

Question Asked	Answer Given	Answerer
Will the County data for staff test results be available to us?	They should already be available	Check with lab and LHJ.
What about fan usage with HEPPA Filter?	<p>Talk to your HVAC engineer. A mobile or fixed HEPA filter can increase your ventilation by about 2 ACH. You need to size the fan to the room. Calculate room volume (H X W X L) and divide by the cubic foot per hour of air on the machine claims (or CFM X 60). If you have HVAC help ask, them to identify the room air source, and the exhaust. Fixed HEPA units are recommended over mobile ones. For more info see the University of Minnesota discussion on use of HEPA filters and fans. It is written for hospitals but explains the advantages and disadvantages in details.</p> <p>https://www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf</p>	Mary Catlin
Is that residents of nursing homes or residents in the state?	The CMS data shows residents of Nursing Homes in the indicated state as reported through NHSN.	Larissa Lewis
My concern was not the test kits. Its coordination of staff coming in for testing, staff conducting the sample collections, staff packing up samples, etc. It is a significant staffing burden that costs money.	There is not currently a plan to account for staff time required to obtain or manage the collection of specimens.	Charissa Fotinos
We have tried prevalence testing twice where the transport to the state lab failed -sent overnight FED X and second time USPS with dry ice and the correct box packaging from Eastern WA. Lab rejected bth times due to thawed specimen. Now using a private lab which is overwhelmed with specimens.	Future testing will be more routinized once a testing plan has been revealed. Facilities doing surveillance testing have figured out how to incorporate this into their workflow on a regular cadence. They are staggering staff testing so the numbers are smaller at any one time.	Charissa Fotinos

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<p>what is DOH's guidance on use of fans in nursing homes...in resident rooms and/or hallways...Covid and non-Covid units</p>	<p><u>See https://www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf</u> for discussion of issues related to hospital rooms. NH ventilation is about 2-4 ACH and may recirculate into the hallway rather than outside.</p> <p>Fans can help, but you need to understand the existing direction of air flow and how it recirculates. Talk to a CIH or HVAC person. In general COVID+ persons should be in a room with the door closed to decrease air recirculating to halls. A fan can be used with an open window to draw air outside. Your HVAC person will know how the air recirculates to the other common areas and what is possible. A toilet fan can be used to exhaust outside and create a slight negative pressure, and can be supplemented. See <u>https://www.jamda.com/article/S1525-8610(20)30320-0/pdf</u>.</p>	<p>Mary Catlin</p>
<p>Why do Adult Family Homes and other facilities require two negative tests before they accept patients or staff back?</p>	<p><u>CDC policy. They also have a non-test based strategy. https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html</u></p>	
<p>what is an icra</p>	<p><u>An ICRA is an Infection Control Risk Assessment used to assess risks associated with construction and renovation and determine appropriate mitigation strategies for the work. An example of an ICRA can be found here: https://www.jcrinc.com/assets/1/7/TNAP_Ch09_TOOL_ICRAMatrix.doc</u></p>	<p>Larissa Lewis</p>

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<p>I am from a skilled nursing home/assisted living facilities. I need to have some repairs done at the facilities to the fire alarm system and a dryer. How can I safely complete these repairs and replacements? Should I have the vendors tested for COVID-19 and of course PPE's when we do the replacements and repairs? Thanks, Keith</p>	<p>Thank you for directing your questions to the Region 1 Residential Care Services Office, and please continue to reach out to RCS for questions about repairs as needed.</p>	<p>Candice Goehring</p>
<p>Do we have the WA mortality data in NH broken out by race/ethnicity</p>	<p>Not currently, but we can check with our HAI epis.</p>	<p>Larissa Lewis</p>
<p>SNF- We are using Reusable gowns and cannot locate information on proper doffing of the gowns. Only finding for disposable</p>	<p><u>Cloth gowns should be laundered after each use, unless in crisis capacity. Additional crisis capacity strategies can be found here:</u> https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html#crisis-capacity. The process for doffing cloth gowns is the same as disposable: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</p>	<p>Larissa Lewis</p>
<p>Hello, from Walla Walla LHJ - When does DOH plan to release the guidance for testing surveillance for asymptomatic staff in nursing facilities and memory care units where there have been zero cases among staff or residents for at least 14 days? Thank you!</p>	<p>We hope to release this guidance early next week.</p>	<p>Charissa Fotinos</p>

