

Question Asked	Answer Given	Answerer
Outdoor visits:		
In which phase(s) are outdoor visits allowed with appropriate socially distancing and proper PPE?	Outdoor visits are allowed in all phases. Only two visitor per day in Phase 1	
Where can I find the Outdoor Visitation Guidance Document?	https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/LTCOutsideVisit.pdf	
For outdoor visitation, do the visitors need to be screened and do they need to complete a visitor log?	Yes visitors need to be screened and logged. Facilities may use this log if they don't have one already. https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VisitorsLog.pdf	
Is direct supervision required of residents during outdoor visitation	It depends. A staff person may need to be present, but privacy should be maintained.	
If we have a barrier in place for the outdoor visitation, such as plexiglass, is the 6 feet separation still required?	Yes, they should maintain at least 6 feet and wear masks or face coverings if able to wear them.	
I am a public health nurse at Skagit county Health department. I have had a lot of facilities call and ask about the safe start guidance for outdoor visitation. How should these facilities respond to families that are calling angrily because it appears that outdoor visitation has been allowed all along in phase 1. Is there a way that this can get communicated as a new addition to phase 1? Facilities have not had guidance up until this point so they have not been allowing outdoor visitation	Outdoor visitation is a new addition. Working on toolkit for facilities and agencies can use to help with communications..	
I am calling from an LHJ, Prior to the current safe start guidance, outdoor visits had not been mentioned. In the most recent safe start guidance, outdoor visitation is mentioned and it almost sounds like they were allowed the whole time in Phase 1. Families are calling facilities pretty irate about this, and it is creating a lot of tension between facilities and families. Have other facilities encountered this? We currently have facilities that do not feel safe with outdoor visitation, but families are pressuring them to do so.	Outdoor visits were not previously allowed and were added into the Safe Start plan in Phase 1.	

For clients who are unable to wear a mask, are we able to do outdoor visits too?	Accommodations can be made for those with disabilities, social distancing must be maintained, and residents in isolation or quarantine may not participate in visitation.	
Do we have to meet all the requirements (like access to testing) before we allow outdoor visitors?	No. Testing is not required. Follow other criteria for outdoor visits.	
For AFH:- Could you please elaborate on the outdoor visits i.e are visitors allowed to walk through the house to go to the deck at the back of the house.	If that is the only way to get to your outdoor space that is acceptable. Take the shortest route to the outdoor site.	
A barrier is technically not a requirement, however, for outside visitation, correct? AL facility.	Barrier is not a requirement	
Question from SNF is there a minimum or maximum amount of time for the outdoor visits?	There is not a designated time specified in the plan. Dependent on their staffing and the need for other residents to allow have visits, a facility can create policies so visiting is equitable and safe given their other workload. Take into account the size of the outdoor space, number of residents in the home, allowances for social distancing, etc.	Amy
I have a question about outdoor visit does it have to be the same two people?? or can it be different people on a different day?	Could be different people on different days, but only two people per day.	
Please clarify - It sounded like it was said 6' from visitor to barrier and then 6' from barrier to resident. Was the intent 6' total between parties regardless of outdoor barrier?	6' between people.	
During outdoor visits do we have to have to have the covid-19 tests and the rest of the requirements	Facility would need know hospital capacity, etc. Need to wear facecovering or masks. All staff and residents don't need to be tested, but residents in quarantine or isolation may not participate in visitation.	
Can a new admitted resident get an outdoor visits during the 14 days quarantine period in an AFH?	No. Residents in quarantine would not be able to participate in the visits	Amy

