Overview

RCS is dedicated to establishing and maintaining a safe and healthy work environment. We place a high priority on the well-being and safety of all staff members, whether they are working in DSHS offices, home offices, or field sites. The Occupational Health and Safety procedures are designed to provide comprehensive guidelines that ensure staff are adequately supported and protected in the diverse aspects of their work.

These procedures are not to be used directly in regulatory oversight of licensed or certified settings or services.

These procedures are in addition to DSHS Administrative Policies, as they are specific to RCS. These procedures will be reviewed for compliance and accuracy at least every five years.

Contacts

- RCS Infection Prevention and Control (IPC) General Contact
- RCS Respiratory Protection Program (RPP) General Contact
- RCS Policy Unit General Contact (**internal** RCS use)
- RCSPolicy@dshs.wa.gov (**external** RCS use)
- RCS Quality Improvement Unit General Contact

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Part I: Occupational Health and Safety

A. Ergonomics

On hire, all staff will review Ergonomic Safety (video available in the Washington State Learning Center). Staff should learn and follow 4 Key steps to promote safety:

1. Set up your workstation properly (home or office, standing or sitting).
2. Be mindful of posture.
3. Reduce forces (use correct posture and/or supports for carry & lift motion, carry laptop close to body to reduce strain).
4. Take breaks & stretch frequently.

Home and office workstations should be set up to support safe sitting, standing and keyboard use.

1. Hands to keyboard and mouse (straight, flat wrists).
2. Body to chair (well supported) in a neutral position.
3. Eyes to monitors (level head).
4. Feet to floor (well supported).

When carrying equipment staff should:

1. Carry equipment at waist level.
2. Make sure to have a good grip. Carry the equipment with two hands.
3. Keep the equipment close to the body.
4. Avoid twisting, move your feet, not by twisting the spine.
5. Avoid overhead lifting.
6. Use carry devices when available (such as rolling bags).

Field work may include using non-standard tables, seating, or lack of supports for efficiency and comfort. Staff should request workspace and seating that supports safe use of electronic equipment and good body posture.

Any suspected workplace strain or injury should be immediately reported to a supervisor. Managers and supervisors follow Administrative Policy 9.07 – DSHS Safety and Occupational Health Program to ensure that all occupational illness or injury incidents are reported, tracked, investigated, and appropriate corrective measure are implemented using the web Report of Work Related Incident/Close Call.

Staff can coordinate with their immediate supervisor to obtain a workstation assessment, ergonomic training, and self-help tools.

B. Office Safety

Purpose

Each site will be responsible for the management of safety equipment and plans. Because of various factors, such as shared spaces with other divisions, and proximity to public, each office may elect to implement safety equipment and processes that serves needs best.

Procedure

1. Narcan

Field sites may choose to carry Nalaxone (Narcan) for the emergency treatment of known or suspected cases of opioid overdose. The program for Narcan is completely voluntary. RCS staff who have completed the training may administer the drug to members of the public and employees during workhours and on worksite premises. See ALTSA Policy Administering Opioid Overdose Medication for details on training, medication, procurement, and reporting.

Each RCS site will manage medications based on need, resources, and proximity to other agencies/divisions. Contact the Emergency Preparedness Coordinator for current point of contact at each site. The Safety Committee at each site will be responsible for condition, expiration date, quantity, etc.

2. Automated External Defibrillator (AED)

Sites may choose to have Automated External Defibrillator (AED) available for the use in CPR. If an AED is on site, it shall be inspected monthly. During inspections, battery level, expiration date of pads, damage to pads, clean & free of debris, overall condition of AED and case, and self-test works. It is recommended to verify with manufacturer standards for specific inspection criteria. Document the inspection of the facility inspection checklist or similar.

Training may be provided by the Enterprise Safety team or outside vendors.

See also: Public Access Defibrillation

3. Emergency Operating Guidelines

Emergency Preparedness Guidelines have been developed for RCS. These guidelines apply to all division regions, offices, units, and staff at all locations state-wide. Plans have been developed using an “all-hazards” approach. These guidelines are managed by the Emergency Preparedness Coordinator and are updated annually.

See: Emergency Preparedness Guidelines and Emergency Preparedness SharePoint

4. Safety Committee

WAC 296-800-130 requires employers to have a method of communicating and evaluating safety and health issues brought up by management or employees in the workplace. For all sites with 11 or more employees, it is required to establish a safety committee and hold safety meetings to create and maintain a safe and healthy workplace. For sites with less than 11 employees, the entire site must participate in the safety committee.

The following topics must be included:

- Review safety and health inspection reports to help correct safety hazards.
- Evaluate the accident investigations conducted since the last meeting to determine if the cause(s) of the unsafe situation was identified and corrected.
- Evaluate your workplace accident and illness prevention program and discuss recommendations for improvement, if needed.
- Document attendance.
- Write down subjects discussed and maintain records for one year.

The following are best practices for the safety committee:

- Trend incidents and near misses
- Track and review all Employee Injury Reports from your worksite (redact names)
- Send agenda and previous minutes out to members at least one week in advance of next meeting
- Develop a calendar of activities, training, etc.
- Survey site for hazards and inspect equipment (including AED, fire extinguishers, and Narcan).

See also: DSHS Safety Workbook

C. Field Safety

Purpose

The purpose of this section is to minimize the potential of occupational hazards to RCS staff working in the field.

Procedure

RCS Regulatory Staff Responsibility

1. Prepare for the visit:
   a. Prior to making a field visit, review the history of the provider using the appropriate database (STARS, FMS, ASPEN, TIVA, TIVA2, etc.) to determine if there have been past concerns.
   b. If the field visit is for a complaint:
      1) Review Standard Operating Procedure (SOP) Chapter 20 – Complaint Investigations for provider type and the nature of the allegation.
      2) Note any potential hazards documented in the Intake (e.g., weapons, dogs, aggressive behavior, etc.).
2. Consider other safety factors (if known), such as:
   a. A history of violent or aggressive behavior.
   b. Individuals likely to be under the influence of drugs or alcohol.
   c. Illegal drugs on the premises, including use, manufacturing, or selling of illegal substances.
   d. Environmental health hazards such as dangerous chemicals, broken floorboards, human, or animal waste.
   e. Known restraining orders against anyone associated with the entity.
   f. The crime rate in the neighborhood.
   g. Weather warnings that may impact travel conditions.

