

October 07, 2021 Updates to the Safe Start: LTC COVID Response Plan.

1. **The information contained in this Safe Start: Long Term Care (LTC) COVID Response Plan is independent of any other Washington State plan.**
2. Facilities and homes are required to follow this Safe Start: LTC COVID Response Plan.
3. The impact of COVID-19 vaccines on community transmission rates may allow for future changes to the recommendations and requirements in the Safe Start: LTC COVID Response Plan.

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Introduction

Safe Start: LTC COVID Response Plan Recommendations and Requirements

The Department of Social and Health Services (DSHS) and the Department of Health (DOH) are presenting the updated safe start plan for licensed and certified long-term care facilities and agencies. Given the critical importance of limiting COVID-19 exposure in long-term care residential care settings and Certified Community Residential Services and Supports (Contracted Service Providers, Certified State-Operated Living Alternatives or SOLA Programs, Group Homes or Group Training Homes) decisions on relaxing restrictions are made:

- With careful review of various unique aspects of the different settings and communities in which they reside;
- In alignment with the Governor's Proclamations; and
- In collaboration with state and local health officials.

This approach will help keep residents and clients healthy and safe.

Because the pandemic is affecting communities in different ways, DSHS, DOH and the Governor's Office should regularly monitor the factors for the Safe Start for LTC and adjust the Washington plans accordingly.

Residential Care Setting and CCRSS Provider Safe Start Requirements

1. *Follow the Centers of Disease Control and Prevention (CDC), Department of Health (DOH), and local health jurisdictions' (LHJs) (when applicable) infection control guidelines to slow COVID-19 spread.*
2. *Cooperate with the local health officer or his/her designee in the conduct of an outbreak investigation, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of residents and clients.*
3. *Follow this DSHS and DOH Safe Start: LTC COVID Response Plan. This document is guidance for LTC and is not included in any other Washington State plan.*
4. *Individual facility types have state statute or rules that requires a facility to impose actions to protect the residents/clients by activating their infection control plan.*
5. *The LHJ or DOH have the authority to institute infection prevention and control measures in response to any infectious disease and/or COVID-19 outbreak. The LHJ and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures and, pursuant to WAC 246-101-305, LTCs are obligated to cooperate with these investigations. Please refer to the DOH [definition of an outbreak in a LTC facility: Interim COVID-19 Outbreak Definition for Healthcare Settings](#)*

All Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must be prepared for an outbreak and must make assurances they have:

1. Access to adequate testing: The Contracted Service provider, certified SOLA program, Group Home or Group Training Home must maintain access to COVID-19 testing for all resident/clients and staff.
 - a. Aiming for fast turnaround times, ideally less than 48 hours,
 - b. Testing all resident/clients with signs and symptoms of COVID-19 or has exposures,
 - c. Working with local and state public health to coordinate repeat and outbreak testing and following [DOH LTC Facility Testing for Staff and Residents](#),

- d. Capacity to conduct ongoing, serial testing of resident/clients and staff according to federal, state and local guidance;
 - e. Testing includes point of care antigen testing and PCR lab testing.
2. A response plan outlining cohorting and other infection control measures;
 3. A plan to screen all staff following the symptom screening strategies that can be found here: [Infection Control Guidance | CDC](#) and to screen all visitors using the [DOH Supplemental Guidance for Long-term Care Facility Visitors](#).
 4. Dedicated space for cohorting and managing care for resident/clients with COVID-19 or if unable to cohort resident/clients, have a plan which may include transferring a person to another care setting;
 5. A plan in place to care for resident/clients with COVID-19, including identification and isolation of resident/clients. The Contracted Service provider, certified SOLA program, Group Home or Group Training Home plan describing the identification, care and isolation of residents or clients may be requested by DSHS, DOH or the LHJs to conduct an outbreak investigation. Technical assistance for development of these plans can be received from LHJs.
 6. Protected and promoted resident and client rights while following standards of infection control practices including when a resident or a client requires quarantine or isolation due to individual disease status or an outbreak in a residential facility or client home.

