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

Question	Answer
1. We have performed all resident testing. With asymptomatic residents who have tested positive do you recommend retesting before they come off the COVID-19 unit past the 10 days and continue to be asymptomatic?	CDC no longer has a preference for test-based v non-test based approach to discontinuation of TBP or coming out of isolation. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html) Given the current testing shortage I would advocate for wide use of the non-test based strategy so no I would not recommend testing once someone meets those criteria before they come out of a COVID + unit. That being said, if someone tested positive and subsequently became symptomatic after testing the timeline should start from onset of symptoms rather than date of testing.
2. For units that have no COVID positive residents and are eating in dining room following guidelines of 1 resident per table, social distancing and wearing masks. Can we not do the same for activities using the same guidelines instead of hallway acts?	I'm not sure I understand the question, but if this means can they use the same guideline for activities other than meals, I would take that on a case by case basis and consult with your LHJ. Many activities are not necessary (as is eating). I think this would depend on the necessity of the activity in question.
3. I run a SNF. I have been told by an Infectious Disease Physician that for COVID-19 positive patients; 14 days after the first symptom the patient is no longer "infectious" and cannot infect another person. If I was to do a nasal swab and get a positive result 14 days after the first symptoms were noted- it would be "dead" virus. Can the speakers tell me in their opinion if this is true? Also are there any written documents that support this statement?	This is likely true in the vast majority of cases, but there may be very rare exceptions. Refer to question 1, I would advocate for a non-test-based strategy at this time.
4. In regard to notifying residents/families regarding COVID positive in staff - are we required to notify them of a positive test prior to May 1st?	Reporting starts May 17th per new QSO letter. Regardless of requirements, this is the right thing to do.
5. Is there a Dear Provider letter that includes information for AFHs on exempting them from reg requirement for modifying use a room for COVID-19 positive resident? Clarification: It could be a common area or another room that is not currently approved for resident use.	There is no Dear Provider letter regarding this. However, a provider may send a letter or email to the Field office, Candace Goehring (candace.goehring@dshs.wa.gov) or Amy Abbott (amy.abbott@dshs.wa.gov) indicating what they want to do and why. RCS will review the request and send the provider a temporary approval. RCS is keeping a log of all approvals.

6. I am struggling with screening of staff. For instance, I have a staff who had a sore throat and cough (5/3). She took a few days off and caught up on sleep. We did testing on her and it came back negative. Does this mean that she should be cleared to come back to work today?	You should follow your normal sick policy for staff who have symptoms of illness if their COVID test is negative. Just because they tested negative for COVID at that time does not mean they won't become positive later so symptoms should continue to be monitored. Also, this person could have another virus that you would not want to be spread in your facility.
7. I had an ALF ask "I had someone share today that a company is setting up outside visits since the Dear Admin letter says no visitors may enter the facility for a visit with noted exceptions. I interpreted this as no visitors to ensure no exposure to the residents not to take residents outside to visit- am I interpreting this to conservatively? "	You are correct the outside visits are not in the spirit of the intentions of the proclamation. At this time, we would discourage this. Some staged approach to visitation may be appropriate including something along these lines but that is not currently recommended.
8. What is the extension end date	Currently 5/9 although the Governor's office is working on extending past this date.
9. Any other suggestions regarding enforcement of these visitor rules?	Do the best you can to explain to families and friends that while this is extremely hard this is really the best practice to try and ensure the health and safety of the residents and staff of the facility. If appropriate discussions could also be had regarding potentially taking a resident home with family if they feel strongly that the isolation is worse for the individual than the risk of COVID infection if the family or caregiver is able to provide appropriate care at home.
10. Where can we access the letter Patty just mentioned that was written for adult family homes regarding Mother's day visitations	This was emailed out to the associations. Please contact Elena Madrid at WHCA or Laura Hofmann at LeadingAge for a copy
11. I don't understand if we are going to the trouble to do drive-bys and then only allowing residents to go out for essential visits to doctors, that makes it difficult if residents do just want to go out and come back. We are not allowing visiting outside the facility. It is difficult to ensure anything when we have no control over exposure??	The more we can decrease exposure in any way possible, the better. It is understandable that there are frustrations around areas where exposure can still occur because we do not have control over those activities. Everyone is doing a great job trying to mitigate exposure in every way they can.
12. Question - in regard to notifying residents/families regarding COVID positive in staff - are we required to notify them of a positive test prior to May 1st?	Reporting is required from the effective date in the QSO memo forward. It does not appear you are required to go back a report everything from the last 2 months. That being said, it is likely the right thing to do.

