

LeadingAge Michigan Safe and Calm Webinar Q&A 8/5/2020

| Questions and Responses | |
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| Please clarify. Do you mean stable for three months and then if it is positive it is a new case or within the three months it is not a new case. Please repeat | |
| | This updated guidance was in response to a question on 7/31/2020 regarding an employee who tested positive, was eventually allowed to return to work and during weekly testing was negative three times. On the fourth time however, the test came back positive. The question was whether to report this as a new case or not. The response from MDHHS stated that they had conferred with the CDC since Michigan nursing home reporting is aligned with their definitions. Someone who previously was positive and has recovered would be considered a new case for reporting only after three months since onset of symptoms or first test if asymptomatic. The Department plans to include this update in their next iteration of Reporting FAQs. |
| Our residents dine in a large dining room with one resident at a table that is 8 feet apart. Can that continue? | |
| | Staff did a comprehensive review of guidance and the only directive from MDHHS is to cancel all communal dining. We know that some members were not requiring persons to eat in their rooms and were using social distancing for dining; however, only the CMS FAQ within QSO 20-28 refers to the flexibilities. We are not aware of anyone cited for this protocol, but on the face of this wording, currently communal dining is prohibited in long term care facilities in Michigan. |
| Realizing that it is still subject to change, the draft of the AG's press release seems to indicate that the AGs office will be acting on complaints received by LARA rather than random onsite visits. Is that how you read it? | |
| | Yes, while it seemed that these might be random or independent audits when we first heard of this plan, the draft press release definitely speaks to following up on complaints. |
| Just to give you some information, we have had 3 COVID surveys. The most recent yesterday and no new positives of residents or staff. | |
| | That is good to hear. Perhaps nursing home caseloads will continue to decrease. |
| There seems to be some inconsistency in what they look at for the infection control surveys. We had one in each building yesterday and what they asked for (policies, etc) and looked at in each location was very different. | |

We will send that message back to the department; however, at times surveyors have been known to be inconsistent. Also remember that some of these surveys were funded by the state, and may either have different guidelines than federal surveys or may not have consistent guidelines for the state reviews themselves.

I thought that pooled testing was not permitted. Are you saying that we can now do this kind of testing? It was not approved by the FDA I thought.

It has now been approved by the FDA and the information today is taken from CDC guidance on the essential requirements. It is, however, not yet used in Michigan and has not been approved by MDHHS or the state health department here. However, it could be approved in the future to save some resources.

Has anyone seen any guidance or decision tree for symptoms when determining if a staff member can work? This is becoming a big challenge. A staff member can show up and say that they have a headache or perhaps have some nausea or abdominal pain. Since those could be symptoms of COVID they are off work for ten days. In the beginning there was clear guidance that they have a temp plus X symptoms....no it just seems as if they have any symptom we have to take them off work.our occupational health is reviewing them to try to determine if there is some other reason for the symptom, but during an infection control survey the surveyors said if we don't know why someone has nausea or a headache, they should be off work.

If we have a staff member with cold symptoms, is it your understanding that we need to have two negative tests prior to returning to work?

According to CDC guidance, persons with COVID 19 can have a wide range of symptoms recorded – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure. Symptoms that must be evaluated are: fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. Symptoms that cannot be attributed to anything else must be monitored over time and the person isolated until more definitive diagnoses can be made. Two negative tests under CDC protocols at the time of symptoms should help diagnose.

What CDC article supports when to test an employee or resident again after being positive for COVID

We may have misunderstood the question as relayed during the webinar. There is MDHHS guidance and CDC guidance which are generally in alignment.

https://www.michigan.gov/documents/coronavirus/MDHHS_SNF_COVID19_Testing_FAQs_v1_Final_694249_7.pdf

The above link is to the MDHHS Testing FAQs – #21

When a new case of SARS-CoV-2 infection is identified in a health care professional or a nursing home-onset case in a resident, viral testing should be performed for all residents and staff as soon as possible. Continue repeat viral testing of all previously negative residents and staff, 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.

CDC has provided [updated guidance](#) and [FAQs](#) regarding re-testing residents or staff who have tested positive:

- 1) If resident or HCP was PCR + within the past 3 months and are now asymptomatic. do not retest as part of facility-wide testing.*
- 2) If resident or HCP was PCR + more than 3 months ago and are asymptomatic, include in facility-wide testing.*
- 3) If resident or HCP was PCR + within the past 3 months and they become symptomatic again after recovering from initial illness, evaluate current illness and retesting for SARS-CoV-2 may be warranted if alternative etiologies for the illness cannot be identified.*
- 4) If resident or HCP was PCR + more than 3 months ago and they become symptomatic again after recovering from initial illness, retest and if positive should be considered potentially infectious and remain in isolation precautions until discontinuation criteria or excluded from work until return to work criteria can be met.*
- 5) For persons who are severely immunocompromised, a test-based strategy to discontinue transmission-based precautions or return to work could be considered in consultation with infectious diseases experts. For all others, a test-based strategy to discontinue transmission-based precautions or return to work is no longer recommended except in rare instances to discontinue earlier than would occur under the symptom-based or time-based criteria.*

The associated CDC guidance is linked above.

What is your interpretation of ‘eye protecting’. Are safety glasses appropriate at any time, as opposed to face shields?

So the eye wear essential needs to be like a swim mask that makes contact with the face all around the eye? This is what we are telling our staff is the only eyewear that is okay.

Recent CDC guidance requires eye protection when serving residents in nursing homes in areas of moderate to substantial transmission. Eye protection means that there is complete coverage of the eye area and goggles are only appropriate if they seal or contact around the entire eye area. Face shield of course are also appropriate. Any other eyewear that fits more like glasses would not be appropriate.

What information do you have regarding the vaccine and release?

We have not received any official updates regarding the availability of a vaccine – although we have noted that MDHHS is preparing for vaccine reporting. They want to ensure that facilities are experienced in using MCIR to report vaccines during the fall influenza season so that they can readily track COVID vaccine usage when it does come available. The only information we have is from the media where experts are anticipating early Spring 2021.

Resources and Links

Executive Order 2020-148

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-534172--,00.html

Rapid Testing Press Release

https://content.govdelivery.com/attachments/MIEOG/2020/08/04/file_attachments/1510778/Testing%20LOI.pdf

CDC Antibody Testing Update 8/1/2020

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html>

CDC Interim Guidance for Pooling Procedures

<https://www.cdc.gov/coronavirus/2019-ncov/lab/pooling-procedures.html>

CDC Information for Older Adults at Risk

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

CDC Living in Shared Housing 7/30/2020

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html>

CDC Guidance for Shared Settings 8/3/2020

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html#resident-has-covid19>

CDC List of High Risk Conditions 7/30/2020

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

CDC Health Equity 7/24/2020

<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

CDC Clinical Management Support

https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?deliveryName=USCDC_425-DM33857

MDHHS L 20-44 Nursing Home Beds

https://content.govdelivery.com/attachments/MIDHHS/2020/08/04/file_attachments/1511082/L%2020-44.pdf

KFF Nursing Home Regulation and COVID

https://www.kff.org/coronavirus-covid-19/issue-brief/key-questions-about-nursing-home-regulation-and-oversight-in-the-wake-of-covid-19/?utm_campaign=KFF-2020-Coronavirus&utm_medium=email&_hsmi=92531864&_hsenc=p2ANqtz-8CP97PUDPhhJR3AHsyAy3S-pKjInfiwuEB1LIZh8cHNwR8nMLTjPcRVAaBue6zi7fPLOSbMSEqU-f_pHX992T1NdODdw&utm_content=92531864&utm_source=hs_email