

End of Proclamation & Public Health Emergency –What Now?

For Certified Community Residential Supports & Services (CCRSS) Providers

Katherine Ander, Infection Prevention & Project Support

Katherine.ander@dshs.wa.gov 360-742-6037

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- LTC Covid Response Plans are no longer in effect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

Facility Type	Requirement
Group homes	Resident Rights - follow local health jurisdiction (LHJ) quarantine or isolation guidance during outbreak
Group homes	CPR and first aid training. Facilities must be in compliance with WAC 388-112A-0720

Please review updates to WAC 388-112A; MB [R20-113](#) and [R22-034](#)

What *Emergency or Permanent* Rules Are in Effect?

Facility Type	Requirement
Group homes	Long-term care worker training, including home care aide certification, specialty training, and continuing education timelines.
CCRSS	Fingerprint-based background checks. Long-term care workers hired after August 28, 2022, resume the 120-day timeline to obtain results.
CCRSS	Certification evaluation Timelines. Permanent rulemaking is underway to define the criteria the department will use to reestablish certification evaluation timelines.

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

<https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/multiple/022-09-09-1.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/client 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](#)

What is a Resident/Client Care Encounter?

Resident/Client 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 period of time.

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

NOTE: Passing by a client 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 Regulations Apply - CCRSS

Regulation

WAC 388-101D-0060 Policies and procedures. (1) The service provider must develop, implement, and train staff on policies and procedures to address what staff must do: (e) In emergent situations that may pose a danger or risk to the client or others, such as in the event of death or serious injury to a client; (g) Related to emergency response plans for natural or other disasters;

WAC 388-101D-0170 Physical and safety requirements. (2) The service provider must ensure that the following home safety requirements are met for each client unless otherwise specified in the client's individual support plan: (a) A safe and healthy environment;

WAC 388-101D-0125 Client rights. (5) The right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse, neglect, abandonment, and financial exploitation;

WAC 388-101D-0145 Client services. Service providers must provide each client instruction and/or support to the degree the individual support plan identifies the service provider as responsible. Instruction and/or support to the client may include but are not limited to the following categories: (4) Health and safety activities;

What Providers Must Do to Meet Regulations

- **WAC 388-101D-0060** Providers must continue implementing and train staff to policies & procedures to prevent the spread of infection. Policies should be updated to reflect the most current local, federal & state guidance
- **WAC 388-101D-0170** Provide a safe environment that prevents the spread of infection by following current local, federal & state guidance as indicated in your policy.
- **WAC 388-101D-0125** Ensure action is taken to provide effective infection prevention and control to eliminate the possibility spreading preventable infection.
- **WAC 388-101D-0145** Provide each client instruction and/or support identified in the individual support plan (person centered service plan)

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.
- **Agency for Healthcare Research and Quality (AHRQ)**
 - Lead federal agency charged with improving the quality and safety of America's health-care system.
 - Develops the knowledge, tools, and data to improve health system performance.
- **Centers for Medicare and Medicaid Services (CMS)**
 - Federal Regulations and infection control guidance
 - Infection Preventionist Training – Nursing Home (collaboration with CDC)
- **Occupational Safety and Health Administration (OSHA)**
 - Respiratory Protection Program
- **Federal Drug Administration (FDA)**
 - PPE standards
- **Environmental Protection Agency (EPA)**
 - Cleaning Solution Standards



Agency for Healthcare
Research and Quality



Standard Precautions (CDC)

Hand hygiene.

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

Respiratory hygiene / cough etiquette.

