

Transforming
Lives

End of Proclamation & Public Health Emergency –What Now? For Assisted Living Facility Providers

**Residential Care Services
Aging and Long-Term Support Administration**



Learning Objectives



By the end of the presentation, participants will

- Know what rules are reinstated and which continue under emergency or permanent rule creation after the end of the public health emergency
- Identify what Infection Prevention and Control (IPC) regulations apply to the Assisted Living Facility (ALF) setting
- Understand what to do to comply with ALF IPC regulations

Terminology



- **CDC** - Centers for Disease Control and Prevention
- **DOH** - Washington State Department of Health
- **ICAR** - Infection Control Assessment and Response (tools used to systematically assess a healthcare facility's IPC practices and guide quality improvement activities)
- **IPC System** - a collection of procedures and precautions to prevent the spread of infection
- **LTC QIP** – Long-term Care Quality Improvement Program (RCS non-regulatory program to help providers strengthen care and documentation systems, improve regulatory compliance, and prevent harm to vulnerable adults in their care)
- **Source Control** - use of well-fitting face coverings, facemasks, or respirators to cover a person's mouth and nose to prevent spread of potentially infectious respiratory secretions when they are breathing, talking, sneezing, or coughing.

End of the State of Emergency by October 31st, 2022

Washington State

Proclamations & Requirements ending 10/27/2022

- LTC Covid Response Plans are no longer in effect
- Proclamations [20-36](#), [20-52](#), [20-65](#), and [20-66](#), which waived and suspended rules and laws in long-term care settings.
- The Washington state vaccine requirement for health care workers ends
 - Federal vaccination requirements for NH & ICF/IID continue
 - Vaccine requirements remain in place for state employees

What Rules Are Reinstated?

No Emergency Rules in Place - Facilities must comply by 10/27/2022

Requirement
Resident Rights - follow local health jurisdiction (LHJ) quarantine or isolation guidance during outbreak
CPR and first aid training. Facilities must be in compliance with WAC 388-112A-0720
Facilities who need to complete the certificate of need or construction review processes must work with DOH prior to October 27 to complete those processes

Please review updates to [WAC 388-112A](#) and Dear Provider Letter 22-037
[GOVERNOR'S PROCLAMATIONS RELATED TO COVID-19 ENDING OCTOBER 27](#)

What *Emergency* or *Permanent* Rules Are in Effect?

Requirement

Long-term care worker training, including home care aide certification, specialty training, and continuing education timelines.

Nursing assistant – certified training timeline extended for people in an approved training program based on date of hire.

GOVERNOR’S PROCLAMATIONS RELATED TO COVID-19 ENDING OCTOBER 27

<https://www.dshs.wa.gov/sites/default/files/ALISA/rcs/documents/multiple/022-09-09-1.pdf>

WAC 388-112A-0081 When must long-term care workers who were working or hired during the COVID-19 public health emergency complete training, including required specialty training?

What *Emergency* or *Permanent* Rules Are in Effect?

Requirement
Fingerprint-based background checks. Long-term care workers hired after August 28, 2022, resume the 120-day timeline to obtain results.
Permanent rules have been adopted that list the criteria used to reestablish timelines for completing licensing inspections. These rules went into effect September 11, 2022.

GOVERNOR'S PROCLAMATIONS RELATED TO COVID-19 ENDING OCTOBER 27

<https://www.dshs.wa.gov/sites/default/files/ALISA/rcs/documents/multiple/022-09-09-1.pdf>

