Transcript for LTC Settings Webinar
July 23, 2020
10:00-11:00 am

Presenters:
Evelyn Cook, RN, CIC, Associate Director NC SPICE
Amanda Khalil, NC Division of Public Health
Dave Richard, Deputy Secretary NC Medicaid

Hugh Tilson
It's 10 o'clock. Let's get started. Good morning everyone and thank you for participating in today's COVID-19 webinar for long term care providers. Today's webinar is put on by the North Carolina Department of Health and Human Services and supported by NC AHEC to discuss recent updates to the state's COVID-19 response, and to provide a forum for you to ask questions of DHHS leaders. As you can see, we've got a full agenda with lots of timely information for you today. My name is Hugh Tilson, I'll be moderating today's webinar. Before I turn it over to Evelyn. Thanks everyone for making time in your busy schedules to participate in today's webinar. Your work is really important. We know you're busy. We hope the information present presented today will help you while you do that important work and will make navigating these trying times a little easier. After today's presenters provide their updates, we'll turn to your questions. Next slide please. We've learned in past webinars that the presenters will often address your questions during their presentations. We should have time to get to your questions. I encourage you to wait until the presenters are through with their presentations before submitting a question. All participants will be muted other than our presenters to submit a question, please use the q&a function on the black bar in the bottom of the screen. It's that q&a function on the black bar in the bottom of the screen. We'll send all questions to DHHS, and they will be used to inform subsequent guidance and future webinar content. We will record this webinar, and the recording a transcript of it and these slides will be available on the NC AHEC website, as soon as possible. Hopefully first thing tomorrow morning. Now let me turn it over to Evelyn. Thank you, Evelyn.

Evelyn Cook
Thank you. Good morning everyone. I appreciate the opportunity to be here today and I also want to thank you for taking time out of your busy schedules to join us this morning. So to start with, I have several updates, and reminders for you today, and I want to start by providing just an overall epidemiology update. Globally, the number of cases, is now approaching 15 million. With the number of deaths, just over 600,000. Nationally, according to the CDC, the number of cases in the US is just under 4 million, with a number of deaths over 140,000, we're still seeing surges in cases nationally, with a geographical predominance still including the south eastern and central southwestern part of the country. In addition to California. From North Carolina's perspective, the number of cases is just over 105,000, with over 1600 deaths. Next slide please.

So, I wanted to discuss some key infection prevention recommendations and principles that are very important for us to remember in reducing the risk of transmission. And we're going to start with a universal source control. And when we talk about that, it really refers to the use of face coverings to cover a person's mouth, and nose to prevent spread of respiratory secretions when they're talking, sneezing or coughing. So when we think about residents and patients. This would include wearing a face covering or surgical mask if they're available anytime they are outside of their room. When they leave the facility for any medical appointment or evaluation dialysis is a good example of that. And also when healthcare personnel, enter the room to provide care activities. The purpose of this is to minimize the

potential for exposure or transmission to the staff. So for our healthcare personnel, it would include wearing a surgical mask or an N95, while in the facility. This does include while they're in the break warning or other areas of the facility where they may encounter coworkers. At lunch break when they cannot wear their masks, you should remind your staff to socially distance, and make sure they're at least six feet apart. Healthcare personnel should remove their respirator or face mask, perform hand hygiene and put on their cloth face covering when leaving the facility at the end of their shift.

Evelyn
Another really important point is it's not only important that they wear the face mask, but it's worn appropriately, ensuring that both the nose and the mouth, are completely covered. I know Jennifer has mentioned this a couple of times on our calls, but I think it's worth mentioning again and just reminding everyone that CDC did update their interim Infection Prevention and Control guidance to include a recommendation for healthcare personnel to wear eye protection in addition to the face mask for the care of all patients when your facility is located in an area with moderate to substantial community transmission and CDC defines that really is when you have sustained or ongoing transmission in the community, or exposure and transmission in your particular setting. So, then the other thing that I wanted to review just a little bit is the appropriate use of personal protective equipment. There is one updated notation in CDC latest Infection Prevention and Control recommendations where they added language that protective eyewear, such as safety glasses and trauma glasses with gaps between the glasses and the face likely do not protect eyes from all splashes and splatters. So if you're using safety glasses for your eye protection just look at those and make sure they have a complete and tight seal around the face.