   Note: If safety concerns are identified, consult with the Field Manager (FM) to ensure safety.

3. Take precautions once on site:
   a. Park your car in a location that has a clear view to the building and allows for an immediate departure if necessary.
   b. Before exiting your vehicle, observe your surroundings to assess for safety factors, such as:
      1) Animals or people present.
      2) Location isolation.
      3) Available exits if an immediate departure is necessary.
      4) The number of cars parked at the building.
      5) Cell phone coverage, including sufficient battery life.
   c. Knock on the door if an adult family home (AFH) or certified community residential services and supports setting (CCRSS) or enter the building and be prepared to present your state identification (ID) or business card and explain who you are and the purpose of your visit.

d. Do not enter the building until invited to do so.
e. Do not enter the building if you feel unsafe.
    1) Exit the premises immediately and go to a safe place.
    2) Once safe, call your field manager and report the incident.
    3) Call 911 if you or anyone is in danger.
f. Once safe, document the activity in your working papers.

> Note: It is important to document safety concerns for future visits/staff.

Field Manager Responsibility

1. For threats directed toward department staff prior to the visit, ensure all staff are aware and provide a picture of the person making the threat, if possible.
2. Help staff develop a safety plan if a hazard is anticipated by:
    a. Determining the need for two staff to conduct the visit.
    b. Assessing necessity for law enforcement to accompany staff during the visit.
    c. Reviewing the safety guidelines with staff.
3. Discuss with staff what to do if they encounter a safety concern while on-site:
    a. Park your car so it is accessible and easy to leave the property;
    b. Exit the building immediately; and
    c. Call 911.
4. Report concerns to law enforcement as appropriate.
5. Develop a system to always know where staff are located. This should include:
    a. The time they expect to leave and return;
    b. The address of the destination; and
    c. Any known safety concerns regarding the visit.
6. Become familiar with the following:
    a. DSHS Administrative Policy 9.01 – Major Incident Reporting
    b. DSHS Administrative Policy 9.12 - DSHS Workplace Physical Security Program
    c. RCW 9A.76.180 - Intimidating a Public Servant
    d. RCW 49.17.060 - General Safety Standard
    e. WAC 296-800-110 - Employer Responsibilities: Safe Workplace

> Note: DSHS Administrative Policy Chapter 9 - Emergencies, Risk Management & Safety includes additional information for employees who have been involved in an incident.

Part II: Infection Prevention and Control (IPC)

The Centers for Disease Control and Prevention (CDC) is the governmental agency that provides the nationally accepted standards for infection prevention and control. RCS incorporates these standards in regulatory activities and occupational health and safety for employees. RCS staff are expected to adhere to CDC guidance and recommendations when conducting business activities, during field visits, and in workspace settings.

A. Personal Protective Equipment (PPE) Management and Use

In compliance with CDC recommendations, RCS staff may be required to use PPE during field activities or in workplace settings. RCS will provide the recommended PPE and training for staff to safely use PPE during regulatory activities. This provision is in alignment with CDC recommendations for use of PPE when following Standard Precautions and Transmission-Based Precautions.

1. PPE Training and Skills Checkoff

Upon hire RCS staff must:

a. Review the CDC PPE don/doff sequence graphic,
b. Review and understand the use of PPE as outlined in CDC Standard Precautions and Transmission-Based Precautions.
c. Complete DSHS 03-521 RCS PPE Training and Knowledge Check; and
d. Complete DSHS 03-520 RCS PPE Training and Skills Checkoff.

Ongoing Review:
Staff may be asked to revisit steps 1-4, listed above, under the following circumstances:

a. Changes in the workplace render previous training outdated.
b. Updates to the types of PPE to be used make previous training out of date.
c. Observed work habits or assessments indicate a lack of retained understanding, skills, or motivation to use PPE.

Unit and Field Managers will:

a. Ensure all newly hired staff complete the required PPE training, including:
    1) Reviewing the CDC PPE donning and doffing sequence graphic,
    2) Understanding CDC Standard and Transmission-Based Precautions,
    3) Complete the PPE Knowledge (DSHS 03-521) and Skills Check (DSHS 03-520) forms.
b. Monitor staff compliance with PPE use,
c. Identify and address situations where staff need refresher training by:
    1) Assessing changes in the workplace or PPE that may impact training relevance,
    2) Reviewing staff work habits or performance to detect gaps in understanding, skills, or motivation.
d. Facilitate refresher training as needed to ensure staff maintain proficiency in PPE use,
e. Maintain accurate training records for all staff, including initial and ongoing PPE training.

2. PPE Management During Field Visits

RCS Staff will:

a. Bring sufficient and appropriate PPE, hand sanitizer, and anti-fog spray for the purpose of the visit.
b. Estimate that there is enough PPE available for the changes required during the visit, including enough to:
    1) Take lunch off site, and
    2) Provide back-up PPE if needed.
c. Use PPE distributed by RCS, unless using personally purchased prescription goggles.
d. Include NIOSH approved, fit-tested respirators if N95 respirator use is anticipated.
e. If needed, apply an anti-fog spray on glasses or eye protection before donning.
f. Include a generous amount of hand sanitizer and disinfecting wipes or barriers to maintain clean hands and equipment during the visit.