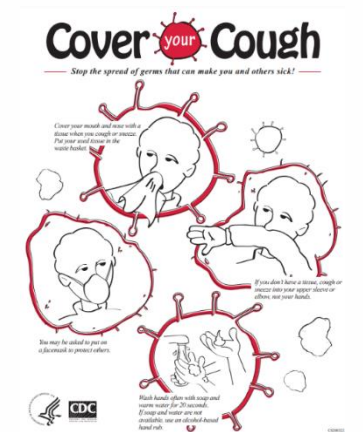
Appropriate resident placement (Isolation)

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>

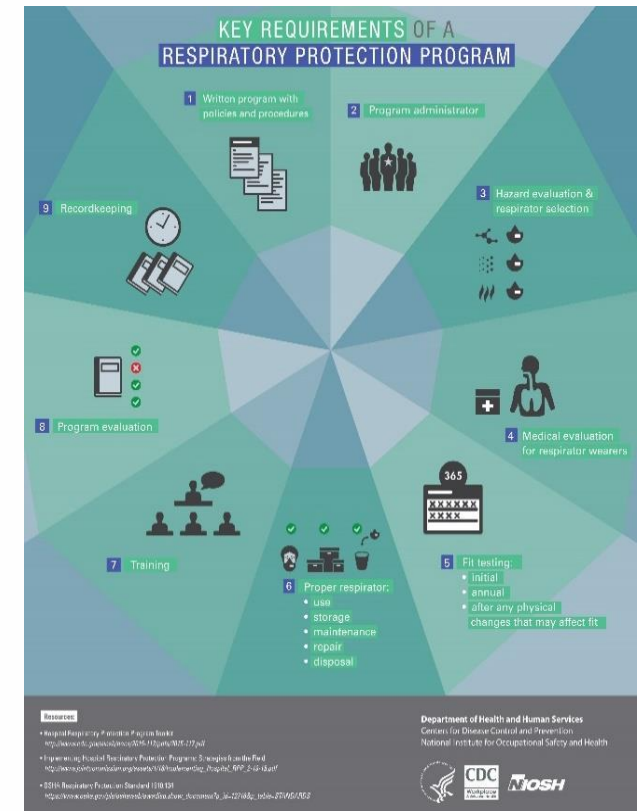
Respiratory Protection Program (RPP) Regulations

- **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



Standards Applicable to CCRSS Settings

Supported Living providers will continue to educate and encourage clients to follow CDC guidance found in the [communal setting guidance](#) or the [multi-family home guidance](#), dependent on which is more appropriate to the specific client's situation and home.

Communal Setting Guidance

Prevention Actions to Use at All COVID-19 Community Levels In addition to basic health and hygiene practices, like handwashing, CDC recommends some prevention actions at all COVID-19 Community Levels, which include:

- Staying Up to Date with COVID-19 Vaccines
- Improving Ventilation
- Getting Tested for COVID-19 If Needed
- Following Recommendations for What to Do If You Have Been Exposed
- Staying Home If You Have Suspected or Confirmed COVID-19
- Seeking Treatment If You Have COVID-19 and Are at High Risk of Getting Very Sick
- Avoiding Contact with People Who Have Suspected or Confirmed COVID-19

Standards Applicable to CCRSS Settings

Multifamily Home Guidance

Communal spaces, community activities, and close living quarters in multifamily housing increase the risk of getting and spreading the virus

Personal prevention practices to reduce COVID-19

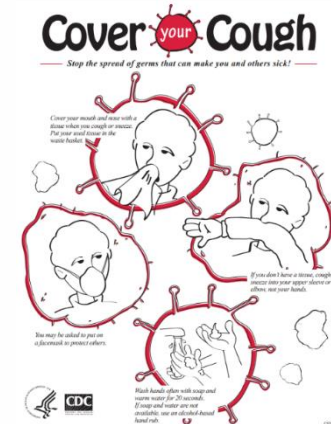
[social distancing](#),
using [masks](#),
frequent [handwashing with soap and water or hand sanitizing when handwashing with soap and water is not possible](#),
[cough etiquette](#)
[staying home when sick](#)
[environmental cleaning and disinfection](#)

Develop a plan

During an infectious disease outbreak, such as the current outbreak of COVID-19, property owners, administrators, and operators should [prepare to identify residents at increased risk of severe COVID-19 illness](#), collaborate with their local health departments, and protect their employees' health and safety.