Also as a reminder for everybody while there are strategies for extended use or reuse of mask eye protection and gown., there are no strategies for extended use or reuse of gloves. Gloves are single use items should be changed if they become torn or heavily contaminated and removed and discarded. Before leaving the residence room, or care area and hand hygiene performed immediately. So there's really no situation in which gloves can be worn from resident to resident. And then the other thing on this slide is the issue of new admissions, and readmissions we still get questions about that. CDC continues to recommend placing all newly admitted or readmitted residents, whose COVID-19 status is unknown on observation, or quarantine for 14 days, health care personnel should wear all recommended peepee, including face mask, eye protection, gown and gloves while caring for these residents. Testing residents upon admission could identify those who are infected, but otherwise without symptoms it might help you direct placement of those asymptomatic individuals into your covid 19 care unit. However, testing upon admission does not mean that the resident was not exposed, or will not become infected in the future, a negative test. Testing should not be required prior to transfer of a resident from an acute care facility to a nursing home. Next slide please.

Evelyn Cook
I just wanted to mention and to make you aware that North Carolina Department of Health and Human Service has posted two additional guidances on their website. The first one is for the point prevalence survey in skilled nursing facilities, dated July the ninth of 2020. And I think it has now has updated date of July the 22nd. And then the second guidance document is updated guidance on visitation, communal dining and indoor activities for larger residential settings. And just to remind everyone This does not include nursing homes currently. And that guidance document has a date of July the 16th 2020. Next slide please.

So I wanted to spend a few minutes this morning just going over the CDC updated interim guidance that they posted on July the 17th. They have issued interim guidance for discontinuation of transmission based precautions and disposition of patients with COVID-19 in health care settings and updated guidance for criteria for return to work for health care personnel, with SARS Cov2 infection. The major updates in this guidance document include that the test based strategy for discontinuing precautions and or health care personnel returning to work is no longer recommended. There are some rare exceptions to that but in general the test based strategy is no longer recommended. In addition, they modified their symptom based criteria to include a change from at least 72 hours to at least 24 hours, has passed since the last fever, without the use of fever reducing medication. They also changed their statement from improvement in respiratory symptoms to improvement in symptoms address the expanded list of symptoms that are associated with COVID-19. So they based on those changes. For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 day after symptom onset and resolution of fever for at least 24 hours without the use of fever reducing medication. And with improvement of other symptoms. If the individual never developed symptoms isolation, and other precautions can be discontinued 10 days after the day of their first positive RT PCR test for SARS Cov2. There are a limited number of persons with severe illness or who may be very immunocompromised, and they may continue to shed virus. Beyond 10 day one -- patient and isolation and precautions for up to 20 days. So when does particular cases, you should definitely consider that.

Evelyn Cook
Duration of isolation and precautions for up to 20 days. So when those particular cases, you should definitely consider consulting with infection control experts on whether precautions can be discontinued. So for our health care personnel that have mild to moderate illness. They need to have at least 10 days has passed since their symptoms first appeared, and at least 24 hours have passed since their last fever, without the use of fever reducing medication, and their symptoms have improved. If they're asymptomatic, they may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test. And just like in the earlier discussion, if they're severely immunocompromised, we need to wait at least 10 days since the date of their first Positive test.

And then the last thing I just want to mention real quickly related to health care personnel who are known to have SARS Cov2 infection is that they should not return to work, even if they're asymptomatic until all return to work criteria has been met, and in the event you are experiencing staffing shortages, you should follow the CDC guidance for strategies to mitigate healthcare personnel staffing shortages. That concludes my portion of the webinar, and I will now turn it over to Amanda for testing update.

Amanda Khalil
Great, thank you Evelyn and thank you all for joining. So at this point, all skilled nursing facilities should have receive an outreach from CVS health to schedule a testing date for CVS to come on site and complete testing. Many of your facilities have already been tested via this program over the last couple weeks which has been great. As a reminder, the recommendations if your facility has not completed baseline point prevalence testing of all staff and residents on or after May the 18th, we would strongly recommend that you participate in this initiative. And also just to echo what Evelyn was mentioning, wanted to note that the recommendations around nursing home testing are changing frequently so we're looking at those that are put out by Federal will post any updates to our guidance on our epi DHHS Long Term Care landing page so please continue to refer to that. And if you have any additional questions, please feel free to put them in the chat box. Thank you.

