

6.18.20 WA DOH COVID-19 Q&A for Healthcare Providers

Question	Answer
<p>1. Website links to COVID-19 Q&A documents</p>	<p>https://www.adultfamilyhomecouncil.org/covid-19-updates-best-resources/ https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/ https://www.whca.org/covid-19-resources/"</p>
<p>2. Register for DSHS survey/DOH upload of NHSN data upload for NH</p>	<p>https://attendeegotowebinar.com/register/2950871913484317965</p>
<p>3. To sign up for the ListServ to receive notices -Once Signed up you should be able to choose specific programs.</p>	<p>https://public.govdelivery.com/accounts/WADSHSAL TSA/subscriber/new</p>
<p>4. DHS guidance that lists IP precautions when resident leaves:</p>	<p>https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/nh/020-041.pdf</p>
<p>5. ALF Families of residents who have passed away are asking when they can enter the building to remove items. Can we have some guidance on this?</p>	<p>This will be discussed in the reopening guidance DSHS should release soon. It is ok for the facility to take belongings outside to give them to family as well.</p>
<p>6. Facility Type: NH Hello, At the weekly CMS NH call yesterday, I understood CMS to say that patio visits with masks were not prohibited or excluded under the guidance. Can you please clarify the CMS position regarding patio visits with masks for NH residents? Thank you.</p>	<p>We will be clarifying this with the reopening documents that will be released through the Governor's office. At this time facilities are encouraged to continue following the governor proclamation related to no visitation.</p>
<p>7. LTC - We have heard on this call that "it's a good idea to wear eye protection" when you don't have COVID. Is this a guidance or extra precaution?</p>	<p>I would defer to Patty as well, but I believe this is just an extra precaution, I am not aware of any official guidance recommending this. That being said it would be a relatively easy step to take to provide extra protection for staff.</p>
<p>8. SNF- will CDC guidelines, CMS FAQ's or guidance, and local health jurisdiction consulting be enough during a recertification Survey to demonstrate a facility's compliance with infection control measures? There is a great amount of guidance that is less detailed than others on outings, re-openings, and other newly added opportunities for residents. LTC- clarification - CMS guidance on communal dining as an example.</p>	<p>Surveyors will ask to review the policies and procedures of the facility as well as any guidance and documents the facility utilized in the decision making process. The NH regulations indicate the facility must follow CDC guidance so surveyors will assure the facility was taking CDC guidance into consideration and keeping up to date as information changed. A surveyor is looking to see a facility attempted to maintain up to date information and adhered to that info and guidance as best they could during the outbreak while also remaining closely involved with the LHJ.</p>

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<p>9. Can a facility place COVID+ on a quarantine unit if the staff are different and end of hallway all private rooms</p>	<p>My understanding from the call was this person was asking if the same hallway could be split up with one portion being a COVID unit and the other portion being for non-COVID patients/residents. This should be done in consultation with your LHI and would depend on the specifications of your particular building. If this was done it should have very obvious markings denoting moving into the COVID unit portion and should be set up in a way to limit movement of staff dedicated to the COVID unit through the non-COVID unit as much as possible.</p>
<p>10. LTC- as an LTC facility do I follow CMS guidance when WA DSHS guidance is not available?</p>	<p>A SNF should follow CMS guidance. This is also the guidance the surveyor will utilize</p>
<p>11. There's no guidance on patio visits but residents are allowed to leave with family members? this seems much riskier than a supervised patio visit.</p>	<p>Agree, but residents do have the right to leave.</p>
<p>12. SNF- We tested all our residents and staff as well. All residents are negative for COVID19 but one of the staff members came positive. Staff has been at home for 14 days. We have been testing our resident and staff every week and all are negative. Staff who was positive, is still asymptomatic and after 14 days, her test became positive again. My question is, even if positive staff member has been at home since her test is positive, we tested all our residents and staff tested weekly twice and they all are negative. Do we continue to test residents weekly? If yes, for how long? pls advice</p>	<p>Please refer to the CDC LTC testing guidance (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html) Here is a relevant quotation: "Continue repeat viral testing of all previously negative residents, generally between every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result." Regarding the staff member would consider using the time/symptom-based strategy rather than test based strategy (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)</p>
<p>13. Do you have a date for when assisted livings that do not have memory care mass testing will start?</p>	<p>Not at this time but this is being planned and it is hoped the process can be under way by the end of July</p>
<p>14. AFH-can someone clarify that there's talk of hand sanitizer needs to be available in all resident rooms. is this correct? what about if you have residents with dementia?</p>	<p>Each resident needs to be assessed before sanitizer can be left readily available. If a resident is assessed as able to have hand sanitizer available this information needs to be in the care plan. If a resident, or group of residents, are not safe to have hand sanitizer left out, the caregivers can be provided with small bottles that will fit in their pocket so the caregivers have it readily available. In those cases, the</p>

