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| Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes | **September 23, 2020**3:00PM-4:00PM |

**Intro and reminder of virtual meeting protocols**

**Review and approval of meeting minutes:**

* Reviewed of minutes and obtained approval of minutes. Minutes approved.
* Check in on meeting format. No comments
* Shared web address of advisory group where agendas, meeting minutes, charter and resources are publicly available.

ACTION ITEM: Distribute LNI Regional Supervisors/Managers list to Advisory Group - **Chelsey**

**N-95 masks and fit testing:**

* RCS met with Governor’s office and there is work underway to research solutions to acquisition of PPE and fit testing.

Discussion:

There is time pressure on this. There are not enough masks in AFHs to meet the need for testing.

There is conflicting reports on availability of masks. We have heard they are available.

You can get them, but only if you buy in bulk – as in a pallet of them. Which isn’t appropriate for an AFH to purchase.

So it’s not overall availability it’s how do you get the appropriate amount of PPE to each provider.

Current PPE supply data is available online at: <https://coronavirus.wa.gov/what-you-need-know/personal-protective-equipment/tracking-ppe-distribution>

The other issue is that the state needs to recognize that this comes at an extreme cost. What is the department’s responsibility to pay for PPE to serve the Medicaid population?

Laura has added John to a weekly Friday PPE meeting.

ACTION ITEM: Continued work with Governor’s office and other agencies on solutions for acquiring PPE and conducting fit testing **– Amy, Amber, DOH staff**

**Voting:**

* Betty Schwieterman brought this topic up but she is not present at today’s meeting so perhaps she can add to this by viewing these minutes.

Discussion:

We are hearing that ballots are being sent to POA’s address instead of resident facility address, POAs are filling them out and just having the resident sign the ballot.

There are also concerns that facility staff are influencing the resident’s vote.

Visitation challenges are also a factor. Families who used to come in and sit with the resident and vote may have visitation challenges now.

Client rights around voting is very clear. Nothing has changed in the client’s rights.

LTC/DD Ombuds programs are working on an educational campaign around voting and resident rights.

Area Agencies on Aging do have a role in supporting voter registration and voter assistance but because COVID has halted in-person visits, this is not happening in the same way that it historically has.

Senior Centers as well – they had a role in this but since COVID, the centers have been shut down.

The League of Women Voters is now a member of the Senior Citizens Lobby so the lobby is working with them to address this issue and they are working on an educational campaign.

Another resource available is: [www.sos.wa.gov/elections](http://www.sos.wa.gov/elections).

**Visitation:**

* Winter weather is coming. How are we approaching outdoor visits?

Discussion:

[Fircrest](https://www.dshs.wa.gov/dda/consumers-and-families/fircrest-residential-habilitation-center) nursing facility has a workgroup working on winter visitation and they have some funds for this. They have been speaking with Don West, Deputy State Fire Marshal at Washington State Patrol about appropriate and safe heat sources.

They are looking at appropriate tent structures. The key is really what is defined as “outdoor”. Once you have a tent with four walls, you may now be “indoors” and that doesn’t offer the appropriate ventilation to protect from transmission.

 Fircrest is hoping to have a plan in place by October 15. They have asked CMS to reach out to their life safety team to get information on tents and heat sources.

20-39 - funds for nursing facilities that perhaps could be used for tents and heaters?

We need to formulate a list of resources on acceptable tent structures, heat sources, visitation options.

We have also considered an indoor/outdoor combo in which the resident is inside, the family is outside, there is at least 6 ft of separation and a door way is open in between.

DOH has ventilation staff that could assess risk and options. – Mary Catlin is a DOH RN with interest in ventilation.

Also DOH just hired an industrial hygienist and this may be a great project for her.

Look into plexiglass barrier options.

At request of group, Amy reviewed Safe Start guidelines and indicated that RCS is reviewing new CMS guidelines for nursing facilities and trying to get clarification as to whether our current Safe Start guidelines match the CMS guidance closely enough or if we have to tweak ours.

If SNF and ALF are co-located on one campus, ALF should be able to choose whether to follow SNF guidelines as it is less confusing when moving residents back and forth between settings. RCS will look into this.

AFHs do not want to be included in a blanket policy as their set up is unique.

Could look at other spaces in AFHs – daylight basements, garages, etc for visitation. We just need to be careful of the rights of the other residents to be in common spaces. Providers can get somewhat creative with “scheduling” use of spaces but cannot prohibit a resident from utilizing a common space in the home.

Also, we need to consider residents who are bed bound and how we allow visitation to happen for them.

Is there a possibility for creative use of PPE for family to utilize to be able to enter a home?

In terms of visitations, DSHS is really relying on DOH from an epidemiologic standpoint.

Does it make a difference if a resident is COVID recovered? It seems their visitation options/requirements should be different.

There currently is no guidance available that distinguishes between groups.

There were some questions as to 2nd waves of the virus infecting the same residents is currently happening or whether it’s a second wave of new cases.

ACTION ITEM: Work on update to Safe Start plan for winter visitation including research of resource options: acceptable tent structures, heat sources, visitation set up.**– Amy/Candy to work with DOH**

**Next meeting:**

* Visitation: **- Candy to introduce topic**
	+ How are visits going?
	+ Safe Start Modifications – status of draft that advisory committee can respond to.
* Practical approaches to acquiring PPE (e.g. resolving AFH bulk purchasing issue) - **Candy to introduce topic**
* Update on testing in all settings. **- Candy to introduce topic**