Dave Richard

Good, thank you. Sorry, supposed to pick up the phone and make sure to talk this way. The, the slides that we have from Medicaid today are pretty brief but just a reminder of things that we've been attempting to do with Medicaid, to make sure that we're supporting the care code residents to accommodate the needs of hospital discharge surge, reduce transmission and increase the service flexibility for providers. Let's go to the next slide. This also just a reminder as you've heard today and you'll continue to hear is that we have as a very cross disciplinary team that works on these items in here. Obviously from DHHS in its across our agency where we're all working together to try to find a best response for COVID and support our Long term care facilities and that effort. We go to the next slide.

It just this is, we have a couple of responses to questions and just wanted to make sure that we get those from the last time we've had these. This is around group homes and this provides the information for people that that have that group home on this slide, but key is that it's a broad term and that we have different places where Medicaid impacts there, but under these items that you'll see that there are very specific responses for group homes that sort of people in particular wanted to call out to those people that provide personal care services that the personal care rate increase applies to everybody there. And if we can go the next slide, we've, we've, we've had multiple conversations about the Covid related specific rate increases but what remind everybody and this slide is a little bit dated is that we are in a new fiscal year we did receive a Medicaid rebate so we are continuing with those covid specific rate increases. What I will say is that our intention is to be able to keep those on as long as possible. You will get a significant advanced notice if we have a need to reduce those but our goal is as long as the public health emergency is taking place, it will continue those rate increases for a long term care providers, but reminders that you will get a anytime we would make a change in those rates that would be a very specific response and you would have plenty of time to make that make sure that you could adjust at any rate changes, go to the next slide.

This is just basic information that people have. Obviously it's an older slide because it's an old slide, July , June 12 so well so we should move on to the next one. That gives you specific places to talk to, again, these are another very specific bulletins that you can use around what's happening inside of our nursing home and other long term care providers. And I think we have one more that has more information on it. We have two more actually is the other specific bulletin especially around those receiving the rate adjustment that we want people to fill out the ICAR materials under spice. If you have not we really encourage you to do that we will be looking to make sure that people have done it with a good participation, but we really need folks to fill that out. And please, please make sure that you have if you're on this call. And then the next one, please. Again, list of all of our special bulletins through July, 20, that this will be part of availability for you with the when AHEC post the slides. And then we can go on to the next one. And this is how you get questions out of Medicaid around these issues related to that so please feel free to talk to send an email to these, these boxes if you have questions about outbreak facilities in particular, or if you around any of the items related here we appreciate your emails coming in, when we're able to respond to those. I think that's the last line.

Hugh Tilson
Yes, we got a specific question, how where do we follow up with we did not receive the 3025 for each Medicaid resident is it one of these email addresses,

Dave Richard
It's a great question yes I would send it to the, the COVID related rate increases, the, the track center. And if you don't get the response there then just the Medicaid COVID DHHS one at the bottom.

Hugh Tilson
Great, thank you.

Dave Richard
That's it for me you. Oh,

Hugh Tilson
Well, gosh, I should have waited to set that, sorry. Okay. It just seemed like a great time to ask the question. Let me start with just a general question. Can an ICF permit a barber into the facility to cut residents hair.

Dave Richard
And I'm gonna turn it over to the public health folks for that one.

Evelyn Cook
So Hugh, this is Evelyn and I'll take a stab at that you know that guidance document is posted on the website and I know I don't know it verbatim but you can access that guidance document as well as I also know that it does have certain criteria. When, when the facility is thinking about lifting restrictions or relaxing restrictions, and we're still encouraging a possible outdoor visitation. So, just please consult that guidance document, if that does not answer your question, just send us send that via via an email to the North Carolina Division of Health and Human Services and I'm sure they'll be able to help you with that.

Hugh Tilson
Well, I have you somebody said can you repeat what we need to send to SPICE. I don't know if that was for you or for Dave.

Evelyn Cook
It's for Dave, it's what he was referring to. So, there was when the initial Medicaid bulletin was distributed back in May, there was a link to the spice website where that document was located. So if you go on spice.unc.edu, and there's a bucket for long term care and that's where that tool would be located is called the CDC ICAR self assessment tool, or if you just send an email to me. I am happy to attach that exact tool that you will need to complete and send it back to you. And just, you can get my email on the website that is Evelyn_cook@med.unc.edu

Hugh Tilson
Thank you, got a number of questions about quarantining. So let's go for those what's the protocol to quarantine a resident for 14 days in a family care home that is 1000 square feet.