Core Principles of Safe Start and COVID-19

These core principles are consistent with the [Centers for Disease Control and Prevention \(CDC\) guidance for healthcare settings](#), and should be adhered to at all times. Additionally, visitation should be person-centered, consider the resident/clients' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains). Also, providers should enable visits to be conducted with an adequate degree of privacy whenever possible. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. While taking into consideration the visitation guidance for compassionate care (and the Essential Support Person in the group home setting), contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes may restrict or limit visitation due to facility/home COVID-19 status, a resident's COVID-19 status, visitor symptoms, or visitor lack of adherence to proper infection control practices. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the guidance outlined below:

Personal Protective Equipment (PPE)

Contracted Service Providers, certified SOLA programs, Group Homes or Group Training Homes will ensure all persons entering the building use the appropriate source control or PPE in accordance with [DOH source control guidance](#) and in accordance with the [Washington State Face Covering Requirement](#) (where applicable). Contracted Service Providers, certified SOLA programs, Group Home and Group Training Homes have the flexibility to safely manage visitation and may deny a visitor access if they are unwilling to wear appropriate PPE. If the visitor is denied access, they will be given the [Developmental Disability](#)

[Ombuds](#) contact information, as well as the [Regional Long-Term Care Ombuds](#) information if appropriate to the situation. They will also be provided the Local Health Jurisdiction contact information. They must also be given information regarding the steps they can take to resume the visits, such as agreeing to comply with infection control practices and Washington Safe Start Guidelines.

For additional guidance, refer to DOH PPE chart located at [Personal Protective Equipment \(PPE\) for Long-Term Care Settings during COVID-19 Pandemic](#) and [CDC PPE optimization strategies](#)

Infection Prevention

Infection prevention should entail the following basic concepts, at a minimum:

- Screening of all who enter the home for signs and symptoms of COVID-19 and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose), and use of eye protection if appropriate
- Social distancing at least six feet between persons
- Cleaning and disinfecting high frequency touched surfaces in the home, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of resident/clients (e.g., separate areas dedicated COVID-19 care) if possible

Federal and State Disability Laws

Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). For example, if a resident/client requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the provider, program and home must allow the individual entry into the resident/client's home to interpret or facilitate, with some exceptions. This would not preclude the Contracted Service Provider, certified SOLA program, Group Homes or Group Training Homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Medically Necessary Providers, Service and Health Care Workers Principles

Health care workers who are not employees of the Certified Service Providers, certified SOLA programs, Group Homes or Group Training Homes but provide direct care to the resident/clients, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the resident/client’s home as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after a screening process. We note that EMS personnel do not need to be screened so they can attend to an emergency without delay. We remind providers, programs and homes that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements

Section I – Safe Start Guidance for Contracted Service Providers, Certified SOLA Programs, Group Homes and Group Training Homes

Consideration	Recommendations and Requirements for: <ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services 	Recommendations and Requirements for: <ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service
Visitation	<i>See Section II</i>	<i>See Section II</i>
<u>Essential/Non-Essential Personnel</u>	<ul style="list-style-type: none"> • Beginning October 18, 2021, Washington State Governor Proclamation <u>21-14</u>, mandates that all persons who provide services in the building must be fully vaccinated before working in a health care setting and all state employees must be fully vaccinated, with some exceptions related to religious or medical exemptions. Information regarding the proclamation can be found: 	<ul style="list-style-type: none"> • Beginning October 18, 2021, Washington State Governor Proclamation <u>21-14</u>, mandates that all health care providers must be fully vaccinated before working in a health care setting, with some exceptions related to religious or medical exemptions. Information regarding the proclamation can be found:

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services <ul style="list-style-type: none"> ○ COVID-19 Vaccination Requirement For Health Care Providers, Workers, and Settings FAQ ○ Provider letter regarding Vaccine Proclamation <ul style="list-style-type: none"> • All essential healthcare personnel, including healthcare personnel outlined in Dear CCRSS Provider – ALTSA: CCRSS #2020-005 are allowed into the facility/home at all times. • All non-healthcare personnel are allowed in the building if the facility/home is not in outbreak status. If the facility/home has cohorted COVID positive client/residents to one unit and the rest of the building is open, the non-healthcare personnel may visit areas not in outbreak status. • Provider, facility, or home will make sure all personnel participate in screening upon entry and additional precautions are taken, including hand hygiene, wear appropriate PPE as needed or as determined by the task; and at a minimum wearing a face mask for the duration of their visit. • The Beautician/Barber/Nail Technician must have a designated space. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service <ul style="list-style-type: none"> ○ COVID-19 Vaccination Requirement For Health Care Providers, Workers, and Settings FAQ ○ Provider letter regarding Vaccine Proclamation <ul style="list-style-type: none"> • All essential healthcare personnel, including healthcare personnel outlined in Dear CCRSS Provider – ALTSA: CCRSS #2020-005 are allowed into the facility/home at all times. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. • The service provider will educate client(s) or their representative about the importance of personnel participating in screening upon entry into their home and the importance of personnel taking additional precautions, including hand hygiene, wearing appropriate PPE as needed; and at a minimum wearing source control for the duration of their visit. The direct support staff will advocate for the client(s) by assuring personnel are following these guidelines during times the service provider staff is in the home, and the direct support staff will educate the client(s) or their representative on ways to advocate for themselves when the service provider staff are not in the home.

Consideration	Recommendations and Requirements for: <ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services 	Recommendations and Requirements for: <ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service
		<ul style="list-style-type: none"> • The service provider will discuss with the client(s) or the client representative the risks and benefits of allowing non-healthcare personnel into the home
Offsite Visits	<p>Telemedicine is encouraged when available.</p> <p>For offsite trips away from the resident/client’s home:</p> <ul style="list-style-type: none"> • The resident/client must be encouraged to follow the Washington State Face Covering Requirement and wear a cloth face covering or facemask when the trip will involve entering spaces where source control is still required unless medically contraindicated. • For medical appointments, the provider or program or home, must share the resident/client’s COVID-19 status with the transportation service (if the home or service provider staff is not providing the transportation) and entity with whom the resident/client has the appointment. • Transportation staff, at a minimum, must wear source control. Additional PPE may be required. • Transportation equipment shall be sanitized between transports. • Clients/residents can make trips outside of the home/facility and into the community, including non-medically-related trips, to locations that are open to the public. However, clients/residents are 	<p>Telemedicine is encouraged when available.</p> <p>For offsite trips away from the home:</p> <ul style="list-style-type: none"> • The client must be encouraged to follow the Washington State Face Covering Requirement and wear a cloth face covering or facemask when the trip will involve entering spaces where source control is still required unless medically contraindicated. • For medical appointments, the provider or program or home, must share the client’s COVID-19 status with the transportation service (if the home or service provider staff is not providing the transportation) and entity with whom the client has the appointment. • Transportation staff, at a minimum, must wear source control. Additional PPE may be required. • Transportation equipment shall be sanitized between transports. • Clients can make trips outside of the home/facility and into the community, including non-medically-related trips, to locations that are open to the public. However, clients are encouraged to limit or avoid trips where appropriate precautions are not being followed.

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<p>• Certified SOLA (Program),</p> <p>• Group Homes,</p> <p>• Group Training Homes.</p> <p>• Contracted Service Provider for any client receiving 24/7 services</p> <p>encouraged to limit or avoid trips where appropriate precautions are not being followed.</p> <ul style="list-style-type: none"> • Please see Dear Provider letter CCRSS 2020-019 for details regarding resident/clients leaving the home for non-medically necessary trips. <ul style="list-style-type: none"> ○ Provide an informational letter to Families and clients/residents outlining potential risks involved in community activities when residents/clients are preparing for an outing. Upon the resident/client return to the facility/home complete a risk assessment. Both the letter and the assessment can be found here: Risk Assessment Template to Assess COVID-19 Exposure Risk and letter to Resident/Clients and Families. ○ If the resident/client or family has already reviewed the risk letter for previous outings, it is not necessary to provide a new letter with each trip into the community unless the information has changed. 	<p>• Contracted Service Provider for any client(s)/homes receiving less than 24/7 service</p> <ul style="list-style-type: none"> • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients leaving the home for non-medically necessary trips. <ul style="list-style-type: none"> ○ Provide an informational letter to Families and clients/residents outlining potential risks involved in community activities when residents/clients are preparing for an outing (see next bullet for letter) ○ If the direct support staff are in the home when the client returns to the facility/home from an outing, the staff will complete a risk assessment upon the client return. If the staff were not in the home when the client returned, but become aware of a recent outing since their last visit to the home, the staff will complete the risk assessment during their next visit immediately following the resident/client outing. Both the letter and the assessment can be found here: Risk Assessment Template to Assess COVID-19 Exposure Risk and letter to Resident/Clients and Families. ○ If the resident/client or family has already reviewed the risk letter for previous outings, it is not necessary to provide a new letter with each trip into the

