

from MDH Epidemiology to everyone: 12:19 PM

Good afternoon everyone! Thank you for joining the webinar. For anyone calling in, please ensure your phones and computers are on mute. You may post any questions or comments you have in the chat box.

from wmacie to everyone: 12:25 PM

Can you please clarify when a case of COVID is defined as facility acquired for a new admission?

from ruthie to everyone: 12:36 PM

It may get answered in the FAQ, but if not, can you clarify if the 60 day PPE supply is for usage based on routine PPE usage vs. outbreak usage?

from ruthie to everyone: 12:37 PM

If not answered in FAQ, can you confirm again regarding use of face shields/goggles and whether or not they are recommended OR required for use at all times (if no active outbreaks)

from Lance Burgess to everyone: 12:38 PM

The 60-day PPE supply rate is for your facility's current usage.

from enrh34 to everyone: 12:38 PM

What exactly does the PPE supply require? N95, surgical mask, gowns, eye protection, gloves?

from nursdir to everyone: 12:39 PM

Has anyone looked at the fact that the lower numbers of cases are occurring in countries where hydroxychloroquine is used and has been used for Malaria prevention??? Coincidence? doubtful. Why are we not allowing use of this drug in the USA? There are many anecdotal studies of MDs in the US who have treated with this with GOOD outcomes. Why are we not trying this? What about a prophylaxis study using hydroxychloroquine?

from andrea dwyer to everyone: 12:40 PM

How many documented cases of positive covid have been associated with fomites?

from Maria Darby to everyone: 12:40 PM

I know you are sharing MD #'s and trends but what are the nursing home numbers and trends in Maryland?

from cmcchesney to everyone: 12:41 PM

We are continuing to test our staff weekly, but have gotten information from insurance companies that they will not continue to pay for surveillance testing. Our facility cannot absorb these costs so what does MDH and CMS propose we do?

from Hope Nevins to everyone: 12:41 PM

Can you please explain the phased approach to re-opening the nursing homes. I thought this was done away with? Please give a general view.

from asstdir to everyone: 12:41 PM

if someone has "probably covid 19 on death cert. is that a confirmed for statistics? the reason i ask is we had a resident pass in the hospital and the dr. wrote probable cardiac arrest and the resident was NOT tested for covid because he passed within 30 minutes of getting to the hospital, but the family told us the death cert. stated probable covid 19. this resident also had a recent covid test which was negative.

from Mo Pruzansky to everyone: 12:43 PM

Hi,

from Ethan Reynolds to everyone: 12:43 PM

Last week in the update it was stated that residents on the 14 day observation unit are not allowed to have visitation, but CMS contradicts this. Can you address?

from Grace Kuria to everyone: 12:43 PM

What is the recommended time for reusing an N95?

from jmarshall to everyone: 12:43 PM

Erllich will be updating restrictions to start again tomorrow Friday at 5pm

from Mo Pruzansky (privately): 12:44 PM

Hi, if we get a positive on an asymptomatic patient, and then get 2 negative results 24 hours apart, can we assume it was a false positive? Is it never possible to get a false positive?

from MDH Epidemiology to everyone: 12:44 PM

Hi, if we get a positive on an asymptomatic patient, and then get 2 negative results 24 hours apart, can we assume it was a false positive? Is it never possible to get a false positive?

from Mo Pruzansky to everyone: 12:44 PM

Hi, if we get a positive on an asymptomatic patient, and then get 2 negative results 24 hours apart, can we assume it was a false positive? Is it never possible to get a false positive?

from Chad Golden to everyone: 12:44 PM

Last I checked we rarely use anecdotal evidence to treat something so critical. Hydroxychloroquine has not proven effective in peer reviewed studies to the best of my knowledge...just saying.

from Melissa Mansfield to everyone: 12:44 PM

Can you please clarify the current guidance regarding patients on Observation Units participating in therapy? Are they able to leave their rooms to participate in therapy?

from Lance Burgess to everyone: 12:45 PM

PPE includes: facemasks/face shields, gloves, gowns, respirators (e.g. N95), and hand sanitizer.

from andrea dwyer to everyone: 12:45 PM

Does the "pending vaccine" actually prevent getting Covid or does it ONLY eliminate symptoms of Covid?