3. PPE Disposal

RCS Staff will:

a. Ask providers where to discard waste in their facility or home if containers are not visible in the work area. Dispose contaminated PPE in appropriate receptacle and manner consistent with CDC 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

4. Goggles

Reimbursement for Employee Purchased Prescription Goggles

a. RCS Regulatory Staff responsibilities are to:
    1) Obtain Supervisor approval for the reimbursement;
    2) Contact prescriber and eye glass provider to obtain goggles that fit snugly, particularly from the corners of the eyes across the brow;
    3) Request prescriber confirmation, in writing, that the goggles fit snugly, particularly from the corners of the eyes across the brow; and
    4) Provide the written prescriber confirmation and receipt to Supervisor, following the purchase of the prescription goggles.
b. Supervisor or RCS Staff will consult the Field Services Administrator or Regional Administrator for additional purchasing and reimbursement guidance.

Cleaning, Disinfecting, and Reusing Eye Protection

a. RCS Regulatory Staff must:
    1) Follow CDC Strategies for Conserving the Supply of Eye Protection and Department of Health (DOH) guidance for use, extended wear, and reuse of eye protection. The extended use of eye protection can be applied to disposable and reusable devices.

2) Remove, clean, and disinfect eye protection if it becomes visibly soiled or difficult to see through prior to putting it back on.
3) Discard eye protection that is damaged (e.g., face shield can no longer fasten securely, if visibility is obscured, or if cleaning and disinfecting does not restore visibility).
4) Take care not to touch their eye protection.
5) Immediately perform hand hygiene if eye protection is touched or adjusted.
6) Leave resident/client care area to clean, disinfect, or change eye protection.
7) Change, clean, or disinfect eye protection when changing N95 or facemask or when recommended in CDC guidance or by public health authority.
8) Follow the recommended manufacturer instructions when available for cleaning and disinfecting eye protection for reuse, if manufacturer instructions are not available:
    a) Perform hand hygiene.
    b) Don a clean pair of gloves.
    c) Remove eye protection and place on a wipe or paper towel, remember not to touch face or the front of the goggles/eye protection.
    d) Sanitize and dry by:
        - Carefully wipe the inside, followed by the outside of the face shield or goggles using a wipe or clean cloth saturated with an EPA approved disinfectant or cleaner.
        - Follow contact time listed on the disinfectant label, ensure that the surface remains wet the whole time to ensure the product is effective.
        - Fully drying after the contact time is done by either air drying or using clean absorbent towels.
    e) Wipe table.
    f) Remove gloves and perform hand hygiene.

5. PPE and Related Infection Prevention and Control Inventory

Designated staff in each RCS office will:

a. Keep PPE and supplies in stock to serve field staff who conduct inspections in long-term care (LTC) settings.
    1) Keep minimum of 30 days' supply to meet RCS staff need.
    2) Anticipate increased need during times of increased communicable disease outbreaks and adjust inventory accordingly.
b. Monitor expiration dates of stock supplies.
    1) Rotate supplies to use prior to expiration date.
    2) Remove expired supplies from rotation.

6. Extra and Expired PPE and Other IPC Supply Inventory

a. Maintain supplies until expired,
b. Small amounts of expired PPE and testing supplies can be discarded.
    1) Following manufacturer's specifications.

2) Special consideration may be required for supplies containing hazardous chemicals (such as cleaning supplies).
3) Check with the manufacturer and the Federal Drug Administration (FDA) to determine that no extensions have been granted for continued use.
4) No record of discarded supplies is required.

B. RCS Mask Guidance

1. Mask Wearing

a. Masks may be voluntarily worn any time.
b. For those choosing to wear a mask in LTC settings a procedure or surgical mask, or higher, provided by RCS, is required.
c. Voluntary masking should comply with CDC guidance for proper use.
d. RCS staff will follow facility or long-term care setting masking policies and will don a mask when requested to do so by a resident, client, or facility personnel.

2. Mask Wearing During Respiratory Illness Season RCS Procedure

Respiratory illness season occurs during the Fall and Winter seasons (October to March), waning in Spring. Historically, the respiratory illness season has shown increased transmission of viral infections such as Influenza, COVID-19, RSV (Respiratory Syncytial Virus). During times of increased viral transmission RCS may require staff to wear mask for LTC setting on-site visits and in designated office spaces.

a. RCS Mask Wearing Decision Procedure:

In August of each year, RCS leadership will consider the following factors or events to determine mask wearing guidance during respiratory illness season:

1) RCS staff pattern of going from building to building for onsite visits, encountering different populations of residents, clients, and staff, sometimes in the same day.
2) How the use of masks benefits of staff, residents, clients, family, visitors, and providers' well-being.
3) Current Department of Health (DOH), or Centers for Disease Control and Prevention (CDC) respiratory illness prevention mask guidance, or other nationally recognized infection control expert bodies that identify factors to consider when deciding whether to wear masks.
    a) World Health Organization (WHO) Global Influenza Programme
    b) Centers for Disease Control & Prevention (CDC)
        - Information for the 2024-2025 Flu Season
        - Respiratory Virus Data Channel Weekly Snapshot
        - COVID Data Tracker
        - COVID-19: Wastewater Surveillance
    c) Department of Health (DOH) Respiratory Illness Data Dashboard
    d) Local Health Jurisdictions Public Health Alerts, virus dashboards, etc.
    e) Complaint Resolution Unit (CRU) IPC intake data
4) Setting specific conditions:
    a) Vulnerability of residents and clients living in LTC settings.
    b) Quality of ventilation in the setting.

c) Ability of people to physically distance in the setting.
d) Suspected or confirmed outbreak of COVID-19 in the setting.

5) Respiratory illness trends and anticipated activity during respiratory illness season.

If mask wearing is implemented during respiratory illness season, RCS leadership will reevaluate mask wearing in March and will set the end date for mask wearing based on virus patterns and public health recommendations.

Mask wearing reimplementation and ending in LTC settings during respiratory illness season will be communicated to staff through RCS communication procedures and communication tools. Communication will include a reminder of mask wearing procedures.

b. RCS Mask Wearing During Respiratory Illness Season:

1) RCS staff will wear a procedure or surgical mask or higher in keeping with Centers for Disease Control and Prevention (CDC) healthcare personnel guidance.
2) Any mask worn should be worn correctly, covering mouth, nose, and chin.
3) When required during the respiratory illness season or events, masks are donned before entering a building and worn throughout the visit.
4) RCS staff may practice extended wear, wearing the same mask throughout the visit, changing the mask if it becomes soiled, wet or is removed for any reason.
5) RCS Staff could choose not to wear masks when they are in well-defined areas that are restricted from resident/client access (e.g., staff meeting rooms). If masks are removed:
   a) The door will be kept closed.
   b) RCS staff should don a mask when LTC setting staff or residents or clients enter or are interviewed in the room.