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	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service
Communal Dining	<ul style="list-style-type: none"> • Vaccinated and unvaccinated clients/residents with SARS-CoV-2 infection, or in isolation because of suspected COVID-19 must not participate in dining, until they have met criteria to discontinue Transmission-Based Precautions. • Vaccinated and unvaccinated clients/residents in quarantine must not participate in dining until they have met criteria for release from quarantine. • While adhering to the core principles of COVID-19 infection prevention, communal dining may occur. The facility/home must ensure that they continue to comply with Client Rights requirements. The facility/home must assure requirements outlined in the Personal Protective Equipment and Core Principles of Safe Start and COVID-19 sections are followed during communal dining. Residents can remove the source control when actively eating/drinking. • For clients/residents who require staff assistance with eating, staff must use appropriate hand hygiene between resident/clients and 	<p>community unless the information has changed.</p> <ul style="list-style-type: none"> • Discourage COVID-19 positive or suspected COVID-19 positive clients from eating meals with housemates. • Encourage clients to maintain good infection prevention strategies during meals, including social distancing, wearing a mask when not eating/drinking and persons from outside the household are present in the home, and appropriate hand hygiene • For clients who require staff assistance with eating, staff must use appropriate hand hygiene between clients and clients must be seated at least 6 feet apart. • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • Staff must continue to wear appropriate PPE regardless of vaccination status.

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service
Screening	<ul style="list-style-type: none"> • resident/clients must be seated at least 6 feet apart if they are unvaccinated. • Appropriate hand hygiene must occur for both resident/clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • Screening must continue as outlined below regardless of vaccination status • Screen resident/clients daily completing questionnaire potential exposure and signs and symptoms of COVID-19. • Screen all staff and visitors entering a resident/client’s home asking them for signs and symptoms and potential exposures. • Do not screen EMTs and law enforcement responding to an emergent call. • Maintain a screening log for 30 days. 	<ul style="list-style-type: none"> • Screening must continue as outlined below regardless of vaccination status • Screen clients daily, or during a provider’s in-person interaction with the client if the client is receiving less than 24 hours a day service, by following the questionnaire about signs and symptoms of COVID-19 and potential exposure,. • The direct support staff will assure all staff and visitors entering a client’s home are screened when the support staff are in the home with the client by asking them for signs of symptoms and potential exposure. The support staff will encourage the client to have visitors and others complete a screening during the times the direct support staff are not in the home. • Do not screen EMTs and law enforcement responding to an emergent call. • Maintain a screening log for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • The home/facility will assure guidance outlined in the Personal Protective Equipment (PPE) section are followed 	<ul style="list-style-type: none"> • All service provider staff and essential healthcare personnel must follow the guidance outlined in

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service
Cohorting & Dedicated Staff	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients/residents who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis) ○ Staff who work with multiple residents/clients and agencies by active screening, and asking for signs and symptoms ○ A resident/client who tests positive and has housemates in the home. 	<ul style="list-style-type: none"> • Follow the LHM guidelines for when a resident/client returns home from a hospital setting. • the Personal Protective Equipment (PPE) section of this document • The service provider staff should educate the clients about the importance of encouraging visitors to wear source control. When in the home the service provider staff will assure visitors are wearing source control. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel, non-essential personnel). • Follow the LHM guidelines for when a client returns home from a hospital setting.
Group Activities	<ul style="list-style-type: none"> • Vaccinated and unvaccinated clients/residents with COVID-19 infection, or in isolation because of 	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis) ○ Staff who work with multiple clients and agencies by active screening, and asking for signs and symptoms. ○ A client who tests positive and has housemates in the home. • Discourage COVID-19 positive or suspected COVID-19 positive clients from participating in group activities.