Reference DPL:

[STATE OF EMERGENCY ENDING IN WASHINGTON STATE ON OCTOBER 31](#)
[GOVERNOR'S PROCLAMATIONS RELATED TO COVID-19 ENDING OCTOBER 27](#)



Frequently Asked Questions

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

ANSWER: DOH guidance recommends that staff in facilities located in counties with high transmission should wear eye protection during all client care encounters.

QUESTION: Are Standard Precautions, which protect healthcare workers from infection and prevent the spread of infection from person to person optional?

ANSWER: Standard Precautions are Nationally recognized IPC standards and appropriate infection control practice that is essential to resident/client health and safety.

QUESTION: What are the IPC standards for CCRSS – this setting is a person’s personal home, and you can’t regulate that!

ANSWER: CCRSS providers are required to provide and promote a safe and healthy environment, free from neglect that could result in a client contracting a deadly illness and must take actions to reduce COVID-19 spread.



DOH Updates – Alignment with CDC Guidance

Screening - Facility must establish a process to make everyone entering the facility aware of recommended actions to prevent transmission within the facility.

Screening Testing - No longer recommending asymptomatic screening testing of nursing home personnel who have not had a recognized exposure.

- Screening testing remains recommended for new admissions to nursing homes when community transmission levels are high

Universal eye protection and AGP. Implement *when Community Transmission levels are high*

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

DOH Updates – Alignment with CDC Guidance

Quarantine and Work Restriction. No longer routinely recommending quarantine (for residents/clients) or work restriction (for healthcare personnel) for asymptomatic individuals following SARS-CoV-2 exposures – regardless of vaccination status.

Continue to emphasize:

- Monitoring for symptoms
- Series of 3 tests (day 1, 3, 5)
- Continued use of source control for 10 days following the exposure
- Prompt isolation or work restriction if symptoms develop or testing is positive for SARS-CoV-2 infection

DOH Updates – *Different From CDC Guidance*

Universal source control for everyone in healthcare settings.

- Source control refers to the 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.
- Residents and visitors should wear their own well-fitting form of source control upon arrival to and throughout their stay in the facility.
- Residents may remove their source control when alone in their rooms but should put it back on when around others (for example, when visitors enter their room) or leaving their room

DOH Updates – *Different From CDC Guidance*

Setting Specific Considerations

To Include Adult Family Home, Assisted Living Facilities, Group Homes, Group Training Home, Supported Living (SL), State Operated Living Alternatives (SOLA) and other Residential Care Settings.

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 Community Level)
- Continue to Cohort and Isolate Residents/Clients with SARS-Co-V2
- Universal masking

DOH Frequently Asked Questions

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

ANSWER: Facilities must establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria: 1) a positive viral test for SARS-CoV-2; 2) symptoms of COVID-19, or 3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP)).

QUESTION: Is routine COVID-19 Testing is still recommended?

ANSWER: Asymptomatic screening/testing of is not recommended.

QUESTION: Is universal source control (masks) recommended for everyone in a healthcare setting?

ANSWER: Yes. For CCRSS, masking applies to long-term care (LTC) workers.



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>



How Will Evaluators and Complaint Investigators Use the DOH Guidance?

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

- Includes a review of CDC / DOH strategies for the prevention and control of communicable disease in LTC settings.
- Observation Examples: hand hygiene, masks, use of eye protection when required, cleaning and disinfecting, appropriate use and availability of PPE

Evaluators – Every certification evaluation includes review of IPC practice using an IPC tool. May cite if IPC concerns are noted during observation of care or review of policies and practice.

Frequently Asked Questions

QUESTION: What if the Client Does Not Want Staff to Wear Masks?

ANSWER: The mask guidance is to prevent the spread of infection by and from healthcare workers to clients. It is important to help clients understand the reason for masks.

QUESTION: When is a DOH recommendation a requirement?

ANSWER: The regulatory requirement is for providers to create a safe and healthy environment for clients. This includes preventing the spread of infection using known, established and evidence-based practice. Healthcare standards and guidance are used as a common reference so that all (providers, staff, clients, families, surveyors) know what is to be done.

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.



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>
- 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](#)