C. Communicable Disease Workplace Exposures

Any suspected workplace communicable disease exposure should be immediately reported to a supervisor. Managers and supervisors follow Administrative Policy 9.07 – DSHS Safety and Occupational Health Program to ensure reporting, tracking, investigation, and appropriate corrective measure are implemented using the web Report of Work Related Incident/Close Call. Completion of DSHS 03-333 Post Exposure Incident Report is used for identifying communicable disease in the workplace.

1. Common examples of communicable disease workplace exposures may include:
   a. Tuberculosis
   b. Measles
   c. COVID-19
   d. Bloodborne Pathogens

RCS Staff will:

1. Immediately report known communicable disease workplace exposures to the Field Manager.
2. Adhere to the current IPC guidance provided by recognized local or national agencies related to the type of disease exposure, i.e., testing, isolation, treatment, reporting.
3. Complete Report of Work Related Incident/Close Call and DSHS 03-333 Post Exposure Incident Report.
4. Follow Field Manager/Program Manager guidance regarding work absence and return to work procedures.

Field/Program Manager must:

1. Ensure adherence to current IPC guidance regarding any contact tracing, reporting, testing, or isolation away from the workplace is followed by employee.
2. Ensure all required documentation of the communicable disease workplace exposure is completed.
3. Notify the Regional Administrator or designee of the situation.
4. Consult the RCS Infection Preventionist as needed for additional information.
5. Communication information regarding the workplace exposure to other employees as indicated based upon risk assessment.
6. Keep the identity of the employee or other identifying information confidential, except as required by law.
7. During any local or national notification of public health emergency related to the communicable disease, follow all applicable emergency procedures, ordinances, proclamations and rules.

D. COVID-19

1. COVID-19 Reporting, Exposure Notification and Return to Work Criteria

a. COVID Contact Tracing

From January 2020 to May 2023, the Federal Government declared a public health emergency (PHE) related to the novel SARS-Co-V2 virus (COVID-19). During the PHE, employers were required to send workplace and close contact notification. Once the PHE ended, employer requirements for COVID-19 notification ended. Due to the serious nature of COVID-19 illness and risk to employees, after the end of the PHE, RCS will continue to conduct contact tracing and will notify those exposed to an employee diagnosed with COVID-19.

b. Reporting Positive COVID-19 Results

1) **Employees will:** If the COVID-19 illness or exposure is work related, report this to your supervisor and complete the on-line Report of Work Related Incident/Injury form. Records of work related COVID-19 cases are kept in the Risk Master database along with all the other work-related injuries and illnesses.
2) **Employees may:**
   a) Report positive COVID-19 tests to the Field Manager.
   b) If reported, discuss CDC recommendations and return-to-work guidance with the Field Manager to determine:
      - Follow up testing needed;
      - Return to work date;
      - Any exposures to others in the workplace.
   c) Coordinate or seek guidance from their Local Health Jurisdiction (LHJ), DOH, or RCS Infection Preventionist (IP).

c. Contact Tracing, Exposure Notification and Return to Work Criteria

Field/Program Manager:

1) Complete the RCS COVID-19 Contact Tracing and Notification Tool if an employee arrives at work ill, becomes ill at work, or who is currently sick with confirmed or suspected COVID-19 or having symptoms of illness that are not attributed to other medical conditions. Notify close contacts by email using standard messaging outlined in the Contact Tracing tool.
2) Keep contact tracing forms on file for at least 28 days.
3) Keep the identity of the COVID-19 positive employee or other identifying information confidential. Do not reveal, allude to, or confirm the identity of the COVID-19 positive person, even if explicitly asked by a contact.
4) Follow CDC Guidance for testing recommendations and return to work criteria.

2. COVID-19 Testing for Staff

Background

COVID-19 testing is provided by ALTSA for asymptomatic surveillance, post-exposure testing and confirmation of SARS-Co-V-2 infection is symptomatic. Human resources operations representatives will communicate with COVID-19 positive employees about the correct category of sick leave to use.

Test specimens are self-collected by the employee following test manufacturer directions.

- Rapid Antigen test: specimens are collected and read by the employee. Rapid Antigen test results are available in 10-20 minutes. DSHS provides a variety of rapid antigen tests from different manufacturers.

Staff who have recovered from SARS-CoV-2 infection in the prior 90 days must be retested using a rapid antigen test rather than PCR for any testing.

COVID-19 is a notifiable condition, and laboratories are required to notify public health authorities at their LHJ of suspected or confirmed cases of COVID-19.

a. RCS Staff Requirements

RCS staff who test positive for COVID-19:

1) Isolate at home for the period required by the CDC.
2) Work with Field Manager to follow the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 to determine a return to work date and actions.
3) Gain the approval of the Field Manager to work from home during isolation.
4) If the staff contracted COVID-19 from the workplace, complete the Report of Work Related Incident/Close Call online form.

RCS staff who test positive for COVID-19 may:

1) Report positive COVID-19 test results to the LHJ in the county where they live.
2) Share this information with their immediate supervisor and/or any peers who may have been exposed to COVID-19.

Regional Administrator (RA) must:

1) If your staff is positive for COVID-19, contact the employee to review CDC recommendations and return-to-work guidance and:
   a) Decide if follow up testing is needed;
   b) Set the return-to-work date;
   c) Identify any exposures to others in the workplace;
   d) Review reporting requirements and confirm they have been followed per the RCS Staff responsibilities above; and
   e) Conduct contact tracing as needed following the COVID tracking and contact tracing procedure.