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<p data-bbox="611 120 1136 152">Recommendations and Requirements for:</p> <ul data-bbox="657 162 1241 331" style="list-style-type: none"> <li data-bbox="657 162 1052 191">• Certified SOLA (Program), <li data-bbox="657 196 890 225">• Group Homes, <li data-bbox="657 230 1010 259">• Group Training Homes. <li data-bbox="657 264 1241 331">• Contracted Service Provider for any client receiving 24/7 services <p data-bbox="703 337 1283 477">suspected COVID-19, must not participate in group activities until they have met criteria to discontinue Transmission-Based Precautions.</p> <ul data-bbox="657 482 1283 1307" style="list-style-type: none"> <li data-bbox="657 482 1283 662">• Vaccinated and unvaccinated clients/residents in quarantine must not participate in group activities until they have met criteria for release from quarantine. <li data-bbox="657 667 1283 1101">• While adhering to the core principles of COVID-19 infection prevention, communal activities may occur. The facility/home must ensure that they continue to comply with Client Rights requirements. The facility/home must assure requirements outlined in the Personal Protective Equipment and Core Principles of Safe Start and COVID-19 sections are followed during communal activities. Clients would be able to remove the source control when actively eating/drinking. <li data-bbox="657 1143 1283 1208">• Assist clients in engagement through technology to minimize opportunity for exposure. <li data-bbox="657 1245 1283 1307">• Assist clients in finding individual activities through virtual or remote means, where possible, 	<p data-bbox="1316 120 1986 224">Recommendations and Requirements for:</p> <ul data-bbox="1362 162 1986 224" style="list-style-type: none"> <li data-bbox="1362 162 1986 224">• Contracted Service Provider for any client(s)/homes receiving less than 24/7 service <ul data-bbox="1362 337 1986 902" style="list-style-type: none"> <li data-bbox="1362 337 1986 662">• While adhering to the core principles of COVID-19 infection prevention, communal activities may occur.. The staff must ensure that they continue to comply with client Rights requirements. The staff must assure requirements outlined in the Personal Protective Equipment and Core Principles of Safe Start and COVID-19 sections are followed during communal activities. <li data-bbox="1362 704 1986 769">• Assist clients in engagement through technology to minimize opportunity for exposure. <li data-bbox="1362 774 1986 902">• Assist client in finding individual activities through virtual or remote means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service
Testing/Contact Tracing	<p>that improve quality of life (e.g. church service, art classes, concerts, etc.).</p> <ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. DOH LTC Facility Testing for Staff and Residents • The facility, home, or provider must maintain access to COVID-19 testing for all clients/residents and staff at an established commercial laboratory. • If a case of COVID-19 is identified among a staff or resident/client, the provider or certified SOLA program should reach out to LHJ the same day of notification to support contact tracing efforts to identify potential exposures and appropriate next steps and scope of interventions. 	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. DOH LTC Facility Testing for Staff and Residents • The provider must maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory. • If a case of COVID-19 is identified among a staff or client, the provider should reach out to LHJ the same day of notification to support contact tracing efforts to identify potential exposures and appropriate next steps and scope of interventions.
Quarantine for clients new to service	<ul style="list-style-type: none"> • A home should utilize the Interim Guidance for Transferring Residents between Long-Term Care and other Healthcare Settings when making a determination if a newly admitted clients/resident would require a quarantine. This guidance takes into account the vaccination status of a client/resident, along with other mitigating factors. 	<ul style="list-style-type: none"> • A home should utilize the Interim Guidance for Transferring Residents between Long-Term Care and other Healthcare Settings when making a determination if a newly admitted client/resident would require a quarantine. This guidance takes into account the vaccination status of a client/resident, along with other mitigating factors.