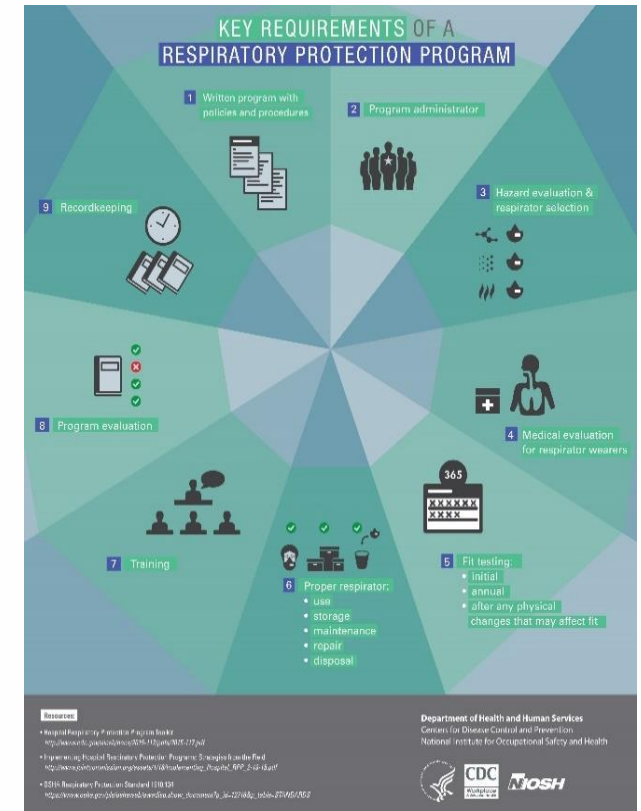
What Requirements Continue?

A Respiratory Protection Program (RPP) is Required by State and Federal law when/if respirators are used in the workplace

- [OSHA 1910.134 Respiratory Protection](#)
- [WAC 296-842 Respirators](#)

NINE Key Requirements of an RPP:

1. Written program with policies & procedures
2. Program Administrator
3. Hazard Evaluation & Respirator Selection
4. Medical Evaluation for Respirator Wearers
5. Fit Testing: Initial, Annual, After Any Physical Changes That Affect Fit
6. Proper Respirator Use, Storage, Maintenance, Repair, Disposal
7. Training
8. Program Evaluation
9. Record Keeping



Where Can ALF Providers Get Help With Their RPP?

The Washington State Department of Health Obtained a Grant to Provide RPP Support to LTC Settings. This includes:

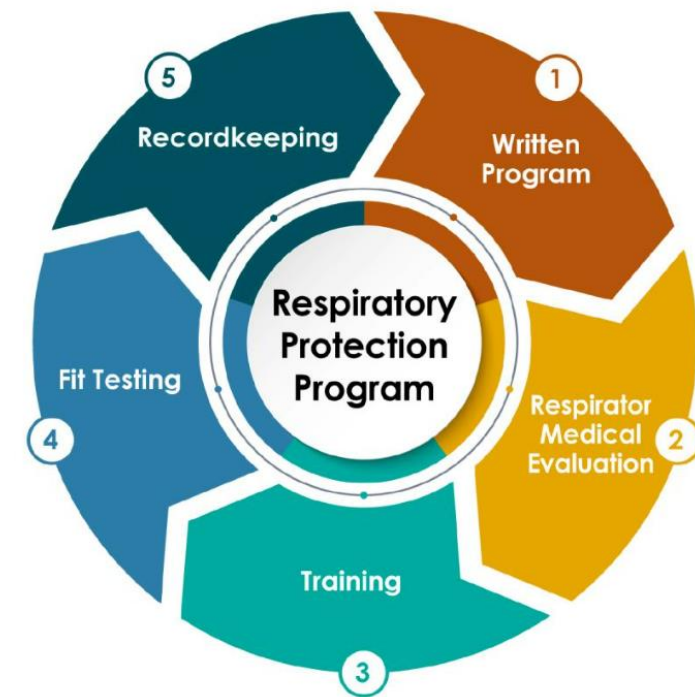
[Fit Testing Training](#)

[Respiratory Protection Program for Long-Term Care Facilities](#)

- No-Cost for Online Respirator Medical Evaluations

Training program resources

- [RPP N95 User Training \(PowerPoint\)](#)
- [N95 Respirator Fit-testing process](#)
- [OSHA Respirator Safety video](#) (don, doff, and seal check)
- [OSHA Donning and Doffing an N95 video](#) (YouTube, 2:02)
- [OSHA User Seal Check video](#) (YouTube, 4:39)
- [Facial hair/ facial jewelry guide \(PDF\)](#)
- [A close shave can save \(facial hair poster\) \(PDF\)](#)



What Requirements Continue?