What is guidelines for 1 staff home for outdoor visits? supervision will be really difficult. -AFH	Staff need to be available to periodically check on the outdoor situation. A home does not necessarily need to have a staff person constantly in the outdoor area when visitations occur.	Amy
Afh- Is an outdoor Barrier required?	No. Must maintain 6 feet between people and all must wear source control	
How many total visitors per visit and do they need to remain 6 ft apart from each other as well ?	In phase 1 only 2 visitors per resident each day. For each other phase there is no limit to the number of vistor as long as all requirements can be met including social distancing. Yes, everyone does need to remain 6 feet apart.	Amy
So, it's a requirement to use plexiglass during an outdoor visit?	No. Must maintain 6 feet between people and all must wear masks.	
Afh- what can you do when resident or families are intentionally violating 6 foot rule?	You may educate about safety of residents and remind them this is a part of the Governor's proclamation and the facility is required to abide by this proclamation, as are residents and visitors. Getting closer than 6 feet puts their loved ones at risk.	Amy
Outside visits can not occur if the community illness is greater than 75 in phase 1 correct? If community illness begins to exceed 75 can we stay in the phase we are in or do we need to pause these outdoors visits	Outdoor visits are now allowed in all phases, including if case counts are greater than 75/100,000	
Do we need to check temperature of family or visitor who do outdoor visit?	Yes	Amy
I was a few min late into this webinar. When is outdoor visits into effect?	August 12. Outdoor Visits now available in all phases	Amy
Please send the complete information, not partial. The visitation is allow in all stages if the home has other conditions met, contract with the lab, testing kit in the home, etc list all of the other requirements.	Outdoor visitation allowed in all phases, as are compassionate care visits.	Amy

<p>Do the residents have to wear a mask also on the outdoor visits?</p>	<p>Yes, unless they fall under the exemptions in the DOH order the resident would also need to wear a mask. Do not let multiple residents to visit outside with one unmasked, as cloth mask do not protect the wearer. If the unmasked person is visiting with family, encourage social spacing and place the unmasked person down wind if a breeze is detected.</p>	<p>Mary Catlin</p>
<p>AFH. Cohorting and dedicated staff are some of the requirements for allowing visitors, even outside. If that is not possible in an AFH setting, does that mean we shouldn't allow visitors?</p>	<p>Not necessarily. You will need to have a plan in place for how you will manage a positive resident while keeping all other residents safe. This may mean knowing the local resources available for transferring a resident to a COVID positive facility while the resident recovers.</p>	<p>Amy</p>
<p>What constitutes as being unable to visit outside?</p>	<p>A resident may be too ill or unable to tolerate being up in a chair or outside for extended periods. Some residents may be fearful of outdoors due to a cognitive disorder. This will be on a case by case basis</p>	<p>Amy</p>
<p>Is the risk assessment tool available to be used in phase 1? AL residents going to medical appts now need to quarantine for 14 days, but want to participate in outdoor visits.</p>	<p>Yes, the risk assessment may be used in phase 1. The plan is being updated to reflect this.</p>	<p>Amy</p>
<p>I put a certain time on visits and maximum of time on my policy. is that allowed?</p>	<p>Yes. Facilities may need to write policies so all eligible residents have access to outdoor visitation and so staff can safely supervise all residents inside and out.</p>	<p>Mary</p>
<p>yes, because that is the main problem. The outdoor visitation area that I have is the same area where resident smokes. So, visitation is really gonna be hard, so I put a time and limit of time.</p>	<p>Each facility will need to outline a plan for outdoor visitation taking into account the different factors specific to that facilities layout, size of outdoor area, number of residents, etc.</p>	<p>Amy</p>
<p>When the weather gets too cold to visit outdoor for the residents that means ok now to visit indoors?</p>	<p>Outdoor visits will be able to continue. Facilities will need to take into account inclement weather and may need to make plans for such.</p>	<p>Amy</p>

SNF - if we are currently in Phase 1 and in a 28 day waiting period due to outbreak - are outdoor visits still allowed or must we wait until we are done with 28 days without any new cases?	Outdoor visits would be allowed. Residents currently with COVID or showing symptoms would not be able to participate. Persons in quarantine should not visit others outdoors.	Amy and Mary Catlin
Other visitation		
Are tours of prospective residents considered nonessential or essential visitors? Can you clarify when touring prospective residents is permitted? Additionally, can new admissions/move ins occur in level I on the LTC safe start plan?	The ability to prevent exposure to infectious persons should be considered. For example, a facility that has been testing and has not had cases in 28 days could provide a limited tour. A facility should not provide tours to areas with patients who are suspected, exposed or ill with COVID-19. Facilities could give limited tours in area without shared air space of possibly infectious residents and always use masks, symptom screening, and social distancing. Consider having initial discussion outside, and keep moving during tour. Consider using technology to do virtual tours and limit the number of people touring on site.	Mary
Is allowing essential support person at the facility's discretion, or is every resident allowed an essential support person that can visit once we enter phase 2?	An essential support person is identified by the resident and is allowed to visit if unable to make use of technological or outdoor visits.	
what is the definition of "essential support"	The definition can be found at the end of the Safe Start Plan: An ESP could be an individual who was previously actively engaged with the resident or is committed to providing companionship and/or assistance with activities of daily living.	Amy
Is nurse delegator essential person and is are they allowed for a visit?	Yes, a nurse delegator is considered essential medical staff and should be allowed in the building to complete their tasks	Amy
When can families move loved ones out of the community is it in phase 3? Touring in person?	Depends on the COVID status of the facility, should limit the number of people touring and areas in the facility toured. They would need to be screened and wear source control.	
RCS licensors have been telling AFH providers that tours are not allowed.	We'll take that information back	
Afh- what about tour for prospective caregivers?	Would have to make determination based on safety. Prospective caregiver must be masked, screened, etc.	