Access to Client/Resident Right Advocates – DD Ombuds, LTC Ombuds (where applicable), and DRW Advocates

DD Ombuds and LTC Ombuds (where applicable)

State and federal laws govern the authority of DD ombuds and the LTC Ombuds access to facilities, residents/clients, and records, as well as the rights of residents/clients to access long-term care ombuds. The relevant laws govern visits by ombuds differently than visits from a client/resident’s family or friends. Facilities, homes, and agencies must allow immediate access to residents/clients by ombuds in the same manner that they must allow immediate access to residents/clients by representatives of the federal or state government. Licensed and certified long-term care providers must provide ombuds with private, unimpeded, and immediate access to facilities/homes and any resident/client. Residents/clients retain the right to provide, withhold, or withdraw consent to a visit from any individual.

Disability Rights Washington (DRW) Advocates – Protection & Advocacy System

State laws and rules for LTC providers outline the rights of residents/clients to have visitation with and access to the agency responsible for the protection and advocacy system for individuals with developmental disabilities as established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act and individuals with mental illness as established under the Protection and Advocacy for Individuals with Mental Illness Act. Protection and Advocacy (P&A) programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to “investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported or if there is probably cause to believe the incidents occurred.” 42 U.S.C. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.”

Infection Prevention Principles for All Resident/client Rights Advocates

During this public health emergency, in-person access between DD Ombuds, LTC Ombuds, and DRW advocates and residents/clients may be temporarily limited due to infection control concerns and/or transmission of COVID-19, such as the scenarios for limiting indoor visitation in specific circumstances. Note that these scenarios, while not exhaustive, are person-centered in that they pertain to the individualized circumstances of a given resident (e.g., confirmed COVID diagnosis, or in quarantine). In-person access may not be limited without reasonable cause.

All resident/client rights advocates should adhere to the core principles of COVID-19 infection prevention. If in-person access is not advisable, such as the advocate or the resident having signs or symptoms of COVID-19, facilities must, at a minimum, facilitate alternative resident communication with the advocate, such as by phone or through use of other technology

Providers will work with resident/client rights advocates to coordinate and identify private meeting space that meets infection controls standards if visitation in the client/resident’s room is not possible.

Facilities/homes should not request proof of vaccination from a resident/client rights advocates and ombuds prior to entering a facility or home. The current vaccination requirements pursuant to the governor's proclamation are applicable to the resident/client rights advocates and will be managed by those programs prior their entrance in a facility or home.

Section II – Visitation

All Contracted Service providers, certified SOLA programs, Group Homes and Group Training Homes are required to provide accommodations to allow access for visitation for all residents and clients even if visitation is not allowed in-person due to the COVID status of an individual or the household. Visitation should not be restricted without a reasonable clinical or safety cause. This access and accommodation may be by phone, remote video technology, window visits or outside visits, or some combination of access. Any equipment shared among clients and residents should be cleaned and disinfected between uses according to manufacturer guidelines.

In certain situations, vaccination status of a resident/client or a visitor may play a role in the visitation guidance. When vaccination is a factor in how visitation occurs, a person is considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine.

COVID-19 vaccines must be authorized for emergency use, licensed, or otherwise approved by the FDA or listed for emergency use or otherwise approved by the World Health Organization. If it has been less than 2 weeks since your final dose, or if you still need to get your second dose, you are NOT fully protected. Keep taking all prevention measures until you are fully vaccinated.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred *even when the client/resident and visitor are fully vaccinated against COVID-19*. Outdoor visits *generally* pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations or an individual client/resident's health status may hinder outdoor visits. For outdoor visits, facilities and homes should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to. [Outdoor Visitation Guidance for Long-term Care Settings](#)

Indoor Visitation

All Contracted Service providers, certified SOLA programs, Group Homes and Group Training Homes should allow indoor visitation for all clients/residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission. **Compassionate care visits should be permitted at all times**, including during the times outlined below when regular visitation is curtailed. Indoor visitation should be permitted for all clients/residents except as noted below:

- Visitation for unvaccinated clients/residents, if the home/facility COVID-19 county transmission rate is high and the vaccination rate of clients/residents in the facility/home is less than 70%
 - For Contracted Service Providers the positivity rate should first be applied according to the county where the client receives services
- Clients/residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue Transmission-Based Precautions; or
- Clients/residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

How do I determine visitation status for unvaccinated clients/residents?

To determine if unvaccinated residents are able to have visitors, follow the pathway below:

- 1) Is the home/facility in a county where the transmission rate is low, moderate, or substantial? Check [here](#) (Note – If the map is greyed out, click reset selections and wait a few seconds for the map to reset).