[The Statewide Face Covering Order](#) issued by the state Department of Health (DOH) will remain in place for health care and long-term care settings. Staff in long-term care facilities must continue to wear a face covering during resident care encounters.



Exceptions - Face Coverings Are Not Required:


- **While working in areas not generally accessible to the public**
 - When only employees are present
 - But only if the employee is fully vaccinated* against COVID-19
- **While working alone**
 - Isolated from interactions with others
 - With little or no expectation of in-person interruptions

*The definition of fully vaccinated does not include a COVID-19 booster.

What Requirements Continue?

- **Eye protection will still be required in long-term care facilities, according to CDC and DOH guidance.**
 - [Centers for Disease Control and Prevention](#) (CDC) guidance says that facilities located in counties where *Community Transmission is high* should also consider having HCP use PPE as described below: Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) worn during all patient care encounters.
 - [Washington State Department of Health](#) (DOH) guidance says to wear eye protection for all patient / client encounters if facility is in an area with *high Community Transmission*



NOTE: Community Transmission (Healthcare Guidance)  Community Level (Public Guidance)
[CDC Data Tracker](#)

How do I Know the Community Transmission Level?

COVID Data Tracker <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Maps, charts, and data provided by CDC, updates Mon-Fri by 8 pm ET

COVID-19 Home >

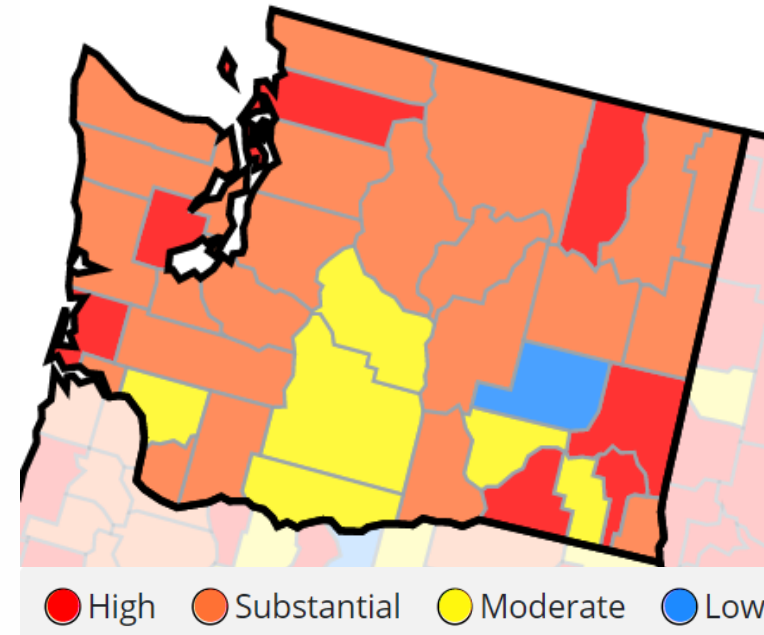
COVID-19 Community Levels

Determine the impact of COVID-19 on communities and to take action.

COVID-19 Transmission Levels

Describe the amount of COVID-19 spread within each county.

Healthcare facilities use Transmission Levels to determine infection control interventions.



What is a Resident Care Encounter?

Resident Care Encounters Are Defined As:

- in-person, interactions between staff and residents
- when there is less than 6 feet between the staff and resident
- for any length of time

Encounters May Involve: medical procedures, caregiving activities, activities of daily living, medication administration, transportation, etc.

NOTE: Passing by a resident in a common area would not be considered a resident encounter

<https://doh.wa.gov/sites/default/files/2022-06/420-391-HealthcareIPCCOVID.pdf>

What if Residents or Visitors Refuse to Wear Masks?

Providers should:

1. Follow [Centers for Disease Control and Prevention](#) and [Department of Health](#) Source Control Guidance to have policies, support and education for mask wearing.
 - Ensure everyone is aware of the recommendation to wear masks
 - Put up signs and posters reminding staff, residents and visitors of what to do
 - Talk to residents, visitors and families about how masks protect them
2. **Respect Resident Rights**
 - Follow their process for when a resident refuses care. This may include counseling, education, enlisting the aid of family, significant others, and/or ombudsman. Document efforts to engage the resident in wearing a mask.
 - You may NOT require the resident to remain in their room instead of wearing a mask.

