Frequently asked questions

[On-demand webinar] COVID-19: Strategy and perspective from the front lines

On Thursday, Apr. 16, 2020, SimpleLTC hosted a free webinar, where industry experts **Dr. Steven Buslovich**, MD, CMD, Co-founder of Patient Pattern and **Dr. Michael Wasserman**, MD, CMD, President of CALTCM discussed their frontline experience on both coasts. This document contains answers to specific questions asked during the webinar.

1. **Guidance indicates new admissions whose COVID status is unknown should be placed on the COVID positive unit even when they have no symptoms. Is that correct?**

   Absolutely not. If an admission is even accepted, they should be isolated for 14 days.

2. **Do you recommend wearing cloth face masks over the surgical mask to extend the life of the surgical mask?**

   No, no evidence that this works. It creates other issues in relation to increasing moisture in mask.

3. **When applying the extended use of facemasks, can the same facemask be used for providing care to a COVID positive patient and then a COVID negative patient without changing it?**

   Facilities should be doing everything possible to isolate COVID-19 residents.

4. **If you have a new admission coming from as assisted living in which they have been in quarantine for 30+ days is it necessary to quarantine them for 14 days when they come to your long-term care facility?**

   Difficult to answer. Must trust where they came from and how the transfer works. We are strongly discouraging any interfacility transfers at this time. We don't know what we don't know.

5. **We are putting residents who have no symptoms but also have no testing (status unknown) in droplet precautions for 14 days as a precaution and admitting to the containment unit... do we need to use gowns for close contact care of these patients (or only for procedures that would have potential splashes/sprays)?**

   I would if possible, an abundance of caution. If not, available masks and stellar hand hygiene are essential.

6. **We do home care and hospice- to clarify the previous question can you use the same N95 mask for COVID pts and non-COVID patients if they are going from one home to another?**

   I would not recommend bringing anything that is COVID positive in contact with COVID naïve.

7. **Are staff who refuse to care for residents/patients who are positive for COVID-19 at risk to be reported to the State Board of Licensure for abandonment of duties?**

   I struggle with that question. If a facility is not prepared, often at no fault of their own, to protect residents and staff, how can we ethically fault staff?

8. **I have two floors in my building and was considering moving all the patients from one floor to the other so that we could accept admissions without sharing staff. Do you recommend this?**

   Without testing, you won't know what you're doing.

9. **Is there any guidance on re-using gowns for the same isolation room?**

   I'm not aware.

10. **Is that a good strategy… move them all on one floor and new admissions to the other?**

    Yes, you could be bringing the virus to other residents unknowingly.

11. **Do I understand you to say that, if a resident goes out of the facility for say an emergent dental appointment, they should be isolated for 14 days when they return to us that same day?**

    Unfortunately, probably yes.

12. **If a patient is symptomatic should they be moved with other symptomatic patients or should we isolate in place?**

    Case by case, depending on resources.

13. **Our containment unit is designed to bring in all new admissions who are asymptomatic but have no negative test for 14-day observation. But we would also admit COVID 19 to that unit/hall with hopefully some distance (empty rooms) between them. Is that appropriate? We don't have enough beds to keep one whole wing open for potentially zero or 1 or 2 COVID positive pts.**

    Do not cohort positive with naïve.

14. **A local Nursing center with no positive residents established a policy of testing anyone coming from their local hospital (where there are positives) regardless of symptom status within 24 hours. Recently a resident who had tested negative twice while in the hospital tested positive upon return. Our Medical Directors in other buildings are reluctant to adopt this policy to test residents recently discharged from the hospital, without symptoms, even though we have tests readily available. What is the best practice?**

    We're learning. I strongly discourage any interfacility transfers for this reason.

15. **The San Antonio mayor has decreed that staff may work at only one SNF. Does this mean one building only, or can it include sister facilities?**

    That depends, case by case basis.

16. **We have instructed our staff to practice good hygiene before coming to work. We have instructed them to put on a clean uniform and come directly to work. Do we need to take this a step further and provide uniforms for them on site that we launder to ensure clean uniforms?**

    Sounds like a good idea.

17. **Is there any recommended treatment that patients can start is they are exhibiting fever? What are your thoughts about hydroxychloroquine?**

    There is not enough data.

18. **Since there has been some discussion that someone can be contagious, but show absolutely NO signs and symptoms, that means that a staff member could come into work after a couple of days off showing no s/s and care for non-isolated patients and spread to them. Are there any recommendations on staff using all or some PPE even when also caring for non-isolated patients to protect them from those staff that may be contagious, but have no s/s?**

    Folks still can test positive with no symptoms.

19. **Cloth mask vs. surgical mask vs. N95 mask when no positive cases of COVID-19. Which is better? We don't want to use our supply of manufactured PPE now and not have enough if we have a positive case(s) of COVID.**

    Cloth masks have dubious value, but better than nothing, maybe.

20. **How many days worth of PPE would you need to have to be adequately stocked?**

    I'm not a logistician. The more, the better.

21. **What's the name of the webinar related to Incident Command Center?**

    The CALTCM webinar is called Crisis Management, March 25.

22. **With new admissions being considered as a possible positive COVID, would you consider holding Physical Therapy until the patient can be deemed as "stable"? If so, how many days would you recommend?**

    Difficult question, we don't want patients to become deconditioned either.

23. **Where can I find the free cohorting and Resource Allocation tools?**

    Excellent tools for dealing with COVID-19 at AMDA's website.

24. **Should any new admission from the community, a hospital or another nursing facility be placed into isolation? If so, what would be the most appropriate length of isolation?**

    Yes, 14 days.

25. **Do you recommend automatically testing a supposedly negative, new admission to a SNF who was received from a hospital with positive cases? Or only if they become symptomatic? All new admits are quarantined for 14 days.**

    If you're quarantining, may not matter, but ideally, yes.

26. **For SimpleLTC folks, what do we need to turn on the COVID-19 risk report tool and how we do go about that process?**

    Please contact hai@patientpattern.com and he'll get you set up.

27. **Why is testing for COVID-19 not performed more often especially for all those in nursing homes and those who are caring for them? Is it due to a shortage of testing equipment, shortage of laboratory services, etc.?**

    Hasn't been readily available.

28. **Is the white paper in the COVID-19 guidance tab? What's the title?**

    Not yet, but it'll be posted on the CALTCM website.

29. **Hospitals and state agencies are basically saying we cannot refuse a postive patient and that it is acceptable to admit them and CMS basically says the same. What should our response be? Facilities are being basically bullied.**

    They are wrong.

30. **What are they attributing the false negatives to? Does processing time affect the likelihood of a false positive?**

    We don't know.

31. **What are your thoughts on false negative tests and whether we can truly trust the testing results when we see very COVID-19 like signs and symptoms?**

    Simply put, 30% false negative.

32. **What was Dr. Wasserman's twitter handle?**

    @wassdoc

Resources

- Crisis Management webinar
- CALTCM webinars
- AMDA website