Some caregivers wants to see inside of home and types of caregivers - need to ensure good fit	A prospective caregiver may preview the home with proper PPE as needed for the situation. Remember to open windows to increase ventilation.	Amy and Mary
Activities in AFH stated 2 persons, Caregiver included...so 2 people total or 2 residents plus CG?	For Phase II and III, two person limit refers to the residents or their representatives. Two residents could participate in a group activity with one staff or one resident and their representative could participate. One staff member is included to help with the activity.	Bett
Do we still have to get visitors temperature since they are not getting inside the house? Do we need to have them sign in and sign out?	All the same screenings need to occur (symptom check, temperature check, questions). The visitors will still need to complete the screening log even if the visit is outdoors	Amy
SNF- Previously there was an age limit (no one under 16) for visitors. Is there still an age limit for visitors?	No age limit. In phase 1 the child will count as one of the 2 visitors	Amy
Is there any specific restrictions for visitors who are contractors/construction workers (for home improvements in AFH setting), when residents will be kept in their rooms at times when they are to be present?	Please work with your local RCS field manager and regional administrator. We have been addressing these situation on a case by case basis.	Amy
What about Movers coming into move furniture out of an apartment?	Facilities need to coordinate with the resident and their moving company or other helpers on entry and exit hallways and doors, masking, health screening and techniques to reduce exposures to other residents. If additional support is needed or questions, please contact the Residential Care Services Field Manager for consultation.	Candy
I want ensure I understood correctly. If a client is under watch for Covid 19 either suspected or positive then did I understand that only that client being monitored cannot have visits but the rest of the clients can continue with visits until the lab results are back.	Correct. Unless a public health entity makes a determination the entire facility needs to be restrictive due to a widespread outbreak in the facility. Otherwise only the resident who is positive would be unable to participate in the outdoor visits. All others may participate.	Amy
Group Activities and Community Visits:		
I received guidance from my LHJ that we were okay at our facility to hold small group activities. Would that guidance or other LHJ guidance supersede this or no?	It depends on where you fall in the Safe Start guidance - coordinate with your LHJ	

<p>When group activities are restricted would we still be able to hold doorway activities with masking?</p>	<p>It depends on the ventilation and direction and air flow of the facility and spacing of the doors. Doorway activities may be permissible if residents are able to be physically distanced, but should not be allowed if the doors are close together, if residents are in quarantine, or if there is on going transmission. Facilities also need to work with their physical plant manager to determine the airflow in the building as this will also have an effect on the transmission if rooms exhaust into the hallway and then flow into other rooms.</p>	<p>Mary</p>
<p>How should we manage those who go to dialysis or other routinely occurring appointments fall under the consideration for medical/non-medical appointments?</p>	<p>https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf</p>	
<p>F/U to dialysis question; But in phase 1 every person would be put in quarantine for medical visits. So then a dialysis resident would be in quarantine ongoing as long as in phase 1 regardless of risk assessment?</p>	<p>The Safe Start seems to say that in Phase 1 quarantine x 14 days is required even for those going to routine dialysis visits so the risk assessment tool would not be applicable in Phase 1.</p>	<p>Marisa D'Angeli</p>
<p>CCRC - We have multiple AL residents stating they are going to cancel necessary MD/dental visits so they do not have to quarantine and subsequently not be able to participate in outdoor visits. In many cases virtual visits are not an option, specifically for dental appts. The 14 day required quarantine for residents leaving campus in phase 1 seems to be counterproductive to ongoing resident health. Is it possible to use the Risk Assessment Template for phase 1?</p>	<p>Not currently, but will discuss.</p>	
<p>For phase I it states to quarantine for 14 days upon return if asymptomatic. Does this apply to for example going for a walk? Can you give us some examples please. Thank you!</p>	<p>This will be updated to reflect the use of the risk assessment tool that is used in other phases. The 14 day quarantine will not be a blanket requirement</p>	<p>Amy</p>
<p>Can you review guidance regarding quarantine after a visiting an outside provider</p>	<p>Please review the Safe Start plan and the Risk assessment tool attached to the plan. This tool can help make a determination if quarantine is needed or if observation will be sufficient.</p>	<p>Amy</p>