If yes, indoor visits may occur with core infection prevention principles in place.

If no, go to #2.

- 2) Is the client/resident vaccination rate in the home/facility greater than 70%?

(To determine vaccination rate – take number of clients/residents fully vaccinated and divide by total number of clients/residents in the home then multiply this number by 10. For example:

7 vaccinated client/residents divided by 10 total client/residents = 0.7

0.7 multiplied by 10 = 70% vaccination rate)

If yes, visitation may occur with core infection prevention principles in place.

If no to both, then indoor visits should be limited to compassion care visits for residents who are not fully vaccinated.

In setting up indoor visitation, the Contracted Service providers, certified SOLA programs, Group Homes and Group Training Homes need to consider the following:

- The facility/home must establish policies and procedures outlining how the number of visitors per client/resident at one time and the total number of visitors in the facility/home at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. The facility/home must also take into consideration work schedules of visitors and include allowances for evening and weekend visits
- The facility/home will post with the visitor log the requirements for visitation, as well as a notice it is a violation of the Governor's Proclamation for visitors to visit unvaccinated residents under certain circumstances.
- The Facility/home must establish policies and procedures around tours of the facility/home for the purpose of screening for prospective new clients/residents. The policies and procedures should include when tours will occur, screening process before entry of visitor(s) into the facility/home, movement about the facility/home during the tour, and adherence to core principles of infection prevention.
- If necessary, facilities/homes should consider scheduling visits for a specified length of time to help ensure all clients/residents are able to receive visitors. However, facilities should not put unreasonable time limits on visits for other reasons. Time limits should be applied only if needed to ensure that all residents can receive visitors.
- During indoor visitation, facilities/homes should limit visitor movement in the facility/home. For example, visitors should not walk around different halls of the facility/home. Rather, they should go directly to the client/resident's room or designated visitation area.
- Visitors must be actively upon using the [DOH Supplemental Guidance for Long-term Care Facility Visitors](#). Those with symptoms or recent exposure will be denied entry. For clients with less than 24 hour staff support, the support staff will screen visitors when staff are present in the home and will educate the clients about the importance of continuing the visitor screening when staff are not in the home.
- Visitors must sign in, including contact information, in a visitor's log. Visitors must acknowledge they have reviewed the notice about the Governor's Proclamation related to visitation of an unvaccinated client/resident under certain circumstances. For clients with less than 24 hour staff support the support staff will have visitors log in during the hours staff are in the home and the support staff will encourage clients to have visitors log in when staff are not present in the home. The log of visitors must be kept for 30 days.**
- Visits for client/residents who share a room should not be conducted in the client/resident's room, if possible. For situations where there is a roommate (shared bedroom) and the health status of the client/resident prevents leaving the room, facilities/homes should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention. Compassionate Care (and Essential Support Person) visits can occur in the resident room as long as the roommate agrees and all infection prevention principles are followed.
- Visitors and clients/residents should practice hand hygiene before and after the visitation.
- Visitors will need to follow the guidance found in the [Personal Protective Equipment](#) section

Indoor Visitation during an Outbreak

An outbreak exists when a new facility/home onset of COVID-19 occurs that meets the outbreak definition found here: [Interim COVID-19 Outbreak Definition for Healthcare Settings](#). This guidance is intended to describe how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 can be contained to a single area (e.g., unit) of the facility/home or the LHJ is able to assist with recommendations, dependent on the setting:

- When a new case of COVID-19 is identified and the facility/home meets the outbreak definition found in the [Interim COVID-19 Outbreak Definition for Healthcare Settings](#), a facility/home should immediately work with the LHJ to begin outbreak testing and suspend all visitation until at least one round of facility-wide testing is completed.
- Visitation can resume based on criteria determined through coordination between the facility/home and the LHJ.
- Compassionate care visits should be allowed **at all times** (for the Group home the Essential Support Person visits are allowed as well), for any client/resident (vaccinated or unvaccinated) regardless of outbreak status.
- Window visits and visits using technology are not restricted or prohibited. Facilities/homes will permit window visits depending on grounds safety, client/resident privacy and choice, and facility capacity, case mix, and staffing. Facilities/homes will also assist with the use of technology to support continued social engagement during an outbreak.
- In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