Part III: Respiratory Protection Program

A. Selection of Respirators

Respirator Types

An 'N95' filtering facepiece respirator (FFR) is a disposable air purifying respiratory device, used to prevent transmission of infectious agents suspended in air particles that remain infectious over time and distance. The 'N95' designation means the National Institute for Occupational Safety and Health (NIOSH) testing determined the respirator blocks at least 95 percent of very small (0.3 micron) test particles.

N95 FFRs are to be used in the context of a comprehensive, written respiratory protection program that meets the Washington State Department of Labor and Industries (L&I) Respiratory Protection Standard, WAC 296-842. Staff who have been medically cleared, trained, and fit-tested may use an N95 (or higher e.g., N99 or N100) FFR in settings with known or suspected airborne diseases such as tuberculosis (TB), measles, chickenpox, disseminated herpes zoster, COVID-19, or coronavirus variants. If the supply chain of respirator (N95 masks) cannot meet demand, the CDC Crisis Condition guidance states non-cloth procedure masks and eye protection should be worn. Under crisis conditions, N95 FFR are reserved for aerosol generating procedures.

RCS employees requiring respiratory protection during field work will use an N95 FFR. Agency administration will provide a range of N95 FFR makes/models/sizes. In the event staff are unable to fit available N95 FFR products, the agency will use administrative controls to assign staff to off-site and on-site inspection work. Other types of air-purifying respirators which may be used in healthcare settings are not used by Residential Care Services as there are no means to store and clean reusable equipment. Determining when to wear an FFR or surgical mask is based on hazard assessment and exposure risk. Respiratory hazards are specific to working conditions as identified below. Exposure risk related to RCS work is outlined in Table 1.

Respiratory Hazards

Respiratory hazards may exist in various forms. Hazards may include dusts, fumes, mists, gases, vapors, smoke, splashes, particles, viruses, and bacteria.

RCS Staff Working Conditions

Work Environment:

- Normal room temperature (possible > 77° [degrees])
- Work effort: light
- PPE: gowns, gloves, eye protection, procedure masks, or N95 FFR as needed.

"Routine" conditions or activities that may pose a respiratory hazard:

- Substance exposure: household or medical grade cleaning products (i.e., Chlorine, Isopropyl alcohol).
- Direct exposure to transmissible diseases (i.e., close contact with infected resident/client, family, or facility/provider staff).

"Infrequent" conditions or activities that may pose a respiratory hazard:

- Exposure to potentially hazardous aerosols *(i.e., nebulizing) or aerosolizing procedures (i.e., suctioning or CPR/intubation).*
- Exposure during COVID-19 testing.

"Foreseeable Emergency" conditions or activities that may pose a respiratory hazard:

- Chemical exposure during decontamination

In the case of RCS field work, exposure to droplet or airborne pathogens presents a workplace respiratory hazard. Table 1 (next page) describes four risk categories: Negligible/Low, Medium, High, and Extremely High. Each risk category is accompanied by **minimum** respiratory protection standards, devices to use at each risk level, and additional recommendations.

TABLE 1
NEGLIGIBLE / LOW risk of exposure **Low Community Levels of COVID-19 or other infectious respiratory diseases**
No face covering required. Employees may choose to wear a mask at any time.
• Avoid contact with people who have suspected or confirmed COVID-19. • Follow recommendations for isolation if you have suspected or confirmed COVID-19. • Follow the recommendations for what to do if you are exposed to someone with COVID-19. • If you are at high risk of getting very sick, talk with a healthcare provider about additional prevention actions.
"MEDIUM" risk of exposure **Medium Community Levels of COVID-19 or other infectious respiratory diseases**
No face covering required. Employees may choose to wear a mask at any time. If you meet one of criteria below, wear a Well Fitting* procedure mask, KN95, or N95 respirator
• If you are at high risk of getting very sick, wear a high-quality mask or respirator (e.g., N95) when indoors in public • If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.
"HIGH" risk of exposure **High Community Levels of COVID-19 or other infectious respiratory diseases**
Wear a high-quality well fitted procedure mask or higher (such as an N95 respirator).
• If you are at high risk of getting very sick, consider avoiding non-essential indoor activities with others where you could be exposed.
"EXTREMELY HIGH" risk of exposure
N95 FFR with eye protection
• Inspection in COVID-19 + or suspected + home. • Healthcare work involving procedures with potential for aerosols generated from saliva or mucous from the mouth or nose. • Healthcare work involving face-to-face close proximity or potential for coughing or sneezing while working with healthy or asymptomatic people. Examples include swab sampling in the mouth or nose. • Observation of direct care for someone ill with COVID-19 • Observation of Care tasks that may generate biological material.

Procedure

1. Respiratory Hazard Risk Assessment
   In preparation for any field visit, staff will anticipate respiratory hazard and exposure risk based on best available information from multiple sources (i.e., Complaint Resolution Unit [CRU] referral, RCS internal reports and data systems, facility/provider communication, recent RCS field visits, complainant or informant interviews, resident or client characteristics, and risk hazard assessment referenced in this SOP).
2. Selection of Respirators
   Based on individualized respiratory hazard risk assessment (Table 1), RCS staff will select and gather the appropriate level of respiratory protection equipment needed to conduct the visit.
   a. Any RCS staff entering a facility or home with known or suspected COVID-19 cases must wear a NIOSH approved fit-tested N95 FFR (and/or other equipment fitting the required level of respiratory protection).

   FFR provided to staff by RCS meets CDC and NIOSH guidelines for Respiratory Protection.

Examples of FFR provided by RCS:

N95 BYD DE2322

N95 3M 8210

Halyard Fluidshield 46827 Small

Field Manager Responsibility

Field Managers are to conduct the following activities in relation to this procedure:

1. Ensure new staff are aware of RCS RPP requirements for training, medical evaluation, and fit testing.
2. Alert the RCS RPP administrator of any staff reporting difficulties wearing an N95 respirator during field work.
3. Request training or clarification from the RPP administrator as needed.