<p>What is the policy for (schizophrenia-who does not believe in the virus) resident who use dial-a-ride for medical appointments? Can they go on their own or they need a essential person?</p>	<p>If the client has always been capable of attending appointments independently, they should still be able to do so. For assistance with ideas on working with the resident on education you can working with the LHJ and also work with the RCS behavioral health team and request a consult. The behavioral health team can be reached at RCSBHST@dshs.wa.gov or (360) 725-3445</p>	<p>Amy</p>
<p>Phases:</p>		
<p>Will the LHJ assess each individual outbreak and determine appropriate the appropriate LTC safe start phase and as?</p>	<p>Any outbreak would be Phase 1.</p>	
<p>Governor Inslee announced in his Press Conference that applications would be required to be submitted for moving into the next phase after metrics met. This is contrary to what was announced in the webinar for AL. Could you clarify?</p>	<p>Facilities are not required to apply to move through the phases</p>	
<p>In the re-opening phases, if any metric goes sideways, are we required to return to phase 1 automatically or the previous phase as long as the metrics in the previous phase can be met?</p>	<p>Facilities should work with their LHJ to mitigate. May not have to move back to Phase 1, but may need to implement additional restrictions.</p>	
<p>SNF / ALF - is there a specific form we need to send to DSHS field manager to move from one phase to the next?</p>	<p>There are no forms to complete nor is there an application process</p>	<p>Amy</p>
<p>Are all facilities currently in Phase 1?</p>	<p>Facilities may start in whatever phase their county phase and county case count will allow for as long as the facility is also able to meet all of the other criteria outlined for that phase (PPE requirements, staffing requirements, 28 days since last COVID positive/suspected positive case, etc)</p>	<p>Amy</p>
<p>SNF - if we recently had one staff person test positive so therefore are considered in "outbreak", we are now having to wait "28 days" does keeping us in Phase 1 does that stop outdoor visits as well that would be allowed in Phase 1?</p>	<p>Outdoor visits are allowed in phase 1. Any resident who is COVID positive or symptomatic will not be able to participate in outdoor visits.</p>	<p>Amy</p>

<p>What is our case count per 100,00-? When is star out door visit ? What phase is in snohomish ?</p>	<p>Please reveiw the current numbers on the COVID risk assessment dashboard https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard . Outdoor visits are allowed in all phases.</p>	<p>Amy</p>
<p>If phase 2, but 1 criteria is not check (more than 100 cases) outdoor visits is still allowed? AFH skagit county</p>	<p>Outdoor visits are allowed in all phases</p>	<p>Amy</p>
<p>And we need to meet the dashboard metric for TWO weeks before moving into the next phase (assuming all other metrics met). Correct?</p>	<p>No, The dashboard will show the case count in the county for the last 2 weeks. Once the number drops below the required amount for the next phase the facility can move to the next phase as long as all other requirements are met.</p>	<p>Amy</p>
<p>If we move to another phase and then community illness increases will be need to go back to the previous phase or pause in that phase we transitioned to previously?</p>	<p>Only if the LHJ requires this. The facility may need to implement temporary measures if there is an outbreak in the building to mitigate the spread of the infection.</p>	<p>Amy</p>
<p>It was our understanding that we also needed to have point of service testing available and 14 days of PPE, etc. If we can't meet those, how can we be in Phase 1?</p>	<p>All homes start in at least phase 1.</p>	<p>Amy</p>
<p>As we move along thru the phases , how often do we check on the County's risk assessment... and if the cases go higher do we adjust our Phase for visitation ?</p>	<p>Facilities do not need to adjust their phase to a lower phase, but may need to implement temporary measures if an outbreak occurs in the building to mitigate the spread of infection. Work with the local health jurisdiction to determine the best course of ction.</p>	<p>Amy</p>
<p>How do we read the website to know if we have hospital capacity?</p>	<p>The COVID Risk assessment dashboard has a row (under the row that indicates the case count) that indicates the licensed capacity occupied in the county and the licensed capacity occupied by COVID + patients in the county. This row also indicates the goal for the county and whether the county is meeting the goal. You will look to see if your county is meeting the goal (i.e. keeping the capacity below a certain percentage). You can also contact your Local Health Jurisdiction to get information if you are not sure.</p>	<p>Amy</p>