Question	Answer
13. Also, can we look at admissions and move-ins? to all facilities? We have been told 28 days after last resident has tested negative? And then just negative admits?	Admission and move in policies are dependent on the facility capability to handle new residents at that moment, including the ability to meet all infection control requirements as well as meeting all of the resident's needs.
14. Is that true that clients have to wear a mask?	If they leave their room, this is recommended, but can be a cloth mask. Also, if possible, it will provide an additional protection if clients can wear masks while receiving care.
15. RCS is offering Enhanced Services by Contracted Case Managers to facility virtual communication (face time etc) between resident and family. There are only a few that have been oriented at this time. I think priority is to facilities that are contracted to receive COVID-19 positive residents.	Correct. For COVID positive buildings there are case managers available to assist the facility in communications with family and helping the residents and family connect regularly, thus allowing the facility staff to focus on caregiving. This CM will act as a liaison for family and the facility. This is a voluntary program and facilities are not required to utilize this service.
16. Are we allowed to receive flowers from outside vendors for residents?	Yes. Vendor needs to meet staff at the door and should not come in. See below for some ideas from other facilities re: how they are handling flower delivery
17. How long can you wear regular blue surgical mask?	This is covered here by CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html . Although there is not a hard time limit. Many facilities use one surgical mask per shift unless it becomes soiled/wet/dysfunctional then it should be replaced. That being said, some facilities are using a single mask for multiple shifts and keeping it in a non-airtight container between shifts (i.e. paper bag), these should be dedicated to a single person. I would not recommend using a surgical mask for more than 3 shifts personally.
18. If you have a car parade outside your facility. Can the residents be outside with Masks on or must they be behind the glass windows?	Residents need to be socially distanced and follow universal masking. Check with the local health jurisdiction if there are any particular requirements or restrictions for that area
19. As residents have passed away, we are in a holding pattern for families to vacate apartments of possessions. I assume the no visitor policy also applies to DPOAs not entering to clear out possessions. We have not allowed these activities but also need to begin planning alternatives for vacating apartments (AL) and getting possessions back to family. Any creative ideas on how others are handling this?	Suggestions from peers: My maintenance teams have been setting articles outside; We are packing up belongings of d/c residents and taking them to the car for the family; for the belongings we do the packing and have the family pick them up off the loading dock. These suggestions sound very reasonable, those beds need to be turned over so that more people can utilize them.

Question	Answer
20. With the lovely weather this weekend. What about outside/facility premises for distanced visits with families, supervised by staff and scheduled by certain times?	CMS currently indicates no visitors for NH. For other facilities, the Gov. Proclamation does indicate no visitors. The intention is to reduce any possibility of exposing residents to those who may be bringing the virus to the facility. Although being outdoors can reduce the risk, there is always still a small element of risk. A staged/phased approach to increasing visitation may involve something like this in the future, but I wouldn't do it yet.
21. I have a client who is essential worker. She is supposed to come back after work but instead she goes straight to her bf house and stay there overnight, even though she knows the social distancing. Can someone let me know what to do with the non-compliant client?	I don't think there is anything you can do about this. Just try to explain the risk and keep reminding her, she should certainly wear a mask while in your facility and outside her room.
22. If a caregiver out of town for a wedding for a week and they able to start working? or need to be quarantined for 14 days.	Residents need to be socially distanced and follow universal masking. Check with the local health jurisdiction if there are any particular requirements or restrictions for that area.
23. Is it mandatory that all AFH staff wear masks throughout their shifts.	Universal masking is strongly advised at this time.
24. Should non-direct care staff be wearing face shields to help deliver meals?	If they are available this would not be a bad idea, but masks are the most important.
25. We stopped residents' family from doing their laundry and are currently only using our laundry facility for all residents to prevent possible community contamination. Is anybody allowing family to still do resident laundry and when would it be safe to let family start doing their laundry again.	I am not sure of the logistics, but I would think laundry can be done however, assuming proper social distancing is able to be maintained. The risk of transmission from contaminated porous objects, like cloth/clothing, is low.
26. How about families wanting to make home-made cookies and give it to the residents? I haven't been allowing this as I felt it is high risk, but families are being very pushy about it so thought I should ask.	It is strongly advised that families not bring homemade items to facilities at this time due to risk of contamination. As facilities open back up to visitors home baked goods will most likely be okay again.
27. Where is everyone storing their 5 bag mask per employee at?	I have seen this set up on a table rows of bags # 1-5 at the entrance to the facility.
28. Thoughts on testing all residents and staff in a COVID negative facility? There are a few counties in the state wanting to do this.	This should be a discussion with your LHJ, if you have high rates of community transmission and a large number of LTCF outbreaks in your area I think this should be encouraged/implemented where possible, but this would depend on available testing resources.

29. If caregiver/provider lives in the home are we still required to wear a mask?	When you are in a patient living are yes, not while you are in your own room, or if you are in a separate area closed off from the residents, that they could not access.
30. If we are live in at an adult family home and nobody is going in and out are we allowed to work without mask?	No