of care for guidance when respirators are not available. But if you have respirators, nursing assistants also need to be provided them and fit tested as well. Ask LNI on Sept 3rd.	Mary Catlin
Quarantine/Isolation		
Did the quarantine recommendations change?	The 14 day quarantine is something that was in phase 1 of the original document. It quarantined anyone who went out for visits in the community (both essential and non-essential) for 14 days. This section now matches the other phases. Use the risk assessment to determine the level of risk for each individual resident/client and then determine the best approach. They can work with their LHJ in determining this approach as well. They do not need to automatically quarantine each resident.	Amy
Do we need to isolate for 14 days after dialysis or Dr. appointment in Clark County?	See above. Your LHJ may know of dialysis/LTC cases that increase concern. Otherwise apply the risk assessment. King County is not automatically quarantining all patients.	Mary Catlin
Adult Family Home Inspections being resumed by DSHS, which were previously delayed due to Covid-19. I have seen recent notice that says they will now follow an 18 month inspection timeline, instead of 12 month (annual) inspection, and resume in October 2020. Please confirm.	Timelines do go up to 18 month timeline cycle - same as usual inspection	

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SNF - clarification on quarantine and use of PPE - should employees always gown when doing patient care or is it okay to follow standard precautions and gown when there is potential for soilage or exposure to blood/body fluids to uniform? I noted on the signage provided for Quarantine it refers to using gown for "patient care" which will increase gown usage.	Yes unless there is a shortage of gowns. If you have no gowns see CDC Crisis Standards of Care guidance.	
AFH provider- how long can I quarantine a resident from a hospital?	14 days	Mary Catlin
SNF - has there been any consideration to clarifying the definition of "outbreak" in nursing home as a result of "one staff person testing positive" to include clear delineation of whether the staff person has to be actually working in the building when testing positive - my understanding is the CDC definition only states a "positive staff member" - what if this employee is not currently working or has not been working due to LOA but still considered an "employee or staff person"? -- clarification on staff person that was tested - was tested prior to medical procedure and tested positive while out due to medical reason	If person is not at work during infectious or risk period (more than 14 days ago), this is not an outbreak in facility. Time based strategy, no testing to return to work.	James
For new admission,if they tested negative 2-3 days prior resident should still do 14 day quarantine?	If you are is asking about the LTC Safe Start Requirements and Recommendations document and the medically and non-medically necessary trips risk assessment, that can be used to grade the risk of an activity outside of the facility and then to use that to consult with LHJ for quarantine recommendations. DSHS contact for general questions would be the RCS Field Manager and your LHJ.	Mary Catlin

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LTC - We have an ambulatory resident on the quarantine unit related to going out for an appointment. They are wanting to go outside for a walk using the desingated exit door for that unit. Is this acceptable being that they are "quarantined"	Try to defer non-essential appointments for persons in quarantine. While the lowest risk is to have persons in their rooms during quarantine, a walk outside, if safe, masked, socially distanced, who can exit and enter facility without exposing other people may hlep the person quarantine for 14 days. Discuss with your LHJ contact. A facility with active ongoing transmission should aim for strict isolation and quarantine.	Mary Catlin
We are PACE (Program of All-inclusive care for the Elderly) in WA. 70% of our participants live in AFHs and ALFs. They are frail with multiple chronic illnesses requiring close monitoring. We would love to discuss the details of the new 14-day quarantine guidance with someone. Who would be the right person?	If you are is asking about the LTC Safe Start Requirements and Recommendations document and the medically and non-medically necessary trips risk assessment, that can be used to grade the risk of an activity outside of the facility and then to use that to consult with LHJ for quarantine recommendations. DSHS contact for general questions would be the RCS Field Manager and your LHJ.	Candy
If a quarantined resident is wearing mask and distancing, hand hygeine then why not walk? Rules for number of residents in the hallway at a time might help.	Hallways often have the worst ventilation in LTC facilities. If it is not possible to have the person remain in their room for behavioral reasons, then having them mask, do hand hygiene and walk OUTSIDE if safe, would be safer than inside. Masks when wet (often 1-2 hours) no longer are good source control.	Mary Catlin
AFH: very advance dementia client had nederal appointment. When back, she doesnt want to do 14 days quaratine and mask on. How do we deal with that? She gets mad and sreaming and cannot stop to get out from the room and always walking around all over places inside the house. How do we manage this kind of client?	contact RCS Behavioral Health Team RCSBHST@dshs.wa.gov	
My apologies if this was covered already, I had another meeting. How will facilities manage the orders for the speciman collection.	multiple ways to obtain orders for testing	
SNF - it would be much appreciated if Quarantine Precautions sign had specific examples of when gown is required	Patty will add examples to sign and send out. Thanks for feedback	