from John M Mangione to everyone: 12:45 PM

Can you give an example using specific dates on testing when a positive test is found

from Regina Figueroa to everyone: 12:47 PM

What happens when a lab gives us inaccurate or a false positive after confirmation? Should a facility still be penalized if it is proven to be wrong results.

from Hope Nevins to everyone: 12:48 PM

Please clarify on outdoor visitations. Are facilities permitted to have outdoor visits during an outbreak? What are your recommendations and guidance for window visits. When should they occur?

from Barbara Sweeney to everyone: 12:49 PM

If we have staff members that are prn but not tested weekly will the facility be penalized for this as it is a recommendation to do weekly?

from jtrowell to everyone: 12:49 PM

Ambulance transporters from private companies are refusing to have the point of care testing done. They are bringing patients either back from appointments or from the hospital. They claim their companies have not been notified by CMS and are refusing testing.

from Amie Denayer to everyone: 12:51 PM

Can you recommend/ask MD Dept of Health to provide guidance for residents leaving the facility to go home with families over holidays? While we do have an internal facility policy, it would be immensely helpful to have the "voice of the state" behind the policy.

from Mo Pruzansky (privately): 12:51 PM

Are facilities responsible to perform their own contact tracing and send home everyone who may have been in contact with a Covid positive? What if we need the staff?

from MDH Epidemiology to everyone: 12:51 PM

Are facilities responsible to perform their own contact tracing and send home everyone who may have been in contact with a Covid positive? What if we need the staff?

from Jim Thompson to everyone: 12:52 PM

Considering the potential for false positive results, is it wise to stop testing for 90 days after a positive result?

from Tim Davis to everyone: 12:56 PM

Is it acceptable if the stockpile of PPE is stored "off-site". Space will be an issue for some.

from Lance Burgess to everyone: 12:56 PM

Current guidance allows for "off-site" storage of 60-day supply of PPE.

from Regina Figueroa to everyone: 12:57 PM

Not rare anymore false positives are happening often

from Mary to everyone: 1:01 PM

Can we get clarification on the usage of jack & jill bathrooms for residents under 14 day observation?

from rking to everyone: 1:03 PM

Case ex. A resident tests negative. with PCR. A week later the asymptomatic resident tests positive with PCR. Two days in a row we do NP PCR swabs and both are negative. How in the world could she lose the viral load in 3 days. So now we aren't going to test her for 3 months when we feel it's a false positive. These poor residents are dying from loneliness and depression from all these false positives keeping us from allowing inside visits, dining, etc.

from ruthie to everyone: 1:03 PM

I heard of a nearby facility using testing in lieu of the 14 day observation/quarantine for new residents. They only require the observation until they got their negative result. Did I miss a change in requirements?? I thought 14 day initial quarantine for new residents was mandatory regardless of testing.

from Mary to everyone: 1:03 PM

Obviously social distancing is needed for visitation. For residents with behaviors or severe hearing impairment where assisted devices doesn't help- can the visitor and resident be closer (or even hold hands) if wearing full PPE including gown and gloves

from Peggy Pass to everyone: 1:06 PM

Can the contact time for COVID-19 be longer than the overall contact time?

from Rachelle Ayers to everyone: 1:09 PM

Why is TAT saying things that are different than regulations and this call?

from andrea dwyer (privately): 1:09 PM

I am sorry who is speaking?

from MDH Epidemiology to everyone: 1:10 PM

I am sorry who is speaking? - Lance Burgess who is with the technical assistance teams

from MDH Epidemiology to everyone: 1:10 PM

[lance.burgess@maryland.gov](mailto:lance.burgess@maryland.gov) or [eric.shope@maryland.gov](mailto:eric.shope@maryland.gov)

from lisa stone to everyone: 1:10 PM

Are there any thoughts about a positivity rate for nursing homes- and removing 1 case as an outbreak - 1 positive employee at our facility

from lisa stone to everyone: 1:10 PM

equates to a positivity rate of .002

from aodonnell to everyone: 1:11 PM

We were told by the technical Team that we should post Droplet precautions or contact precautions, in addition to Under Observation or PUI for anyone on isolation. Is this true?

from Phyllis Eiring to everyone: 1:12 PM

I am unable to submit my information to obtain Level 3 access. I have not heard back from NHSN. What do you suggest?

from lisa stone to everyone: 1:12 PM

Having a positivity rate for nursing homes similar to the county i.e. < 5 % can continue with admissions/visitors ect.