Can Visitors Remove Masks in the Resident Room if no Roommates are Present?

Visitors should wear their own well-fitting mask upon arrival to and throughout their visit

Face covering or masks should cover the mouth and nose

Masks can be removed when eating or drinking

Visitors who are unable to adhere to the core principles of infection prevention should not be permitted to visit or should be asked to leave

Frequently Asked Questions

QUESTION: Does the end of the Public Health Emergency (PHE) mean that no one has to use eye protection anymore?

ANSWER: Staff in facilities located in counties with *high transmission* levels should wear eye protection during all resident encounters.

QUESTION: How do I know the Transmission Level?

ANSWER: Go to the CDC COVID Data Tracker Website and check “Transmission Levels” NOT “COVID-19 Community Level”
<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>


QUESTION: Do I have to wear eye protection if I am by myself in the office or cooking in the kitchen when no residents are around?

ANSWER: No. Eye protection is required when engaged in resident encounters (in-person interactions between staff & residents/clients, < 6 feet distance, for any length of time). NOTE: eye protection should be cleaned each time it is taken off, before putting it back on.



Department of Health Update

DOH Updates – Alignment with CDC Guidance



COVID-19/Coronavirus Announcement

Thank you for coming to visit today. As you may know, the world is experiencing an outbreak of COVID-19 caused by the virus SARS-CoV-2.

- ❖ The virus is mainly spread from person-to-person via aerosolized particles from people coughing, sneezing or talking.
- ❖ Older adults and those with underlying medical conditions are considered high risk.

We take our role in protecting the health of our residents very seriously.

Before entering our facility, we respectfully ask all visitors confirm:

- You are **not** currently sick.
 - You have not had a positive SARS-CoV-2 viral test in the past 10 days
 - You have not had symptoms of COVID-19 in the past 10 days
- You have **not** been in close contact in the past 10 days with someone who was sick with:
 - COVID-19
 - Any other respiratory illness

We are taking extra measures to keep our facility safe. During your time here today, we respectfully ask that you:

- Clean your hands often by using alcohol-based hand sanitizer or soap and water.
- Wear a well-fitting facemask while in the facility.
- Follow facility's infection prevention and control policies.
- Please reach out to a staff member if you have any questions or concerns.

Thank you!

Updated 2/18/2022
DOH 420-313

Screening – The ALF must establish a process to make sure everyone entering the facility is aware of what to do to prevent infection spread.

- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias)
- Recommended Actions to prevent transmission if 1) positive for SARS-CoV-2, 2) symptoms of COVID-19, 3) close contact or exposure with SARS-CoV-2

<https://doh.wa.gov/sites/default/files/legacy/Documents/1600/coronavirus/COVID-19-CoronavirusAnnouncementforVisitors.pdf>

DOH Updates – Alignment with CDC Guidance

Universal eye protection and Aerosol Generating Procedures.

Implement *when Community Transmission levels are high*

- N95 respirator in select situations (e.g., AGPs)
- Eye protection during all patient/resident/client care encounters

Aerosol Generating Procedures (AGP) are medical procedures that can produce small particles that another person could breathe in and become infected

Common AGP are CPAP (continuous positive airway pressure) devices for sleep apnea

DOH Updates – Alignment with CDC Guidance

No Quarantine or Work Restriction After COVID-19 Exposure for Staff or Residents

- Vaccination status does not matter
- If symptoms appear – the person must isolate

After Exposure Do These Things:

- Monitor for symptoms
- Test for COVID-19 on day 1, 3, 5 after exposure
- Wear a mask for 10 days following the exposure
- Prompt isolation or work restriction if symptoms develop or testing is positive for COVID-19

DOH Updates – *Different From CDC Guidance*

Universal source control (Masks) for everyone in healthcare settings.