Evelyn
This is Evelyn again and I. That's a great question and so basically what we would recommend in that particular situation is that, if that resident can be placed in a private room, and the door kept closed. You know that would be ideal if the resident refuses to stay in the room, then obviously we would want to have a face covering placed. That could be a cloth face covering over the resident anytime they leave that room that we do really need to try to separate them in some manner, from the general population until the 14 day period is over to make sure they're not going to become symptomatic.

Hugh Tilson

Got a related questions residence at the quarantine does PPE mean an N95 mask or a surgical mask and it sounds like you just said a cloth face covering would suffice.

Evelyn Cook
So, so for the resident, the cloth face covering would suffice but I think that question might be pertinent to the staff caring for the resident, and they would need to wear a surgical facemask, an N95 would not be required in that situation. Just as a reminder N95, that had been tested are recommended for any aerosol generating procedures being performed, but otherwise surgical facemask will suffice.

Hugh Tilson
Previous guidance was that we require a quarantine for 14 days for new admissions, even if there was a negative test result. Has that changed?

Evelyn
This is Evelyn again and that has not changed. Regardless of negative testing at time of admission. CDC continues to recommend quarantine or observation for 14 days.

Hugh Tilson
And then a follow up question is that based on the test date or the date of the positive confirmation.

Evelyn Cook
It's based on the test. When, when we think about using testing information to inform infection prevention decisions, it's the date of the testing, not the date of the results.

Hugh Tilson
Let's turn to some testing questions is North Carolina going to accept the COVID-19 point of care rapid tests from which nursing homes are receiving the kits from from CMS. Some states have said they only accept lab tests.

You know about rapid anybody know about rapid tests and the acceptability of those.

Dr. Susan Kansagra
Yes you, hey I can, I can help with that when we just get information right that CMS is releasing the care test to nursing homes we don't have information specifically on which homes in North Carolina or what that's going to look like. In general, there is a concern for the type of tests that are being sent out are ones that have higher false positive and negative rates. This is something our lab team can probably speak to more details on it and so, not the not the best type of test for this scenario, but obviously also at the same time we're seeing lab turn around are going up and so I think this is still something we are looking at and trying to figure out the best approach forward in waiting for more information from the federal government as well.

Hugh Tilson
Follow up we're now hearing that this testing is mandatory is that accurate?

Dr. Susan Kansagra
So I'll take that as well. So there are obviously a lot of recommendations around testing I would continue to take take those recommendations as strong recommendations and ones that should be implemented I wouldn't consider just because if something's a recommendation to not consider not doing obviously

there was a reason for that and would encourage all facilities to implement even guidance as recommendation. There was new, a new announcement yesterday by the federal government around mandating testing weekly testing of staff in nursing homes and again, it came out in the form of an announcement, we haven't seen really further guidance or details on that.

Hugh Tilson
A couple questions related to employees one is do ICFs need to test all residents and staff, and the other is how often is it being suggested that employees be tested if there are no cases or symptoms of covid present within the facility. Those aren't really the same but they're related.

Dr. Susan Kansagra
I'll continue to answer and then if Evelyn, you have additional points on this, feel free to add in but for ICF the recommendation, right now is that if there are one or more cases that an ICF should test all residents and their staff on a weekly basis, and continue that again for all negative residents and staff, every week until they are 14 days out from the last positive case. So the guidance for testing is really around existing positive cases and I'm sorry Hugh you asked a second one.

Hugh Tilson
I don't remember what it was. I've moved on, let me see if I can find them sorry told us they have test all residents in the other is how often should employees be tested if there are no cases or symptoms of COVID present.

Dr. Susan Kansagra
Right, so you know we we are recommending at least bi weekly and again you know in some places that that different states are looking at that in different ways. You know, if you look at for example, California, it's actually was much less than that, where bi weekly, Massachusetts is bi weekly some states are saying weekly. It does look like federal government might be putting out again. They just made an announcement yesterday we haven't seen the details but they might be requiring weekly testing of staff going forward so again we're still waiting on more information. Until now our recommendation has been at least bi weekly if there's no cases again if there are cases that would bump or if you detect a case through that bi weekly testing then you bump right back up to testing.

Hugh Tilson
Somebody asked what do you do with staff who refuse testing.