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The question on the quarantine sign is that it says dialysis residents need to be on quarantine	Patty to update to include risk assessment. Because dialysis is longer than 1 hour, indoor, maybe in room with many people, including persons unmasked, and involves transportation with multiple people close together, it typically is a higher risk activity. Use the risk assessment for your particular case. May be possible to work with your dialysis setting to reduce risk (after hours with fewer people, isolation room etc.)	Mary Catlin
Testing/COVID+ Units/PPE/Other		
I am an AFH in Region 1. Are there COVID beds available for a resident who tests + ? I would be unable to isolate and care for a covid + resident and it would put everyone else in the home at risk. Are there covid positive beds in Skagit? Snohomish? Do you know what facility it is? And where?	There is COVID only facility in eastern WA. Reach out to case manager. COVID facilities in Pasco, 2 in north King County, 1 in Tacoma Pierce, 1 in Bellingham.	
Please clarify the answer to receiving a 'blanket order' for independent, assisted living and employee prevalence testing due September 11th. Will DoH issue order for testing in King County? Also, we have received test kits from DoH, but no PPE from DSHS. What is the ETA for PPE?	PPE - contact DOH-CBTS email for PPE delivery (DOH-CBTS.IMT@doh.wa.gov). No blanket order issued yet. King County is not providing orders for prevalence testing.	
Do we have a time frame that we must have everyone tested in our facilities .AFH?	No date yet; being worked on.	
FH: for asymptomatic client, do we need to put all PPE (gown, mask, gloves, face shield)to the client when going out to community visit (doctor's appointment, out with family, etc)?	Asymptomatic client wears masks, does hand hygiene upon exit and return. Check with your local LHJ if visit out with family is permitted in your area or not. An 'outside visit' will be possible before a family outing.	Mary Catlin
How do we calculate our 14 day PPE supply?	https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html	Mary Catlin
Who pays the test for the staff if not positive?	State is paying for facility staff point prevalence testing provided the facility/agency uses a state contracted lab. The DOH CBTS staff will provide that information	Candy
What is the email to use to request an infection control consultation visit?	HAI-COVID@doh.wa.gov	

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What are the recommendations on room placement, amount of visitors, and PPE for compassionate care visits? Does social distancing have to be maintained during compassionate care visits?	Social distancing and masking must occur for compassionate care visits as well as health screening for visitors. The facility may have to limit visitors to be able to accomodate distancing and transmission risks. In addition hand hygiene must occur before and after the visit.	Candy
We are receiving conflicting information regarding admitting/re- admitting patients to facilities that have had COVID + residents. Most county health departments are telling us that admitting/re-admitting is up to the facility based on layout and ability to isolate etc. Most of the facilities are completing 2 weeks of testing to ensure all negative before they accept new admissions. Recently a facility had two residents COVID + that we discharged to a COVID facility. Both residents are asymptomatic. We are following the time based strategy to determine that they are recovered (CDC recommending 10 days and improvement in symptoms and no fever). We would like the residents to return to their home facility but the health department is saying we need to wait 28 days. Also, we have a resident who discharged home and is not doing well and would like to return but the health department again is saying 28 days. Staff and resident testing from last week and this week have all been negative with the exception of the 2 residents from early last week. The residents will be considered recovered next week following the time based strategy. Please	Ask the LHJ why they are recommending 28 days. Share cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html . For DC from hospitals cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html .	Mary Catlin