- Masks must cover a person's mouth and nose to prevent spread of infection when they are breathing, talking, sneezing, or coughing
- Residents and visitors should wear their own well-fitting mask upon arrival and throughout their stay in the ALF
- Residents may remove their mask when alone in their rooms but should put it back on when around others (for example, when visitors enter their room) or when leaving their room

DOH Updates – *Different From CDC Guidance*

Continue to follow DOH's [Interim recommendation for SARS-CoV-2 infection prevention and control in healthcare settings](#).

- Follow Community Transmission for Infection Control Measures (not COVID-19 Community Level)
- Cohort and Isolate Residents who have COVID-19
- Everyone wears a mask

How Should the DOH Interim Guidance Be Used?

The interim DOH guidance helps you know what to do:

- To Prevent the Spread of COVID-19
- When Different Types of Personal Protective Equipment (PPE) are Required
- When and How to Use Isolation and Quarantine
- When There are Healthcare Personnel Staffing Shortages
- When and How Often Testing is Needed
- How to Protect Staff During Aerosol Generating Procedures

When You Have Questions – Call Your Local Health Jurisdiction for Help

<http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>



Frequently Asked Questions

QUESTION: Is active screening (temperature checks, symptom reporting) required for visitors?

ANSWER: Active screening is not required, but you must have a way to tell people what to do to prevent the spread of infection in your facility.

QUESTION: When is a DOH recommendation a requirement?

ANSWER: Providers *must* create a safe and healthy environment for residents to prevent and control the spread of infection. Healthcare standards and guidance are used so that all (providers, staff, residents, families, surveyors) know what is to be done using known, established and evidence-based practice.

QUESTION: When will the “Interim Guidance” go away?

ANSWER: There is not an end or sunset date on Interim COVID-19 guidance. When the Interim guidance is no longer needed, it will be archived. What will remain is standard IPC practice, like standard precautions and outbreak management.



Assisted Living Facility IPC Regulations

What Regulations Apply to Infection Prevention and Control?

Regulation WAC 388-78A-2610 Infection control - SUMMARY

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

(b) Restrict an ill staff person's contact with residents;

(c) Provide staff with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

What Regulations Apply to Infection Prevention and Control?

Regulation WAC 388-78A-2610 Infection control

(2) The assisted living facility must: (f) Report communicable diseases in accordance with the requirements in chapter [246-100](#) WAC.

[WAC 246-100-021](#) **Responsibilities and duties—Health care providers.** (2) Comply with requirements in chapter 246-101 WAC.

[WAC 246-101-010](#) **Definitions within the notifiable conditions regulations.** (16) "Health care facility" means: (a) Any assisted living facility licensed under chapter [18.20](#) RCW

[WAC 246-101-305](#) **Duties of the Health Care Facility** (1)(a)(i-iv) Health care facilities shall: Notify the local health department of cases of notifiable conditions (influenza, COVID-19) in the healthcare facility that occur, are suspected or are treated, outbreaks or suspected outbreaks of disease.

What Regulations Apply to Infection Prevention and Control?

Regulation WAC 246-100-021 Responsibilities and duties—Health care providers.

Every health care provider, as defined in chapter 246-100 WAC, shall:

(1) Provide adequate, culturally and linguistically appropriate, and understandable instruction in control measures designed to prevent the spread of disease to:

- (a) Each patient with a communicable disease under their care; and
- (b) Others as appropriate to prevent spread of disease.

(2) Cooperate with public health authorities during investigation of:

- (a) Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and
- (b) An outbreak or suspected outbreak of illness.

What Regulations Apply to Infection Prevention and Control?

Regulation WAC 388-78A-2650 Reporting fires and incidents.

The assisted living facility must immediately report to the department's aging and disability services administration: (3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

INTERPRETATION: Facilities must report Communicable Disease Outbreaks to the Complaint Resolution Unit (CRU).

REQUEST: Please continue to report COVID-19 staff and resident cases to the CRU.

Regulation WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to: (k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610;

What Must Providers Do to Meet Regulations?