<p>I'm really hoping to get to the risk assessment and who to contact. doh in spokane has no idea why i have called them who is the contact for spokane thank you</p>	<p>The risk assessment is linked in the Safe Start for LTC document: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf</p>	<p>Amy</p>
<p>Do the county metric numbers reflect a 2 week look back?</p>	<p>For the Case Count, yes</p>	<p>Amy</p>
<p>Why was there the decision to define the Phases differently for Safe Start Washington for LTC than the established phases that the counties are in now? This will result in alot of confusion for providers in LTC and the families. For example, King County is in Phase 2 but the case rate is over 75/100,000, therefore Safe Start for LTC is actually in Phase 1. Am I missing something?</p>	<p>While the communities have been moving forward and opening up through the Safe Start WA plan, we have seen an increase in the case counts in many of the counties as the county moved through the phases. In some counties this count has increased rapidly. Given the vulnerability of the population residing in LTC settings to this illness and the rise in cases in many counties, the decision was made to move the facilities through the phases slower than the counties. This would allow for some limited activities to be reintroduced to residents and families, while still trying to limit the amount of exposure residents may have to the illness.</p>	<p>Amy</p>
<p>If a facility had an outbreak prior to safe start plan , do they need to wait 28 days before they can begin phase LTC 1 of that is the phase they would begin had they not had an outbreak.</p>	<p>The facility will start in phase 1 if 28 days have not yet passed since the last case. All facilities, at a minimum, start in phase 1.</p>	
<p>Phase two- If we have a resident who we suspected to have covid and they came back negative. Does the 28-day clock still start at that time?</p>	<p>No if someone test negative they would not restart the clock, unless they subsequently test positive and it is believed that the persons symptoms started within the original 28 day window, but this would be to the facilities advantage because it would allow you to count previous "time served" essentially. - this will change if we start counting Probable cases though so not sure if you want to delete this if that is where we are heading?</p>	<p>James</p>
<p>"28 days must have passed since the last positive or suspected client" - does this mean all PUI's start the clock over again?</p>	<p>See above depends on if we are counting probable cases (i.e. symptomatic but negative test and with a likely exposure). At this time I would say if someone tests negative it would not restart the clock.</p>	<p>James</p>

PPE, Testing and Precautions, Other:		
The Safe Start for Long Term Care (Nursing Home) document states under entry criteria for phase 2 and beyond that the facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator. In the tutorial videos on the CDC site for the burn rate calculator there is also mention and a tutorial for the NIOSH PPE tracker app. IF we would prefer to use that are we allowed to or does it have to be the CDC's burn rate calculator?	Facilities may use alternate burn rate calculators.	
The June 23 provider letter that tells AFH that their PPE access is one time only. Can they still apply for PPE?	The Dear provider letter also has resources to request additional PPE.	
The re-opening documents require "access to adequate testing" and "capacity to conduct ongoing testing of residents and staff." What meets this requirement? If public health recommended this, would we then contact DOH for test kits?	Facilities should have plan for testing, including supplies, lab capacity, provider ordering, etc. The DOH community based testing can act as a resource for required testing. More information will be coming as we develop POC testing, etc. with federal support.	
Does universal N95 mask still need fit testing?	N95 respirators need to be fit tested to be effective as a respirator. Staff may wear N95 that are not fit test in place of a facemask.	
For residents HOH and require a visual of lips to understand, are we allowed to utilize face shields instead of mask for these individuals?	There are accomodation for people with disability and certain medical contraindications.	
Can you go over the safe stat for AFH and how the we can have the ability to test.	Work with your local health jurisdiction on options available in your community for testing. A provider letter will be coming soon regarding testing for AFH in WA state	Amy
Please clarify - are AFH required to test residents and staff weekly for COVID?	No.	