Dr. Susan Kansagra
So they're, you know facilities are encouraged to work with their legal counsel and HR to put in place policies and how to address that, you know, in some facilities, that is, you know, required for working in some facilities they will presume then that that staff member is positive, especially if it's in a facility where there are already cases so I think that's a facility specific policy decision.

Hugh Tilson
Can you state again the recommendations for eyewear for staff in a facility

Evelyn Cook
So, the recommendation is that if your facility is located in a community that is continuing to see ongoing transmission in the community setting that protective eyewear be added as universal personal protective equipment in addition to the face mask. And the reason for that is if the transmission is heavy

in the community, the risk of having asymptomatic individuals increases. And we want to be sure that the health care personnel eyes and mucous membranes are protected as well. So if your facility is located in a community with ongoing transmission excuse me, ongoing transmission and or your facility has had transmission or outbreak. The recommendation is to wear protective eyewear, in addition to your face mask

Hugh Tilson
Do all residents and family care homes and adult care homes need to wear face coverings inside the facility.

Evelyn
And I'll take a stab at that as well so the recommendation is that face coverings just visit is still for the general public, your visitors, yes should wear face coverings when they're in the facility, your residents, or your individuals that you're providing care for should wear face coverings if they're outside of their room, or going to be interacting with other individuals.

Hugh Tilson
For an admission unit that is COVID free as of now must gowns be doffed after entering each admission room or can the HCP were the same gown on designated admission unit.

Evelyn Cook
So, this is Evelyn, I think they're probably talking about the unit that they're using a designated unit for new admission into the facility and that's a great question. And the guidance is not perfectly clear to answer that question but I can tell you that the guidance is that is not to reuse a disposable gown. So disposable isolation gowns, should not donned or put on and the patient care area entered. And then taken off and hung somewhere or stored in some manner. And then re donned the isolation gown. There's no recommendation for reuse of those. There are recommendations in CDC, optimizing PPE strategies that allows for extended use of gowns and that is when you put the gown on and you wear it from individual to individual, not in the recommendations, they really specify that should be on a designated unit with designated staff, and all of the individuals on that unit should have the same respiratory or pathogenic illness or diagnosis, like your covid designated unit. I did have a discussion with CDC about this very issue, and they concurred that it may be more safe on your observation unit where your new admissions are, if you have a designated unit and designated staff for that unit that it may be safer to use extended wear of that gown versus taking it off, and putting it back on repeatedly. So I know that's a lot of information but as long as that is the designated unit with designated staff and extended use of that gown may be more safe, than taking it off. We do not recommend that isolation gowns be removed and hung somewhere and put back on.

Hugh Tilson
Got a question but I got a couple questions when eyewear do this eyewear have to be worn at all times when it is required to be worn.

Evelyn
The main recommendation related to eyewear is that if you do enter the residents room, and they do not have a mask on. If the resident is able to understand and don a mask when healthcare personnel enter their room. That is considered to be source control so the main recommendation for the eyewear is when the residents are not wearing a face covering

Hugh Tilson
Questions about face shields number one is a face shield considered eye protection.

Evelyn Cook
So, this is Evelyn again so face shields are really, yes they do. They do protect the eyes and they, their requirements about them, extending down and to the chin that they're usually used in conjunction with other personal protective equipment. For instance, mask. So you would certainly still need to wear your mask if you're wearing a facial shield. And if there's a risk of being splashed or splatter, then you would still want to make sure that your eyes are protected by that face shield that it comes completely around, around the side.

Hugh Tilson
And in a skilled nursing facilities has no cases can staff wear a facial shield instead of a mask.

Evelyn Cook
No facial shields did not provide adequate personal protection equipment for the mouth. So, the facial must always be worn in conjunction with a surgical face mask.

Hugh Tilson
Can they wear eyewear from room to room or does it need to be sanitized between rooms.

Evelyn Cook
So eyewear facial shields are included in CDC recommendations for extended use. So you can use that they can be extended use. If you believe they've become contaminated for any reason, they should be removed, and disinfected and allowed to dry before you put the facial shield back on but you can use extend duties of facial without removing between the residents.

Hugh Tilson
Do dietary staff that are not in Resident areas, eat eyewear.

Evelyn
No dietary staff that are not in the resident area of the facility that is they're not delivering the trays and not on the hallway would not need to wear the eye protections.