B. Respirator Use

Purpose

For field conditions or activities that pose a respiratory hazard as identified in Table 1, staff will select and use a National Institute for Occupational Safety and Health (NIOSH) approved, fit tested N95 FFR. N95 FFRs are disposable after a single use.

Procedure

1. Respirators will be stored in each office with field staff/units according to manufacturer's recommendations. Ordering and replacement of N95 FFR will be done by the Regional Administrators (RAs), Administrative Assistant (AA), or designee.
2. Do not wear a respirator/facemask under your chin/neck or store in pockets between work tasks requiring protection. See Facemask Do's and Don'ts for more information.
3. Staff will collect and bring the appropriate make/model of NIOSH approved fit tested N95 FFR to the facility/home's on-site visit. Staff will:
   a. Inspect the FFR prior to use. Dispose of any FFR that appears torn, soiled, or damaged in any way.
   b. Don and doff the fit tested N95 FFR with other PPE as required by CDC guidelines.
   c. Perform a seal check immediately after donning the N95 FFR
   d. If at any time during wear staff perceive the FFR seal is compromised, staff will immediately leave the area and find a safe place to remove, and re-don with seal check or exchange the FFR for another.
   e. If soiled, torn while wearing, or if it becomes difficult to breathe while wearing, the FFR should be discarded.
   f. Staff may request fitting for a different make/model FFR at any time.
4. N95 FFRs will be disposed of after each use.
5. N95 FFRs are not to be repaired or cleaned. If soiled or torn while wearing, the respirator should be discarded.

C. Medical Evaluations

Purpose

Every RCS employee whose work activities require the use of a respirator will receive medical clearance prior to being fit tested for a respirator.

Procedure

A licensed health care professional (LHCP) must review and evaluate a standard Medical Evaluation Questionnaire. If determined necessary by the LHCP, a medical exam may be required. The questionnaire evaluation and exam will be done during regular work hours at no cost to the employee.

1. Staff will complete the medical questionnaire in private.
2. Staff will submit the completed questionnaire to the designated LHCP/evaluator. This could be an on-line service or a designated Occupational Health Clinic.
   a. Completed questionnaires are confidential and will be reviewed by the independent LHCP without review by any RCS/DSHS staff.
   b. Anyone having questions or concerns about completing the medical questionnaire will contact the RPP Administrator.
3. The evaluator will review the questionnaire and determine whether an FFR may be safely worn.
   a. The LHCP recommendation may approve respirator use, may specify restrictions, or may advise further evaluation.
   b. If the LHCP identifies that a further medical exam is required, this will be provided by a local Occupational Health Clinic during work hours at no cost to RCS employees.
   c. Employees may choose to receive medical questionnaire evaluation and exam by their personal LHCP at their own expense. The employee must provide medical clearance approval documentation to the department. When using a personal LHCP for the medical evaluation, employees are advised on how to follow WAC 296-842-14005
   d. Provide medical evaluations, including information for the LHCP, questionnaire and documentation requirements.
4. The designated LHCP will provide a written recommendation to the employer and employee.
   a. To protect employee confidentiality, only written approval to wear an N95 respirator will be disclosed to the employer.
   b. Any confidential medical records must kept pursuant to DSHS AP 5.01 Privacy Policy-Safeguarding Confidential Information.

Additional medical evaluations may be performed:

1. Upon the recommendation of a medical provider.
2. Upon the recommendation of an occupational health expert.
3. Upon the recommendation of the RCS RPP Administrator.
4. Should the staff member show signs of breathing difficulty or other respiratory symptoms or a major health issue arise.
5. Should changes in work conditions increase physical stress (i.e., high temperatures, greater physical exertion).

> Note: Chapter 296-842 WAC, Respirators contains a copy of the required medical questionnaire, and information needed to complete the medical evaluation.

D. Respirator Training

Overview

WAC 296-842-16005 states staff must be trained at no cost to the employee at specific times. Training must be done by a qualified instructor in an effective way that employees understand. Staff must be able to demonstrate knowledge and skills related to identification of respiratory hazards and exposure risk, how the respirator provides protection and factors affecting the respirator's ability to provide protection, and proper use of respirators. Staff must demonstrate how to properly inspect, put on, seal check, use, and remove the respirator. Training must also include the employer's general obligations for respiratory protection, including developing a written program, selecting appropriate respirators, and providing medical evaluations.

Procedure

1. Training is arranged by the RPP Administrator or designee before employees wear respirators and annually thereafter for as long as respirators are worn. The RPP Administrator will make sure a qualified instructor provides training.
2. Retraining will be done if the employee has not retained knowledge or skills, if there are changes in the worksite, or a type of respirator that makes previous training obsolete.
3. Supervisors who wear respirators and supervise employees in the field while wearing respirators will also be trained on the same schedule.
4. Training will encompass the following topics:
    a. Why the respirator is necessary;
    b. Identification of common respiratory hazards;
    c. The FFRs capabilities and limitations;
    d. How improper fit, use or maintenance can make the FFR ineffective;
    e. How to properly inspect, put on, use, and remove the FFR;
    f. How to store the FFR.
    g. Medical symptoms which may limit or prevent FFR use;
    h. How to use the FFR in emergency situations; and
    i. Employer obligations. For example, developing a written program, selecting appropriate respirators, and providing medical evaluations.
5. Training may use audiovisuals, slide presentations, formal classroom instruction, web-based classroom instruction, and informal discussions during safety meetings, training programs conducted by outside sources, or a combination of these methods.
6. Training will include evaluation of the employee's understanding of the material.
7. Skills check off on how to properly inspect, put on (don), use, and remove (doff) the FFR will be done under direct observation by an instructor, fit tester, or supervisor on hire and with the annual fit test.

See Appendices for more information.

E. Respirator Fit Testing

Purpose

Employees whose work activities require the use of respiratory protective equipment shall be fit tested by a trained fit-tester prior to use of a tight-fitting respirator.