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<p>Thank you! Another big piece of the testing in LTCFs will be lab capacity. Also, it seems that it would be helpful to have guidance on testing of residents/staff when there is a positive case within a facility; for example when there is a positive staff member is facility wide testing recommended or more of a focused approach and how long after the exposure should testing be completed. Thanks.</p>	<p>Work with your local health jurisdiction and follow CDC recommendations</p>	
<p>Is there any guidance for LTCF staff that travel out of their county? Recommendations to quarantine? We are asking facilities to screen their employees for travel and do case by case type of a risk assessment then make recommendations based on travel area/activities - Walla Walla LHJ. Thanks!</p>	<p>Yes, screen on case by case basis. Both international, national, and state travel should be considered in your screening questions and then go from there. Use CDC exposure risk assessment. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</p>	<p>Patty Montgomery</p>
<p>Is N95 fit test is must for nursing facilities?</p>	<p>OSHA/DOSH requires employers to have a respiratory protection program which includes assessment for workplace hazards that require respiratory protection. When respiratory hazards exist employers are to provide appropriate workplace protection which can include N95 fitted face piece respirators. More information on Respiratory protection programs from DOSH https://lni.wa.gov/dA/1d2a778d31/dd1180.pdf</p>	<p>Patty Montgomery</p>
<p>Any idea when the re-opening guidance will be completed and provided to communities ? Our families and residents would like an idea of timeline on when they can visit, if possible.</p>	<p>The guidance is undergoing final review at the Governor's office</p>	<p>Patty Montgomery</p>

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<p>We received boxes of these and they do not allow for appropriate infection control prevention. They do not have ties and the are very ill-fitted. We thought we could use them for tarps.</p>	<p>We agree the FEMA blue tarp gowns appear to be difficult to remove without contamination.</p>	<p>Patty Montgomery</p>
<p>Where should we obtain Covid Test kits now that we have tested our facility of 500, 3 times now. Our EOC has closed, so we are in need of hundreds of more test kits for future swabs. Kitsap County.</p>	<p>Check with Kitsap County, they should be able to order directly from DOH.</p>	<p>Patty Montgomery</p>
<p>We have not had any residents with COVID-19. I am worried that our residents are likely to suffer psychosocial harm due to isolation in their rooms. Can we have approval to allow socially -distanced, small group activities within our facility? What about socially -distanced meals? It seems there should be an easy process for a facility to seek these approvals.</p>	<p>The LTC Phased reopening document will address small group activities. The size of the group will be dependent on the size of the space and physical distancing requirements as well as the Safe Start Phase of the county. We also recommend consulting with your Local Health Jurisdiction for consultation.</p>	<p>Karen Cordero</p>
<p>What do you advise on residents who insist to bring in hairdresser in to have their hair cut. This is in AFH .</p>	<p>The LTC phased reopening document will address when non-essential visitors are allowed in the home. They will need to be screened, required to practice proper hand hygiene and wear a cloth mask”.</p>	
<p>SNF - Fan Use - Obese pt get really hot due to their weight.</p>	<p>See above, work with HVAC consultants to make sure fans are not blowing contaminated air onto uninfected people. A fan in a room with a closed door that directs air in a COVID patient room to an open window or to the exhaust vent that goes to the outside would generally not be a problem.</p>	<p>Mary Catlin</p>

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It would be helpful to have listed on the Q&A printout who the panel members who were on the call. In case we want/need to show where we received the guidance from.	Yes we are doing this now	Patty Montgomery
What if the repair needed to happen in a resident room/ care area?	The facility should make every attempt to perform the work while the resident is not in the room, which depending on the scope, may include moving the resident to another room. The facility should review their ICRA policy and process and implement additional measures based on the risk.	Larissa Lewis
recently, recovered patient appeared to relapse a few days after "graduating" off the COVID unit. I told facility that it may be a good idea to move her back, even though almost 3 weeks since onset. Was that ok?	Yes, good advice. She tested positive previously so no harm in mover her back to the unit when symptoms occurred. I wonder if any viral testing was done to rule out other respiratory viruses?	Patty Montgomery
What was the rationale behind issuing guidance on resident outings, before controlled patio visits ?	The Governor Proclamation restricting visitors is still in effect, so we must continue to uphold that directive. Resident rights allow residents to leave a facility to participate in the same essential services or activities in a community that another person has. RCS issued Dear Provider Letter mid June to advise a provider in preparation of the resident for an outing and screening when the resident returns.	Candace Goehring
We have faced a lot of difficulty with the rights of the resident who leaves the buildings roommate, it seems to violate the roommates rights if they choose not to leave, and their roommate does....	This is a difficult situation. If there are no options for moving the resident to a single room when they are going out to the community, please ask the resident to wear a mask when they return to the facility from the community outing.	Candace Goehring

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Heat pumps are bad?	Heat pumps per se are not a problem. They can allow you to have more ventilation changes to the outside without big temperature changes. Talk to you HVAC consultant and first find out how air flows through your house to know the best place to put a COVID + patient.	Mary Catlin
what about movers? If a resident has passed away and family is requesting to have resident's furniture be taken out of the facility but facility is not allowing visitors. How can family take furniture out. This is Angeles Ize from BFHD.	Please work with the family and the moving company to use universal source controls and minimize risk of exposure. Consider how the belongings can be moved out of the facility during times when fewer people are moving around, through an alternate exit, and providing PPE as able. You can also contact RCS for technical assistance if needed.	Candace Goehring