Hugh Tilson
Looking at other questions that are coming in trying to give you a break Evelyn. If I can find something for Dave.

The initial announcement regarding Medicaid rate adjustment retroactive for children under age three was announced in May. We've been able to get any assistance and billing retroactive for March and April, who can assist us with that. Maybe the thing we ought to do then is go Nevin, can you go back a slide.

Dave Richard
That's very helpful. Going back to the slides I think if you use the NC track slide that is there. That's the quickest way to get that assistance.

Hugh Tilson

And then we got another question to receive financial assistance do clients have to be on Medicaid.

Dave Richard
Let me take a shot at that. For the facility obviously the rate changes that we have done, are related purely related to Medicaid so the individual is living in the facility has to be a Medicaid eligible individual to receive that or if it's an in home PCS obviously have to be receiving service so on the rate changes that we've talked about for here they're all related to Medicaid now. I think there is, for adult care homes, legislative appropriations there is an additional dollars that have come in under the special assistance side of that. But that is handled with different approaches to a division of aging adult services. It's much, much more of a flat rate change related to COVID not something that's ongoing as we are doing inside of medicaid.

Hugh Tilson
Other than PPP are you aware of any funding assistance for private non Medicaid facilities, staffing expenses and payroll have increased significantly. Not been able to find any assistance outside of loans.

Dave Richard
Well, I wish I could say yes, but there's not now. I know there was a it was a direct statement that came from federal HHS or Medicare providers that if they were Medicare not Medicaid they would have been able to take advantage of that. But otherwise I think those, those are the fundings that have been available. I wouldn mention, wile we have the opportunity is that there is a another tranche of funding at the federal level for Medicaid only providers that people have been trying to access it with a relatively low uptake on that. But if you are a Medicaid only provider and haven't used as Medicaid part of that Medicare as part of that, it's worthwhile, looking at that and you can go on Medicaid website to see the latest bulletin or the NC tracks that came out about that. So, again, for those that may not have taken advantage of that it's worthwhile.

Hugh Tilson
Gotta follow up requests for information about where to go for that enhanced funding that hasn't been received which of those email addresses should they turn to Dave.

Dave Richard
Try the NC Tracks contact center, which has a phone number on it. Place where we go. And if, if that doesn't work, I would go to the Medicaid provider reimbursement DHHS on in effect if they, they have they have had an outbreak, and have not received it that that's where I would go to the Medicaid.providerreimbursement@dhhs.nc.gov.

Hugh Tilson
Thank you. Pivoting a little what's the recommended guidance for readmission if a resident was hospitalized for a condition unrelated to COVID-19, tests negative at the hospital admission and is discharged back to the facility

Evelyn Cook
Again, the CDC recommendations continue to be that if a resident is admitted or readmitted to the facility after being in the hospital, they need to be placed on observation and or quarantine status for 14 days, regardless of their testing. If they're regardless if they're tested and that test is negative.

Hugh Tilson

Dave got a follow up any updates on therapeutic leave increase.

Dave Richard
Not at this time, we don't have any additional but we'll hopefully get guidance on that over the next week or so.

Hugh Tilson
Is the recommendation on testing for ICF the same as for adult care homes.

Dave Richard
I know Evelyn might be more to that but I think the way we've seen it is all, so nursing homes in one one tranche, but all other long term care facilities in another but all at the same recommendation if there is a case that is reported positive. I think that's correct. Right. Yes.

Hugh Tilson
And a couple questions about turnaround time and practicality so how can you test staff weekly when the test results are taking nine to 10 days for return.

Evelyn Cook
Susan it I don't know if you want to comment on that, that, you know, that's a very legitimate question and testing. The primary purpose in testing is to be able to guide your actions your infection prevention actions and activity, and a turnaround time, such as that is really not sufficient to help you make those decisions and determination. And unfortunately, it is one of the difficulties that we're facing right now. So I don't really have a good answer for that is not ideal is not what we would want to have happen. But I don't know if Susan or Amanda has additional comments about that.

Dr. Susan Kansagra
Yeah, sure. Thanks, Evelyn. And I think you said that perfectly and I think we are seeing generally in the southeast testing times going up in the southern part of the United States just due to increased testing that is happening in our entire region. And so we are monitoring that for the initiative that we are specifically doing through CVS testing for that initial baseline testing we are also monitoring those turnaround times as well, they are you know at this point, shorter we're seeing more on the three to four day mark for that we're going to be closely looking at that as well and I think that is something that we need to balance as we go forward.