Procedure

1. Fit testing is required:
   a. At the time of initial assignment (before initial use);
   b. Annually;
   c. When a different model, style, or size respirator is chosen;
   d. When there is a physical change that may affect respirator fit;

      Examples include but are not limited to:
      - weight changes +/- 20 lbs. including pregnancy,
      - scarring,
      - cosmetic surgery,
      - dental changes

      and/or
   e. When an employee or medical provider notify RCS that the fit is unacceptable.

Employees who use tight-fitting respirators are not permitted to have facial hair or head coverings that interferes with FFR seal or valve function. See Facial Hairstyles and FFRs for more information about facial hair.

Fit testing may be contracted or may be performed by trained staff. Certification is not required to become a qualified fit-tester. Staff appointed to perform fit tests should be trained and perform fit tests in strict adherence to the procedure reviewed in WAC 296-842-22010.

Employees who require fit testing by their division's RPP Administrator or designee should contact them for specific instructions. Employees are encouraged to understand the results of their fit test and to help ensure DSHS has accurate record of their fit testing results.

F. Program Evaluation

Purpose

WAC 296-842-12005 requires a program evaluation on a regular basis with corrections made as needed. Evaluations include regularly asking employees about their views concerning program effectiveness and whether they have problems with:

1. Respirator fit during use;
2. Any effects of respirator use on work performance;
3. Respirators being appropriate for the hazards encountered;
4. Proper use under current worksite conditions;
5. Proper maintenance.

Evaluations should ensure procedures and program specifications are followed and appropriate. Field Managers (FMs) or RPP designee must periodically monitor employee respirator use to make sure employees are using them properly. The RPP Administrator or designee must review and make changes in the program to ensure selected respirators continue to be effective in protecting employees.

Procedure

1. The respiratory program shall be evaluated for effectiveness by the RPP Administrator according to the following criteria:
   a. Review of fit-test results and medical clearance approval documentation.
   b. Regular discussions with staff about respirators – quality of fit, methods for use, confidence in protection, comfort, breathing difficulty, detection of odors, etc.
   c. Annual review of:
      1) Staff job duties for changes in environmental exposure.
      2) Storage of respirators.
      3) Applicable state and federal law.
      4) Guidance issued by public and occupational health bodies.

G. Record Keeping

Purpose

WAC 296-842-12010 specifically directs a written copy of the current respirator program must be kept by the employer. Records to be retained by the employer for each employee include:

1. Current fit test records (until the next fit test is administered). Fit test records include:
   a. Employee name;
   b. Test date;
   c. Type of fit test performed;
   d. Description (type, manufacturer, model, style, and size) of the respirator tested;
   e. Results of fit tests, for example, RCS conducts quantitative fit tests using a PortaCount fit test device which includes the overall fit factor; and
   f. a printout, or other recording of the test.
2. Training records that include employees' names and the dates trained.
3. Written recommendations from the LHCP (Medical Clearance Approval).

Procedure

1. The following records are kept by RCS in accordance with WAC 296-842-12010:
   a. A copy of the written Respiratory Protection Program;
   b. Latest staff fit testing results;
   c. Staff training records; and
   d. Written recommendations from medical providers.
2. These records are kept at the division level on the RCS internal SharePoint site. RCS Regional Office RPP record keeper will manage documentation to facilitate fit testing and distribution of fit tested FFR to field staff.
3. RCS staff may access these records upon request.
4. The following records *are not* be kept by the employer:
   a. Employee medical records, including those generated for Medical Clearance Approval such as completed medical questionnaires and medical evaluations.

> Note: These are confidential medical records, not to be confused with the LCHP "recommendations" as described above.

Part IV: Appendices

A. Resources

PPE

1. DSHS 03-520 Personal Protective Equipment (PPE) Skills Check
2. DSHS 03-521 Personal Protective Equipment (PPE) Knowledge Check
3. PPE-Sequence-CDC
4. Chapter 296-800 WAC (160 to 16080 Personal Protective Equipment)
5. CDC: Standard Precautions
6. CDC: Transmission Based Precautions

Respirator Use

1. Should You Wear a Respirator Flow Chart
2. Facial Hairstyles and Filtering Facepiece Respirators
3. Respirator Fit Testing (Video, U.S. Department of Labor)
4. ALTSA Respiratory Protection Training in the Washington State Learning Center (WSLC)
5. Medical Questionnaire
6. N95 Don/doff skills check
7. Chapter 296-842 WAC Respirators

B. Glossary of Terms

Adult Family Home (AFH) – State licensed residential homes to care for two to eight vulnerable adults who may have mental health, dementia, and/or developmental disability/special needs. The homes are private businesses providing each person with a room, meals, laundry, supervision, assistance with activities of daily living, and personal care. Some provide nursing or other special care and services.
Agency – State agency.
Aspen (Automated Survey Process Environment) – a suite of software applications designed to help State Agencies collect and manage healthcare provider data.
Assisted Living Facility (ALF) – State licensed facilities providing basic services assuming general responsibility for the safety and well-being of vulnerable adults. ALFs allow the vulnerable adults to live an independent lifestyle in a community setting while receiving necessary services from a qualified workforce. ALFs can vary in size and ownership from a family-operated 7-bed facility to a corporation-based facility with 150+ beds. ALFs may provide intermittent nursing services or serve vulnerable adults with mental health needs, developmental disabilities, or dementia.
Certified Community Residential Services and Supports (CCRSS) – Includes Supported Living (SL), Group Homes (GH), and Group Training Homes (GTH). These are residential services provided to individuals who are eligible clients of the Developmental Disabilities Administration (DDA). Supported living clients are vulnerable adults living in their own homes in the community. The client or legal representative owns, rents, or leases the home.
Close contact – means being within six feet of a person with SARS-CoV-2 infection, for a cumulative total of 15 minutes or more over a 24-hour period.
Community programs – includes Adult Family Homes (AFH), Assisted Living Facilities (ALF), Certified Community Residential Services and Supports (CCRSS), and Enhanced Services Facilities (ESF).
Department – This term refers to the Washington state Department of Social and Health Services (DSHS).
Enhanced Services Facilities (ESF) – means a facility that provides support and services to persons for whom acute inpatient treatment is not medically necessary. RCW 70.97.010.
Entity – A standard term used throughout this document to depict the long-term care program homes, facilities, and licensees participating in transforming lives of the vulnerable adults living in residential settings.
Extended wear of eye protection – the practice of wearing the same eye protection for repeated close contact encounters with different patients, without removing eye protection between patient encounters.
Federal programs – This includes Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Nursing Homes (NH).
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) – The Social Security Act created this optional Medicaid benefit to fund “institutions” (four or more beds) for individuals with intellectual disabilities. The Secretary defines this as providing “active treatment.”
KN95 and **N95** – respirators and surgical masks are examples of personal protective equipment that are used to protect the wearer from the particles or from liquid contaminating the face.
Long-term care facility – As defined in RCW 70.129.010(3).