Develop and Implement	A system to identify and manage infections Policies and procedures to prevent and limit the spread of infections
Restrict	Ill staff person's contact with residents
Provide	Staff with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;
Deliver	All resident care and services according to current acceptable standards for infection control; Take action to prevent the spread of infection based on local, federal & state guidance

What Must Providers Do to Meet Regulations?

Perform	All housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control
Report	Communicable disease per 246-100 WAC (report cases and outbreaks to local health jurisdiction) and WAC 388-78A-2650 (report outbreaks to CRU)
Cooperate	With public health authorities during communicable disease investigation
Provide	Adequate, culturally and linguistically appropriate, and understandable IPC instruction to staff and residents

Limiting the Spread of Infection – Wash Hands

WASH YOUR HANDS



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

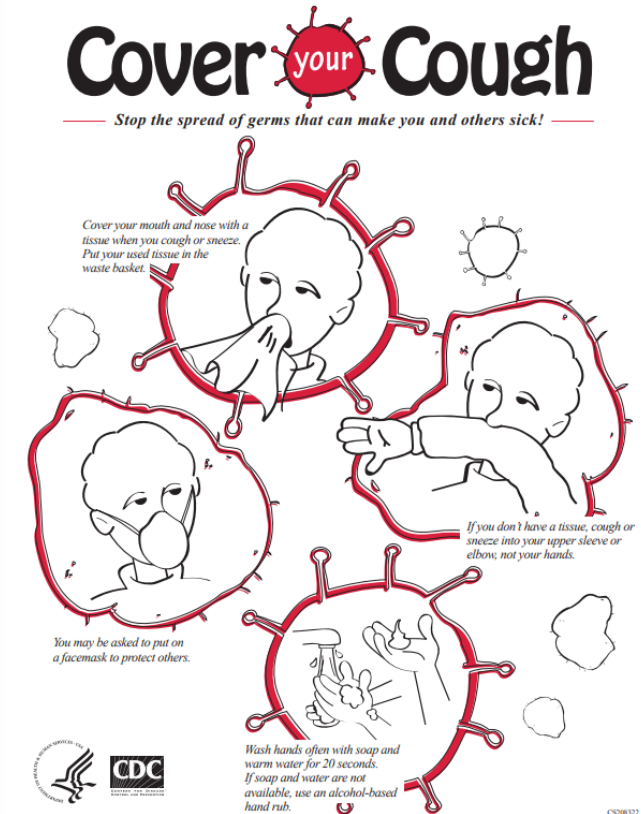
Frequent Hand Washing is emphasized when you:

- Provide readily accessible hand washing supplies, like alcohol-based hand rub (ABHR), soap and sinks for hand washing
- Teach your caregivers how to perform hand hygiene correctly
- Expect hand hygiene between resident care and before preparing food or medications

Limiting the Spread of Infection – Other Actions

Other actions that limit the spread of infection:

- Respiratory Hygiene/Cough Etiquette
- Cleaning High Touch Surfaces With Proper Cleaning Solution
- Exclusion of ill staff and visitors
- Early recognition and testing of suspected infection



Nationally Recognized Standards

- **Centers for Disease Control and Prevention (CDC)**

- Federal standards and guidance
- National Institute for Occupational Safety and Health (NIOSH) is responsible for conducting research and making recommendations for the prevention of work-related injury and illness.

- **Occupational Safety and Health Administration (OSHA)**

- Respiratory Protection Program

- **Federal Drug Administration (FDA)**

- Personal Protective Equipment (PPE) standards

- **Environmental Protection Agency (EPA)**

- Cleaning Solution Standards



Standard Precautions (CDC)

Hand hygiene

Use of personal protective equipment (e.g., gloves, masks, eyewear)

Respiratory hygiene / cough etiquette

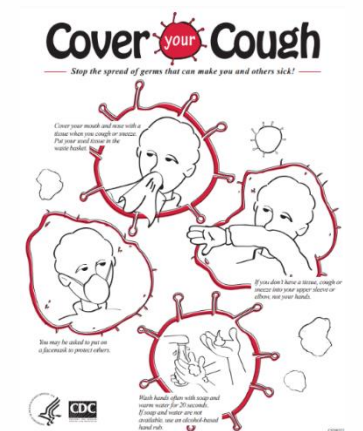
Appropriate resident placement (Isolation)

Clean and Disinfect care equipment and environment.