<p>LTC SNF: I have received conflicting guidance regarding protective eyewear use. Is it okay to instruct staff to only wear protective eyewear with direct care tasks as opposed to at all times? Compliance is a huge problem for a host of reasons. Facility has not had a positive or suspected case since May.</p>	<p>I believe current guidance from CDC is to wear eye protection at all times. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html although this is not mentioned in the LTC guidance specifically it is here so I would recommend it if possible.</p>	<p>James</p>
<p>I'm from AFH Clark county area. Access to adequate testing : the facility must maintain access to Covid 19 testing for all residents and staff at an established commercial laboratory. When I called Clark County Public Health I was told that it will be very hard for me to establish with commercial laboratories as it changes who has availability testing supplies day by day or week to week so they suggest to just call public health if we have any outbreaks and they will direct us to lab that's available. Would that be sufficient? For our plan?</p>	<p>Yes. They would need to make that connection and confirm with the LHJ. Plan should include the name and contact information. Contact statewide testing branch for update: doh-cbts.imt@doh.wa.gov</p>	
<p>What is the protocol for newly hired caregiver? Do they need to be COVID testing?</p>	<p>This is not a requirement</p>	<p>Amy</p>
<p>Do we need to provide mask to anyone we are allowing to come in? What kind of mask?</p>	<p>Visitors who arrive without a mask will need to be provided one. If other PPE is required this should be provided as well. A cloth or disposable face mask is fine unless a specific situation requires a more stringent protocol.</p>	<p>Amy</p>
<p>LTC SNF: We are experiencing a lot of difficulty with dishcharging to ALF, AFH, ASL as they are requiring negative covid tests prior to accepting residents. This is not in keeping with my knowledge of CDC or DOH guidance. These residents are asymptomatic, there is no known exposure, and our facility hasn't had a + case since May. What is the final word on this?</p>	<p>While testing is not a requirement, there is no law that a LTC facility is required to take a person who is referred. The LTC facility is required to have policies in place regarding admissions and some have chosen this as a part of the admission criteria.</p>	<p>Amy</p>

<p>Is daily temp and vital signs check required even if the adult home has no COVID or suspected COVID?</p>	<p>Yes, as long as the the US and WA state remain in a state of emergency related to the pandemic, daily checks are required. The checks are done to detect any signs of the virus in the home early. Although the home has not had any COVID cases, these daily checks would allow you to catch any early suspected symptoms.</p>	<p>Amy</p>
<p>In a SNF -What is recommended a faceshield or goggles (does CDC recommend goggles over face shield to ensure a seal).</p>	<p>I believe I have seen preference stated somewhere but I think whatever staff are most comfortable with and will adhere to would be fine and in the guidance (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) they do not differentiate. I personally would prefer face shields as they also protect the mask.</p>	<p>James</p>
<p>What is the recommendation with staff wearing face shields entire time in building.</p>	<p>See above question with link to CDC, it is recommended.</p>	<p>James</p>
<p>Are there specific requirements regarding the use of disposable utensils/cups/plates/trays for residents on quarantine and/or covid + residents in LTC settings?</p>	<p>my opinion would be that disposable materials would be ideal. Mary adds there is no requirement to use disposable utensils, and mechanical dishwashers effectively kill germs. Persons handling plates and silverware can wear gloves/and or wash their hands after handling used items.</p>	<p>James</p>
<p>We are doing weekly testing within our departments and have remained negative for Covid. Can we not consider our residents as "pods" and allow small group activities?</p>	<p>The Safe Start for LTC would apply across the facility as a whole</p>	<p>Amy</p>
<p>Can we use fans to change airflow away from the residents to a different direction?</p>	<p>You can use a fan next to a window to increase air flow or exhaust. Providers can use fans to blow air from the air source to them, then the resident then out to the exhaust. However be careful of using a fan that increase air flow and may just blow contaminated air a longer distance. Check with your HVAC persons and don't oppose the directional flow.</p>	<p>Mary</p>