from Mo Pruzansky (privately): 1:12 PM

Are we supposed to conduct our own contact tracing and send lots of employees home when exposed?

from MDH Epidemiology to everyone: 1:13 PM

Are we supposed to conduct our own contact tracing and send lots of employees home when exposed?

from LaToya Brown to everyone: 1:13 PM

The email survey that was sent out by Lance and/or Eric, was it only for Skilled nursing or Assisted living administrators as well?

from Shavonne Brooks-Lindsay to everyone: 1:14 PM

Hello can you clarify for mask. News reported new updates this am that surgical mask does not provide

from Shavonne Brooks-Lindsay to everyone: 1:15 PM

continuation to question news reported that they are not recommending surgical mask in protection against COVID 19

from AlcantarP to everyone: 1:17 PM

Have we done any prevalence studies with regards to COVID positive patients and whether they had flu vaccine in previous year? or consistently in the past?

from Jim Thompson to everyone: 1:18 PM

Does the CDC know hydroxychloroquine isn't being used for malaria any longer?<https://www.cdc.gov/malaria/resources/pdf/fsp/drugs/Hydroxychloroquine.pdf>

from Layg to everyone: 1:19 PM

One of the challenges continues to be in community where people are not working in nursing homes and therefore are not regularly tested if tested at all to work in food, retail, etc. many times as we know people are asymptomatic with COVID therefore transmission risk can be high.

from Aaron to everyone: 1:22 PM

Are patients on observation allowed to leave the building for non-emergent procedures/ follow-ups during initial 14 days

from John M Mangione to everyone: 1:24 PM

When should resident room doors be closed?

from LaToya Brown to everyone: 1:28 PM

If we are not in outbreak status, can we resume resident council in small groups no more than 10 residents and with at least 6 feet apart with appropriate PPE?

from Aaron to everyone: 1:28 PM

does daily website posting satisfy requirement of notifying residents/ family of covid outbreaks by 5 p.m. next day

from rking to everyone: 1:29 PM

Not testing a potential false positive for 3 months seems more of a risk. We had a false positive employee in the past and was allowed to claim it as a false positive and have continued to retest weekly and she never tested positive, even with NP PCR testing.

from andrea dwyer to everyone: 1:32 PM

yes we are

from amarquis to everyone: 1:35 PM

Can you clarify, if we have an outbreak of one person and we start resident testing, do residents that have already had the virus have to be tested?

from jtrowell to everyone: 1:36 PM

This is not EMS personnell. Just transporters who are considered as "staff"

from Tim Davis to everyone: 1:38 PM

MDH needs to make a clarification that Transportation Personnell must meet testing requirements at same frequency as SNFs.

from Grace Kuria to everyone: 1:41 PM

How do we maintain infection control for residences who can not be quarantined for 14 days due to cognitive issues.

from lisa stone to everyone: 1:41 PM

If an antibody test Igm and IgG are negative but resident tests positive -would this test be considered negative despite a positive test

from rperlmutter to everyone: 1:42 PM

[https://www.cdc.gov/malaria/travelers/country\\_table/d.html](https://www.cdc.gov/malaria/travelers/country_table/d.html)

from Therese Gayhardt to everyone: 1:44 PM

We are experiences a lot of false positives in the POC testing.

from CHarrington to everyone: 1:44 PM

Assisted living do not need to clean high touch areas on each shift -- per MDH 7/24/20 it is as needed --- we do clean 8am-4pm and 2am -- but there is not regulation for assisted living on each shift -- that is nursing home

from John M Mangione to everyone: 1:44 PM

<https://www.baltimoresun.com/coronavirus/bs-md-korea-tests-dropped-20200918-cn2kdo7do5go3m74tzz7as3u-story.html>

from lisa stone to everyone: 1:44 PM

if one lab tests a resident/employee positive and the next day they test with another lab and they are negative - this questions the validity of PCR test

from Maria Darby to everyone: 1:44 PM

Any further discussion about changing the definition of an outbreak being % rather than 1 case? One case keeps families from seeing their resident so this is a big issue.

from Regina Figueroa to everyone: 1:45 PM

There is more errors from the lab. There was an issue wit Univ of Mary.and Lab. Also due to the performance for covid results, it will negatively affect the snfs.

from Maria Darby to everyone: 1:45 PM

Meaning i case shuts a whole campus down, eliminating visits for all families.