Safely handle textiles and laundry

Safe injection practices

Sharps safety (engineering and work practice controls)



<https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

Infection Control System

Standard Precautions for All Resident Care

- Hand Hygiene (cleaning hands between resident encounters, before preparing food or medications, after providing personal care)
- Use Personal Protective Equipment (PPE) such as gloves, gowns, masks if there is possible exposure to infectious material
- Follow Respiratory hygiene/cough etiquette
- Separate ill residents until they are not contagious
- Environment: (Use proper product, avoid contamination)
 - Clean & disinfect care equipment & environment
 - Safely handle laundry
 - Safe practice for injections & needle disposal

Do not work if ill, do not let employees work if ill



Infection Control System - Ask Yourself

Do I know the nationally recognized infection control standards?

How do I emphasize train, monitor and support hand washing?

What do I do to limit the spread of infection in my facility?

- Readily available tissues and garbage to dispose of contaminated tissues?
- Readily available hand hygiene products?
- Regular surface cleaning with products that kill viruses and bacteria?
- Readily available gloves, gowns, masks?
- Do not allow staff or self to work when ill?

How Will Licensors and Complaint Investigators Determine IPC Regulatory Compliance?

Complaints – RCS Complaint Investigators use the RCS Infection Prevention and Control (IPC) Assessment when there is a complaint related to disease transmission.

- **Observation Examples:** hand hygiene, masks, use of eye protection when required, cleaning and disinfecting, appropriate use and availability of PPE
- **Interview Example:** Ask the provider how they know staff are following training related to hand hygiene, cough etiquette, PPE use, laundry, safe sharps, and injection practice

Licensors – Every licensing inspection includes review of IPC practice using the RCS IPC assessment. May cite if IPC concerns are noted during observation of care or review of practice.

Frequently Asked Questions

QUESTION: Why are IPC standards for ALF the same as a Nursing Home?

ANSWER: Nationally recognized IPC standards help prevent the spread of infection from person to person. Any caregiver in any setting follows standard precautions.

QUESTION: How will I know if I am meeting the regulation requirements?

ANSWER: Ask yourself “How am I preventing the spread of infection in my facility?” “Do the things I do to prevent the spread of infection align with Standard Precautions?”

QUESTION: Who can help me improve my IPC system?

ANSWER: Department of Health and RCS LTC Quality Improvement Program (QIP)

- DOH Respiratory Protection Program [Site](#)
- DOH Infection Control Assessment and Response (ICAR) [Site](#)
- RCS LTC QIP email RCSQIP@dshs.wa.gov



Resources

DOH ICAR Consultation

- Voluntary, Free & Confidential
- IPC Nurse comes to your facility for 1-2 hours
- Focus on your IPC needs and systems
- Ongoing relationship if desired

To schedule an In-Person or Virtual Visit:

<http://doh.wa.gov/ICAR>

Contact: HAI-FieldTeam@doh.wa.gov

[What to expect on your ICAR for Long Term Care Facilities \(PDF\)](#)



RCS LTC QIP Consultation

- Voluntary, Free & Confidential
- LTC QIP Nurse visit
 - Off site conversation
 - On-site visit 1 or more hours
 - Follow up virtual visit
- Focus on your IPC goals and meeting regulatory standards

To request an RCS LTC QIP Visit RCSQIP@dshs.wa.gov

[Brochure](#)



References

- Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings 2022 <https://doh.wa.gov/sites/default/files/2022-06/420-391-SARS-CoV-2-InfectionPreventionControlHealthcareSettings.pdf>
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- Frequently Asked Questions about COVID-19 Vaccination <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>
- [Secretary of Health Order 20-03 Statewide Face Coverings.10-28-2022.pdf](#)
- Respiratory Protection Program for Long-Term Care Facilities <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/respiratory-protection-program>

For Questions and to Provide Feedback About the Presentation

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Residential Care Services