I: Questions & Answers:

Q: If we admit patients that recovered from COVID, do they have to report as positive in daily report
A: If these individuals have already recovered, then you do not have to report them.

Q: Medi-Care is not currently covering testing. Are there any legislative updated on changing this?
A: Yes, we recently enacted emergency regulations for this. Please see Department of Managed Health Care’s website for updates on this.

Q: Question related to PPE conservation strategies
A: The best practice is to always reserve PPE for staff working in areas that have direct contact with positive residents, as compared to areas that are for observation. If staff are just passing medication, this would not fall into this category – unless the residents receiving medication are positive.

Q: If a laundry person is just distributing clothes to rooms, does this person need full PPE?
A: If the staff member is going into the actual room, then yes. If the person is just leaving the clothes at the door, then no.

Q: What recommendations do you have for an employee refusing to be tested and we have no COVID-positive residents?
A: This decision should be addressed by the individual facility on how to handle the employee. We are recommending universal infection control methods for all employees (including the use of PPE), as well as self-monitoring/screening for symptoms. We emphasize the critical importance of source control.

Q: Question related to PPE unit type.
A: We would encourage people to review the following guidance document from CDC: CDC Summary Strategies to Optimize the Supply of PPE During Shortages.
Q: Question related to response testing and healthcare personnel.
A: We recently released guidance related to healthcare personnel. We consider two sequential rounds of testing of negatives to indicate that transmission is no longer happening in the facility.

Q: Question related to transferring patients from acute care facilities to SNFs, specifically if the ALF requires additional information.
A: If you are sharing the required information and the ALF still requires additional information, it is recommended to engage your local health department. Assisted living facilities are under CDSS and CDPH AFL’s do not apply to them. We also recommend engaging the regional CDSS office for assistance in these situations.

Q: In what circumstances are the two tests 24 hours apart necessary?
A: The strategy for two tests 24 hours apart is for discontinuing of positive individuals that were previously isolated. This guidance came from CDC. If two negatives tests occur 24 hours apart, then they can move out of the red zone. CDC has now revised this recommendation and are no longer recommending this for most individuals – this only applies to COVID-positive individuals with severely compromised immune systems.

Q: If a facility is using a registry to address staffing needs, is there a system for testing these individuals?
A: Surveillance testing still would apply to these staff members, especially since these individuals may be working at several facilities.

Q: If a resident wants to be tested but doesn’t have symptoms, are we required to test this individual?
A: This should be a discussion with the individual physician.

Q: When should a resident currently quarantined be re-tested?
A: Ideally, the test should be conducted at the end of 14 days the final observation to determine whether the resident can move to different area.

Q: What is an acceptable turnaround for test results?
A: The recommended turnaround is 3 to 5 days. If you are experiencing longer turnarounds, please contact Heidi Steinecker

Q: Question related to discharging a resident from a facility to his/her home and testing requirements.
A: We recommend more consideration given to the individual’s physician in this situation. The testing requirement is more for if the person is going to a different facility.

Q: What is the best way to communicate with family members visitation guidelines for end-of-life residents that are not COVID-positive?
A: This needs to be done on a case by case basis and weigh the risk of exposure at the facility.