Hugh Tilson
We got a follow up comment what's the fastest way to test employees in North Carolina, CVS can take up to seven to 10 days to get results I think you're seeing improved performance maybe as a response to that.

Dr. Susan Kansagra
Well I think maybe they are talking about CVS like maybe perhaps sending their staff to a CVS minuteclinic or something like that the initiative that we have with CVS is using a separate laboratory then perhaps their, if you think about their normal day to day for North Carolina so. So anyway I think maybe that is what is being referred to. But the other thing I would encourage people to do is, is, every administrator to the facility recently probably about a week or 10 days ago got an email with the updated guidance as well as an updated list of lab vendors for North Carolina, that we have contacted, and our understanding and again it changes rapidly so it could be different now but a list of lab vendors

throughout the state. Encouraged for additional testing needs again the CVS initiative is available for that baseline testing but, as there are additional needs would encourage facilities to go ahead and reach out and make contact with some of these vendors, some of which do have capacity and we are trying to identify those.

Hugh Tilson
What should a facility do when a testing site refuses to test residents weekly when they're in an outbreak.

Dr. Susan Kansagra
I don't know what what testing site means obviously right if there is an outbreak everybody should be tested. And the recommendation, there would be to work with either a, you know, private vendor to come in to help support that testing your local health department to coordinate with them they might be able to support testing sometimes have FQHCs are coming in to support that testing, I don't know, in this case if you're referring to you perhaps the residents, or staff or going to a testing site and they are, and are being turned away I would, you know, please share that with us, or you know encourage that testing site if you look on our website there is guidance as as anybody in contact with long term care should be tested and that is part of the statewide testing criteria so they should not be turned away.

Hugh Tilson
The question about back to work, and there's guidance and work in that guidance be found.

Evelyn Cook
So July the 17th CDC did update their guidance on the criteria for return to work with healthcare personnel known to be infected with COVID-19, that guidance can be found at their website and I included that website on the slide, a few slides ago. So just that if you just go to CDC website and Google guidance on return to work for healthcare personnel that guidance document will will be there for you.

Hugh Tilson
Great, thank you. Also got a request to summarize the latest guidance from CDC on the duration of isolation precautions for adults with COVID-19, that came out yesterday. That might be a really long conversation but can you give us the highlights of that.

Evelyn Cook
Sure and we did we get address that just a little bit ago so the main changes are that prior to this updated guidance, there were two strategies for relieving isolation precautions from an individual one was a test based strategy, and one was a symptom based strategy But CDC in their guided guidance is no longer recommending test based strategy for removing or discontinuing isolation precautions. They are saying that precautions can be discontinued 10 days after the symptom onset, if they're symptomatic, along with resolution of fever for at least 24 hours. It used to be 72 and now it's 24, without the use of any fever reducing medications, as well as an improvement in their symptoms. For those patients or residents that were not symptomatic, but did have a positive COVID PCR testing diagnostic test, then it's 10 day after the date of their first positive test.

Hugh Tilson
Thank you, Evelyn couple more kind of related questions. One was who do we contact to let you know that we were turned away from a testing site. Is there somebody that they ought to call the testing doesn't work out the way it's supposed to. Oh, go ahead, Susan.

Dr. Susan Kansagra
I was gonna say well I just see that in the chat box and I'll respond now to that. Okay.

Hugh Tilson
Related to that Susan as a family care home I've never received an email regarding the CVS initiative where can I find that information.

Dr. Susan Kansagra
I think I heard you say family care home right, so that CVS testing initiative is for skilled nursing facilities at this point.

Hugh Tilson
Right. And there's another one says we have not heard from CVS yet. One of those calls come so if you're not a skilled nursing facility, you won't get those calls correct. If they are a skilled nursing facility and they haven't gotten the call is there something they should do.

Dr. Susan Kansagra
Yes, I think they're good. Okay, I'll respond to that I'll find out the name of the center and reach out.

Hugh Tilson
Got a question about defining isolation quarantine and observation and what are the PPE requirements for each. I don't know if that's something we can do or like an infographic might be helpful but is that an easy thing to answer Evelyn.