<p>The Safe Start plan say "the facility must maintain access to testing..." Does a covid test require a doctor's order and who does the testing? AND how long before results? I have an AFH and if someone were to get sick I would need to send them out to a hospital hopefully prior to them infecting someone else.</p>	<p>COVID testing does require a Dr. order. You can reach out to your local health jurisdiction if you are having difficulty finding a provider to obtain an order. Length of time for results vary from lab to lab. if you have a resident who is sick, isolate them as best you can and reach out to the local RCS field manager to determine if a transfer to a COVID + facility may be needed.</p>	<p>Amy</p>
<p>On NHSN reporting, we have to say "no" to a 14 day supply if we are using conservation. Can we answer NO to NHSN and yes to this metric?</p>	<p>NHSN only asks about enough supplies for 7 days. (Select "NO" for each supply item listed in which your facility does NOT have enough for conventional use for ONE week (for example, the next 7 days). "NO" must be selected if facility only has enough for one week based on contingency or crisis capacity usage.)</p> <p>The Safe Start guidance indicates the facility needs to perform and maintain an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html.</p>	<p>Paula Parsons</p>
<p>Does universal N95 mask needs fit testing (AFH)</p>	<p>If the mask will be used with a COVID + or suspected + resident then the staff must be fit tested to use the mask. If the mask is being used voluntarily in lieu of a medical/surgical mask, fit testing is not required, but education per the respiratory protection program is required by LNI. It is recommended to have staff who may be caring for COVID patients fit tested in advance and masks on hand. Fit testing and education are both parts of a respiratory protection program required under OSHA. for the masks to be prepared in the event the facility does have a COVID +, a suspected case, or an outbreak.</p>	<p>Amy and Mary</p>
<p>If an employee has health insurance, is COVID testing fully covered, even with repeated testing?</p>	<p>Insurers must pay for medically necessary COVID tests, which is usually interpreted as a person who is symptomatic or exposed. Generally if it is not to make a diagnosis, it is not covered</p>	

what if resident or guardian of resident rejects testing?	All residents have the right to consent and may decline testing	
So if a client has symptoms and refuses to be tested what is the way forward?	Work with the client to educate them on the importance of testing and let the client know they may need to isolate from others to minimize exposure if they are not willing to be tested. Work with the LHJ on suggestions for working with the clients. Last case scenario the LHJ Health Officer can order testing, but the timeline may not be practical.	Amy and Mary
At this time is routine testing of essential employees in skilled nursing facilities mandatory if the SNF is free of active cases?	Routine testing of staff is at this moment mandatory, but is expected to be written into CMS rule.	
how often do we need to test residents and staff due to the phased reopening	There is no specified number of times. NH have completed a point in time testing process and ALFs are being asked to complete the same. CCRSS, AFH, and ICF programs will be getting letters soon outlining a process for a one time test.	Amy
ALF: What are the current guidelines for when a healthcare worker can come back to work after testing positive? Is it based on number of days? Is it based on negative testing? More than one negative test?	Time/Symptom based as defined here by CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html	James
How are household members supposed to be treated in an outbreak. Are they to be tested like the residents and staff member?	All persons who have shared air space in the house are considered exposed, and should undergo quarantine for 14 days. If they develop symptoms they should be tested.	Mary
what do tests cost	Depends on test Antigen \$20-40, PCR ~\$100-130	James
when is point of care testing or point of care testing machines?	If this question is related to NH, we have not received any further information with specific time frames that the NH will receive their test machines.	Amy

<p>Fit test kits are extremely difficult to locate for purchase currently. Will there be allowances for suspension of fit testing if we are unable to obtain fit test kits and when we are in crisis capacity for PPE necessary to conduct testing?</p>	<p>No, LNI expects employers to provide NIOSH approved N-95 for persons caring for suspected and confirmed cases of COVID, and have a respiratory protection program. Document efforts to buy supplies and masks. If not available arrange for KN95 and fit test them. Provide education on respiratory hazards and how to reduce them. Teach voluntary and mandatory respirator uses to seal check. Document all efforts.</p>	<p>Mary</p>
<p>While there is not a mandate at this time for regular reoccurring testing of AL residents and/or staff, it is becoming clearer that we cannot rely on DOH to support test kits. It is becoming clearer that we will need to make our own arrangements and on our dime to find access to testing, lab and provider to write staff testing orders. Correct?</p>	<p>DOH will continue to work with agencies to support testing in LTCFs at this time. As more information is provided by CMS about their expectations for testing, and the Federal resources NHs and memory care units can access, DOH will have a better understanding of resource utilization needs going forward.</p>	
<p>How about Honeywell N95 that don't require fit testing</p>	<p>If you are talking about the Wilson Saf-T-Fit NN1105 (Honeywell) it does need fit testing. LNI says all NIOSH approved N95 masks need fit testing if they are used for care of a suspected or positive COVID patient or during aerosol generating procedures.</p>	<p>Mary</p>
<p>We have disposable N95 masks, that do not have the TC number on them. What type of activities can we use these for? Since in order to use for the fit testing they must have the TC number on them.</p>	<p>Check https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1-a.html to see if the mask is on the NIOSH approved list. If not don't use it for COVID care or quarantined patients. Use it like a surgical mask, along with a face shield for low risk activities.</p>	<p>Mary</p>
<p>Residents are educated and do not want to wear masks in their afh. can they they decline?</p>	<p>They may decline. You may educate them on the importance of mask use and explain the increased risk to themselves and to others if they are not using.</p>	<p>Amy</p>