*Compassionate Care Visits:

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident or client, who was living with their family before recently being admitted to a facility/home and is struggling with the change in environment and lack of physical family support.
- A resident or client who is grieving the recent loss of a friend or family member.
- A resident or client who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident or client, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the client/resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s or client’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

At all times, visits should be conducted using social distancing and visitors will wear PPE appropriate to the situation. Visitors should coordinate visits with the provider, thus allowing the provider the ability to take the compassionate care visit into consideration when applying the facility policies and procedures for visitation during that period of time (i.e. how many people overall are in the building, how long visitors are in the building, how much PPE is required). If during a compassionate care visit, a visitor and facility/home identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities/homes should work with clients/residents, families, caregivers, client/resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

** Visitors Log

Visitor’s log information will include date, time in, name of visitor and their contact information, including phone number and email address if available.

ADDENDUM FOR GROUP HOMES ONLY

Essential Support Persons.

The Essential Support Person (ESP) is established to assist during times when limitations are placed on visitation due to a public health emergency or other threats to the health and safety of residents and staff. Facilities must allow private, in-person access to residents by ESPs in the resident’s room. This right is subject to reasonable limitations that are tailored to protecting the health and safety of the ESPs, residents, and staff.

Requirements for the ESP

- If the ESP visit occurs during the following situations, the ESP must be fully vaccinated or provide proof of a negative COVID test** within the last 48 hours:
 - Visit with an unvaccinated resident when the county transmission rate is high and less than 70% of residents in the facility are vaccinated
 - If the resident is COVID positive
 - If the resident is in quarantine
 - If the facility or unit where the resident resides is in outbreak status
- **To meet the COVID testing requirement:
 - For homes with testing capability this can be done at the facility using the rapid testing method
 - For homes without testing capability, the ESP will need to provide proof of a negative test within the last 48 hours
- The ESP must wear all PPE required according to [DOH's Recommendations for PPE in LTCFs](#)
- The Essential Support Person (ESP) means an individual who is:
 1. At least 18 years of age;
 2. Designated by the resident, or by the resident's representative, if the resident is determined to be incapacitated or otherwise legally incapacitated; and
 3. Necessary for the resident's emotional, mental, or physical well-being during situations that include but are not limited to:
 - circumstances involving compassionate care
 - circumstances involving end-of-life
 - circumstances where visitation from a familiar person will assist with important continuity of care;
 - situations where visitation from a familiar person will assist with the reduction of confusion and anxiety for residents with cognitive impairments;
 - other circumstances where the presence of an essential support person will prevent or reduce significant emotional distress to the resident

Requirements for the home

- The home must allow private, in-person access to the resident by the essential support person in the resident's room. If the resident resides in a shared room, and the roommate, or the roommate's representative, if any, does not consent or the visit cannot be conducted safely in a shared room, then the home shall designate a substitute location in the home for the resident and essential support person to visit.
- The home shall develop and implement reasonable conditions on access by an essential support person tailored to protecting the health and safety of the essential support person, residents, and staff.

- The facility or home will provide the ESP with information around proper use of the PPE including offering the information on user seal checks for a respirator mask such as an N95 mask that can be found [here](#).
- The home may temporarily suspend an individual's designation as an essential support person for failure to comply with these requirements or reasonable conditions developed and implemented by the home that are tailored to protecting that health and safety of the essential support person, residents, and staff.
 - Unless immediate action is necessary to prevent an imminent and serious threat to the health or safety of residents or staff, the facility or nursing home shall attempt to resolve the concerns with the essential support person and the resident prior to temporarily suspending the individual's designation as an essential support person.
 - The suspension shall last no longer than 48 hours during which time the facility or home must contact the department for guidance and must provide the essential support person
 - Information regarding the steps the essential support person must take to resume the visits, such as agreeing to comply with reasonable conditions tailored to protecting the health and safety of the essential support person, residents, and staff,
 - The contact information for the long-term care ombuds program and contact information for the developmental disabilities ombuds, as well as contact information for Disability Rights Washington.