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	caregivers should be routinely offering sanitizer to the residents or assisting the residents to wash their hands.
15. SNF - Is there any further guidance on continued testing in SNF facility that is not in outbreak of all residents and staff?	https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html
16. LTC - If a facility has adequate PPE, on the quarantine unit can staff wear same PPE in all rooms? Although we have adequate PPE now, we would like to stay prepared for next wave of outbreaks if any.	Not all PPE should be reused between patients, particularly gloves. Gloves should still be changed between all encounters and even for the same individual if visibly soiled. Gowns can be considered to be used from patient to Patient IF the individual is only passing meds or some other activity not involving direct patient contact, otherwise gowns can be reused on the same individual multiple times but should not be used between different patients for direct patient care. Masks and eye protection can be reused for multiple residents unless they become soiled or lose function.
17. We tested all our staff and residents and had 1 resident and 1 staff member test positive. Both are asymptomatic. Resident has been moved into a private room and contact/droplet precaution PPE started. Staff member also asymptomatic and has been taking care of the residents all along and was negative prior to this. Can this staff member take care of the same residents as they have done before this diagnosis was given.? Or do they have to care of COVID + only?	Positive staff should be excluded from work regardless of symptoms unless the facility is in crisis standards of care. They can return to work once they meet the RTW criteria: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html . Once they meet the criteria, they can be cohorted to work with either positive or negative residents but not both.
18. Is there a specific date/guidelines for when outside providers (dentists, optometrist, podiatrist) can enter AFH, SNF or AL for exams? Or is this decision left up to each individual facility?	This will be discussed in the reopening guidance the governor's office should release soon.
19. LTC - If a resident goes to family house for social visit, do they need to return to the Quarantine unit and if not what precautions need to be placed	Should add DSHS dear provider letter. From LHJ perspective quarantine would be a good idea if you have concerns about specific exposures or if the resident reports non-compliance with measures outlined in dear provider letter
20. Walla Walla County Health Dept: According to the governor's proclamation 20-06, residents rights to interact with community members both inside and outside the	The more current Governor's Safe Start WA plan indicates High risk populations are encouraged to stay home but not required to stay home. LTC facility residents are specifically listed in the High-risk population group. This seems to counter the earlier proclamation.

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<p>facility have been waived and suspended. How can it be said that they have a right to go out into the community ?</p>	
<p>21. SNF - Will a plan for continued testing of staff in SNF without an outbreak include addressing how the testing will be paid for? This is a key issue that must be addressed for SNF's if we move forward with continued testing.</p>	<p>This is being discussed</p>
<p>22. Follow up question regarding PPE on quarantine unit. Do staff need to be in full PPE while on unit or just in resident rooms?</p>	<p>Just full PPE in rooms, otherwise mask +/- eye protection.</p>
<p>23. Due to social isolation, we are now seeing a couple of family members provide electronic devices to call into residents. Essentially Echo type of devices. As these devices can dial into resident apartments and see what is taking place, does this fall under 'electronic surveillance' WAC for which we have to execute agreements and care plan or is this different from a camera specific device specific to audio/visual surveillance?</p>	<p>There are ways to turn off the feature that allows a person to call in a view without the resident knowing. If there is a roommate, the facility may need to talk with the family about the right to privacy for the roommate and how/when the device can be used to protect the rights of the other party.</p>
<p>24. Can you provide guidance as how to interpret the COVID-19 test results? Some shows RT-PCR, NAA, TMA.. Are they all CDC/FDA approved test?</p>	<p>Would contact your lab or could look at your labs online test menu for further info often available on labs website.</p>
<p>25. AFH - What would be the guidelines for AFH when there is a positive case but no capabilities of isolation for residents because it is all shared rooms.</p>	<p>Consult with field manager, may need to transfer out to another facility or to hospital</p>
<p>26. Is outside family visit with 6-foot distancing allowed in an AL setting?</p>	<p>Currently the Governor proclamation indicates no visitors.</p>
<p>27. SNF- so on a quarantine unit the staff wear eye protection and masks. When in rooms they wear full PPE. Do they need to change the mask and eyewear each time they go and out of a room?</p>	<p>No assuming the eye and mask are not visibly soiled and functioning properly</p>
<p>28. AL Is the facility the home for residents or is the apartment considered their home? We have library that would like to be used, but we aren't sure if resident(s) can go there, individually of course.</p>	<p>The facility will need a plan for thorough cleaning and sanitizing of the library after each use, and a plan to assure only one resident at a time uses the library.</p>

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<p>29. According to CDC recommendation for 'Return To Work' criteria, 2 consecutive specimens collected >24 hours are required. If 2 specimens are collected with 30 days apart, is it still considered 'consecutive'?</p>	<p>Yes, as long as no negative test between. Would also point out this is only required for test-based strategy. Can also use non-test based strategy</p>
<p>30. Assisted Living---Memory care specific: That is a great question with our mass testing happening now. if we have a resident with NO symptoms that tests positive, has dementia, no way to isolate.....can we call the local hospital and are they prepared for this and will take them? in Eastern WA as far as I know there is 1 place to transfer residents to a COVID positive house but it is hours away.</p>	<p>need to discuss with LHJ and field manager.</p>
<p>31. SNF: are we obligated to notify families since the Dear Administrator letter came out to let them know that it is ok for them to come pick up their loved ones to visit but they cannot visit in the facility?</p>	<p>This would be up to the facility. They can choose to alert all families or do it on a case by case basis as families ask.</p>