<p>The latest dear provider letter stated if a client can not remove the mask they are exempt from wearing a mask. Can you expand on that?</p>	<p>If a person is unable to remove the mask without assistance - such as someone who is paralyzed, comatose, unable to use arms and hands, or has a cognitive condition that limits their ability to understand how to remove the mask- they would not be required to use a mask</p>	<p>Amy</p>
<p>If no one in the house shows symptoms and are going to low risk doctors appointments. Do the residents and staff need to use masks inside the AFH?</p>	<p>According to the DOH order, yes.</p>	<p>Amy</p>
<p>There was a sample letter to family members that DOH or DSHS put out - can you post a link to that again if you have available.</p>	<p>Here is the link to the Risk assessment. The last page of the <u>assessment is a letter to the resident and families:</u> https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf</p>	<p>Amy</p>
<p>Does resident in the AFH have to wear mask all day</p>	<p>Outside their room, yes</p>	<p>Amy</p>
<p>Here at Vesta afh we care for dementia residents only, we have found that they are scared of the masks. what is the recommendation regarding that?</p>	<p>The DOH order does have an exception for those with cognitive conditions such as dementia.</p>	<p>Amy</p>
<p>SNF I just had an ICAR and face shields were not recommended or observed by DOH. I think I just heard that everyone needs face protection??</p>	<p>See above.</p>	<p>James</p>
<p>We only have enough goggles for 1 pair for each staff member. We are following the CDC guidance on capacity for only during an activity with anticipated splashes or prolonged face to face exposure with an infectious resident. We have no COVID positive or suspected cases.</p>	<p>See above question with link to CDC, it is recommended.</p>	<p>James</p>
<p>For Afh's, could you please elaborate, is a live in caregiver supposed to wear a mask during care even with no active cases. Thank you.</p>	<p>yes</p>	<p></p>

<p>One of our residents has returned to work four days a week, does she have restrictions too?</p>	<p>Where does the resident work? What type of workplace exposure? Does the resident wear a face covering and socially distance while at work? I would think about this resident as you think of your caregivers and that they would need to be careful around others in the home. Resident should wear face covering and be screened when returning from work. Also ensure that the place of employment will notify the facility if they have cases or the resident is exposed.</p>	<p>Patty</p>
<p>If we are wanting to continue our "covid unit" once cases have resolved are we still able to get approved for the state contract and operate under the contracted "covid contract" facility guidelines?</p>	<p>You can contact your RCS field Manager and discuss this option. They can get you in touch with the correct people who are overseeing the "COVID Contracts"</p>	<p>Amy</p>
<p>doh in spokane does not have any idea why i call</p>	<p>Thank you for the information.</p>	<p>Amy</p>
<p>Please send the phone number to call if the family is upset. Thank you.</p>	<p>Please have them email RCSpolicy@dshs.wa.gov and we will make sure the concern is routed to someone who can visit with them about current and previous proclamations.</p>	<p>Amy</p>
<p>Please ensure Family Help gives similar info. so families do not attack facilities regarding visits. thank you FOR ALL of your time/efforts!</p>	<p>Thank you. We are working with the ALISA FamHelp team to assure the most current information is available on the website.</p>	<p>Amy</p>
<p>Question from a SNF can we request more than one ICAR?</p>	<p>YES! We see it as a continual process improvement. Repeat visits allow us to develop stronger relationship with the facilities and LHJ.</p>	<p>Sara</p>
<p>Hi there how many CE credits is this course?</p>	<p>Unfortunately, we aren't able to offer CE credits for this webinar. However for some licenses you can report the content, the provider, the duration and the content for unaccredited continuing education.</p>	<p>Mary</p>