Evelyn Cook
I'll just give a real short version of that isolation, indicates that the individual is or highly suspected of being infected and quarantine or observation is when they, they may have an exposure unknown exposure and you just want to observe them, to see if they develop symptoms related to COVID, the recommendations for PPE worn for those groups of individuals are the same all PPE should be worn for both your COVID positive residence as well as your residents in quarantine or observation.

Hugh Tilson
Got a question that says a patient displays reports covid symptoms but test negative. How long should they be in quarantine in a group home setting.

Evelyn Cook
So I'll take the first stab at that and others can join, and if they are symptomatic we do know that some individuals may have false negative testing. So if they are symptomatic, I would highly suggest that you consult with, you know, an infection prevention expert or you're some sort of clinical staff member in trying to decide if quarantine or isolation is still warranted in that case, if they are symptomatic, and no other definitive diagnosis can be made that might account for those symptoms.

Hugh Tilson
Are facilities required to pay for the weekly tests or will there be funding, and lots of versions of that question.

Dr. Susan Kansagra

I can help with that you know through our through the CVS initiative for skilled nursing facilities there, that they are attempting to bill when able to insurance, and then anything that's not covered by insurance the state will cover for ongoing weekly testing you know we're looking at opportunities there for skilled nursing facilities. There also we are hearing that the federal government might be providing additional funding and testing supplies directly to facilities as well. The other thing that we've done on our end as Dave mentioned is worked on Medicaid rate adjustments to provide additional funding to facilities to help with some of those costs. And again, we know that there are you know a number of costs, not just testing and so we're continuing to look at how we can support some of those things that are available, we would recommend that facilities, do that. That testing that serial testing.

Hugh Tilson
What's the guidance for residents or staff the travel interactive state and then returned to a group home.

Evelyn Cook
I'll take the first stab at that one. So, you know, there are states and areas that are requiring quarantine if you have been in another state. So I think you really need to look at that is the whether there's any quarantine restrictions if they're traveling from a state that has really high, high incidence or prevalence of COVID-19 to make that determination in whether they need to be placed on observation before returning to work. In addition to obviously the screening and the self monitoring for any signs and or symptoms of COVID-19.

Hugh Tilson
Would they be on quarantine since they don't. Since the facility may not know where they have been or whether they were wearing face coverings.

Evelyn Cook
You know that's that's a that's a really difficult question and I know it's difficult to monitor your employees when they're not in the, in the facility and I think you just have to have an open dialogue with them and try to get the best history you can about about their travel history. In addition to whether they've been following the recommendations regarding face covering.

Hugh Tilson
How would you handle testing staff of a unit that shares staff with an acute care unit. The staff rotate there's no designated staff that work in the skilled nursing unit, should all staff be tested for the recommended sniff test guidelines.

Dr. Susan Kansagra
That's a really good question and one that there's not, you know, clear, CDC guidance that I've seen on the recommendation for staff that do work in skilled nursing is right to test bi weekly maybe even weekly now is what we're seeing from CMS. And so I think to the extent that you can continue to identify, or, you know, create schedules, such that, which I know is difficult, that you are able to, you know, know who those staff are or have them you know, working in the setting would make that testing recommendation, easier. At this point, I don't think there was recommendations around routine testing for acute care workers that I'm aware of that remain. Evelyn, I don't worry if you're aware of that.

Evelyn

No and I agree and you know that there is a recommendation to the degree possible to try not to, you know, to try to have dedicated staff that if that's not not possible.

Hugh Tilson
I guess one last question then I'll turn back over. Is there been any discussion regarding Long Term Care Ombudsman entry re entry.

Dave Richard
I don't think we have anyone on from DAS right now but we can probably follow up with that question.

Hugh Tilson
We got questions for access to these slides. Just as a reminder, they'll be on the NC AHEC website that's www.ncahec.net and Nevin let's see if we can get them up as soon as possible, they'll certainly be up by tomorrow, along with a recording. Also wanted to let you also know that we'll forward all these questions over so they can help us with future presentations, as well as additional guidance, as we figure out how to respond to those issues that have been raised. Do apologize we weren't able to get to all of the questions. Before we say goodbye Susan any final comments or anybody else any final comments.

Dr. Susan Kansagra
Thank you again for hosting thanks to all of those on the call. We know you're working really hard on the front lines we appreciate everything you're doing, and we'll continue to kind of look through questions and try to adjust our content to meet your needs as we go forward, thanks.

Hugh Tilson
Thank you, everybody. Take care.