Long-term care workers – includes all persons providing paid, personal care services for the elderly or persons with disabilities, including individual providers of home care services, direct care workers employed by home care agencies, providers of home care services to persons with developmental disabilities under Title 71A RCW, all direct care workers in state-licensed assisted living facilities, adult family homes, respite care providers, community residential service providers, and any other direct care staff providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.
Nursing facility (NF) – a nursing home, or any portion of a hospital, veterans' home, or residential habilitation center, that is certified to provide nursing services to Medicaid recipients under section 1919(a) of the federal Social Security Act. All beds in a nursing facility are certified to provide Medicaid services, even though one or more of the beds are also certified to provide Medicare skilled nursing facility services.
Nursing home (NH) – A term that can include both 24-hour Skilled Nursing Facilities (SNF) and Nursing Facilities (NF). SNFs are those that participate in both Medicare and Medicaid. NFs are those that participate in Medicaid only.
Qualitative Fit Testing (QLFT) – is a pass/fail method used on half-masks that relies on senses – such as taste and smell, to detect air leakage from the respirator.
Quantitative Fit Testing (QNFT) – determines adequacy of respirator fit by numerically measuring the amount of leakage.
Revised Code of Washington (RCW) – The compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriation acts.
Skilled nursing facility (SNF) – a nursing home, a portion of a nursing home, or a long-term care wing or unit of a hospital that has been certified to provide nursing services to Medicare recipients under section 1819(a) of the federal Social Security Act.
State agency (SA) – A permanent or semi-permanent organization in government that is responsible for the oversight and administration of specific functions.
Washington Administrative Code (WAC) – Regulations of executive branch agencies issued by authority of statutes. Similar to legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations arranging them by subject or agency.
Work Environment - Everything that shapes the employee's involvement with the work itself, including the organizational culture, physical space, safety considerations, technology and tools, and interactions with co-workers and supervisors.
Working days (business days) – defined as Monday through Friday, excluding federal and state holidays.
Workplace - The physical location where an employee works.

C. Acronym List

AA	Administrative Assistant
AFH	Adult Family Home
ALF	Assisted Living Facility
ALTSA	Aging and Long-Term Support Administration
APR	Air-Purifying Respirators
ASPEN	Automated Survey Processing Environment System
CAPR	Controlled Air-Purifying Respirators
CCRSS	Certified Community Residential Services and Supports
CDC	Centers for Disease Control and Prevention
COVID	Coronavirus Disease
CPR	Cardiopulmonary Resuscitation
CRU	Complaint Resolution Unit
DOH	Department of Health
DOSH	Division of Safety and Health (Labor and Industries)
DSHS	Department of Social and Health Services
EFFR	Elastomeric Full Facepiece Respirators
EHMR	Elastomeric Half Mask Respirators
EPA	Environmental Protection Agency
ESF	Enhanced Services Facilities
FDA	Federal Drug Administration
FFR	Filtering Facepiece Respirator
FM	Field Manager
FMS	Facility Management System
HCA	Health Care Authority
HCP	Healthcare Personnel
ID	Identification
IP	Infection Preventionist
IPC	Infection Prevention and Control
L&I	Labor and Industries
LE	Law Enforcement
LFMO	Lease Facilities and Maintenance Operations
LHCP	Licensed Health Care Professional
LHJ	Local Health Jurisdiction
LTC	Long-Term Care
NAAT	Nucleic Acid Amplification Test
NF	Nursing Facility
NH	Nursing Homes
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
PAPR	Powered-Air Purifying Respirator

PCR	Polymerase Chain Reaction
PHE	Public Health Emergency
PPE	Personal Protective Equipment
RA	Regional Administrator
RCS	Residential Care Services
RCW	Revised Code of Washington
RPP	Respiratory Protection Program
RSV	Respiratory Syncytial Virus
SA	State Agency
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SNF	Skilled Nursing Facility
SOP	Standard Operating Procedures
STARS	Secure Tracking and Reporting System
TB	Tuberculosis/Tuberculin
WAC	Washington Administrative Code
WHO	World Health Organization
WISHA	Washington Industrial Safety and Health Act

D. Change Log

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
04/11/2025	Part I.B Office Safety	New section added	Review showed gaps between SOP documentation and practice in the field.	MB R25-040 Training during Support Call 04.01.2025
01/17/2025	Entire Chapter	Formatting updates	Comply with new DSHS branding Housekeeping	N/A
01/17/2025	Part I.C. Communicable Disease Workplace Exposure	Section added	Provide guidance to staff	MB R25-003
08/23/2024	Part I.B. Field Safety	Moved from Chapter 18	Realignment of SOP topics	MB R24-069 Support Call 09/10/2024
08/23/2024	Part III Respiratory Protection Program	Moved from Chapter 28	Realignment of SOP topics	MB R24-069 Support Call 09/10/2024
08/23/2024	Part IV.D Background, RCWs, and WACs	Section Removed	Information captured within the body of the SOP	MB R24-069 Support Call 09/10/2024
10/13/2023	Full Chapter	Establishment of Chapter	Establishment of Chapter	MB R23-084

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