

Following is the Q&A section from the HCAM/MCAL member webinar on March 9 with Larry Horvath, Director of the Bureau of Health Systems of LARA and Brenda Brennan, HAI Coordinator/SHARP Unit Manager for MDHHS.

We train CNAs at our local long term care facilities. What effect will this situation have?

It is recommended that on-site training continue on, but if there is any concern, reach out to LARA directly and they will work to help accommodate anyway they can. The hands on experience is so needed – the training during high vigilance periods would be very good.

What should we do with employees who are going on vacations that have confirmed cases in that area?

People could travel at their own risk, be very careful and monitor when they come back. If they are going to a level 2 or higher area, keep the local health department notified. Establish your own internal travel policies.

What is MDCH doing to ensure that individual counties have adequate emergency PPE supplies for SNF's?

There is guidance on using N95 past their expiration or extending use.

There's alternate options/strategies as well on CDC site.

If there's no respirators left, what can you do? Prioritize healthcare workers who might be more susceptible or excluding those at more risk.

Down the road, utilizing workers who have recovered from the illness to treat those currently dealing with the illness.

Regional healthcare coalitions are maintaining supplies and prioritizing the needs in the community. Surveyors are not to be prioritized above direct care workers for use of PPE.

What is the recommendation if we know family members are flying in from out of state to visit and want to take family member out of facility on Leave of Absence?

Stay aware of what the surrounding communities are experiencing. Keep local, state, national guidances in mind. Check state and CDC websites. If there are no confirmed cases in the area, use your best judgement.

Do we need to maintain a log of visitors temps and questionnaires?

The current recommendation is not to take temps of every visitor. But you should do active screening – doesn't need to be a nurse – but need to have a list of questions for visitors to see if they have had travel in an area that's been affected or if they have any symptoms before allowing them into the building.

If we don't have AIIR (Airborne Infection Isolation Rooms) or negative airflow rooms is there any point in obtaining or utilizing N95 masks?

Providers should be following CDC guidelines for droplet and/or contact precautions.

Some patients may have residual symptoms such as coughing after hospitalization, as facility we still have to be proactive of placing resident for isolation until the residual symptoms completely subsides?

According to CDC, two pairs of negative swabs taken greater than 24 hours apart before being removed from isolation

Are you recommending cancelling larger on-site events to the communities, i.e. on-site marketing events, professional educational seminars, dinners, etc.

COVID-19 is predominantly presenting as a cold for most individuals. However, for the population we care for the virus can be severe and life threatening. Assess what risk you might be posing to the residents in your community and whether or not it's worth the risk. There's not going to be a hard and fast rule federally on what to do here. Just take everything into account and evaluate on a case by case basis.

What is the interim survey process during this time?

The department will focus on IJ, statutorily required, initial certification surveys, revisits as needed and survey for those with history of infection control citations. There will be a reduction in onsite survey team presence. Still report facility reported incidents as required – the department will triage and respond as needed with guidance from CMS.

Is the state considering canceling or changing JPST to virtual?

Looking at potential to cancel and alternative methods to maybe make some available during a webinar or something. The announcement will come sometime in the next week or so.

Are there any recommendations of what we can or should include into FRI reviews to help with desk reviews at this time?

Keep in mind what LARA is looking for – anything with IJ or infection control. Include “this FRI does not appear to have any IJ or IC risk” at the beginning of the narrative to help LARA triage.

So, if a facility is awaiting a revisit for an annual survey, will a desk review be considered?

Yes, desk reviews are being highly encouraged. Even without this current situation the department is trying to promote desk reviews.

If a facility needs to contact Larry's office do we start with our survey manager?

Reach out to survey manager or licensing consultant – alert them this is specific to COVID-19. They are aware to escalate to Lansing office immediately

Do you anticipate that same reduction in surveys with regards to the AFC and HFA?

There is no change at this time.

Encourage them to visit emergency preparedness plan.

Take stock of necessary protective gear for staff.

Reach out immediately to appropriate health care practitioner if anyone exhibits any symptoms.

At what point do we suspect COVID 19 instead of influenza? Do we test for both or flu first?

If they have had exposure or contact with someone with travel they should be tested. If unsure, call the local health department.

Is a case of COVID-19 a reportable incident (FRI) or just report to the local health department?

It is not considered a FRI. Report it to local health department and they should be included in coordinating testing.

Are Special Focus Facilities affected by survey priority?

CMS reported that SFF will be surveyed at the usual SFF schedule.

Should there be any restrictions on pet visits?

Click [HERE](#) for interim guidance from CDC.