



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

March 18, 2020
Amended April 8, 2020

ALTSA: ICF/IID #2020-005
COVID-19 INFORMATION AS OF APRIL 8, 2020

Dear ICF/IID Superintendent:

This letter is amended to reflect the governor's latest proclamation 20-32, share guidance from the Centers for Disease Control and Prevention (CDC) on health care workers returning to work after COVID-19 infection or exposure, and summarize recent guidance from Centers for Medicaid and Medicare Service (CMS). The information in this letter is current as of April 3, 2020. Some of this is new and supersedes previous guidance given, while other information repeats and reinforces previous guidance.

New Information

Governor Proclamation 20-32

[Proclamation 20-32](#) waives multiple Department of Health (DOH) statutes and rules concerning licensing requirements for many healthcare providers licensed by DOH, including, nurses, nursing assistants, and nursing assistants – nursing homes. The waiver relieves some healthcare providers of the obligation to complete education requirements prior to obtaining an initial or a renewed license, and extends all health profession license expiration dates to September 30, 2020 for licenses up for renewal between April 1 and September 30, 2020.

Return to Work Criteria for Healthcare Workers with Exposure to or Confirmed COVID-19.

RCS received questions from many providers about this, and would like to provide the links to the recommendations from the Centers for Disease Control and Prevention (CDC).

- CDC criteria for return to work: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- CDC risk assessment and management of healthcare personnel with potential exposure to COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html#practices-restrictions>

QSO-20-20-ALL and QSO-20-23-ICF/IID & PRTF

On March 23, 2020, CMS superseded QSO-20-12-NH with QSO-20-20-ALL. Information regarding QSO-20-12-NH is removed from this letter. The new guidance from QSO-20-20-ALL is in a new ICF/IID Superintendent letter [ICF/IID #2020-007](#).

On March 30, 2020, CMS issued QSO-20-23-ICF/IID & PRTF providing guidance for Infection Control and Prevention of COVID-19 in ICF/IIDs and PRTFs. A description of the QSO-20-23, guidance is in a new ICF/IID Superintendent letter [ICF/IID #2020-008](#).

Previously Issued Information Still in Effect

Governor's Proclamations 20-05, 20-06, 20-10, 20-16, and 20-18

On March 18, 2020, Governor Inslee issued [Proclamation 20-18](#), waiving and suspending the following ICF / IID requirements:

- Washington State Patrol and Federal Bureau of Investigation fingerprint background checks and national sex offenders registry background checks (RCW 43.20A.710(2), RCW 43.43.837(1), and 74.39A.056(1)(b)(i))
- To reasonable access by their representative, an entity or individual that provides health, social, legal, or other services (RCW 70.129.090(2))

On February 29, 2020, Governor Inslee issued [Proclamation 20-05](#), declaring a state of emergency for Washington State due to the COVID-19 outbreak. On March 16, 2020, the governor issued [Proclamation 20-16](#), which amended Proclamation 20-06 to include ALL long-term care facilities, and prohibits visitation by any person, including friends or family, to enter a facility to visit a resident. The prohibition on visitation does not apply to:

- End of life situations
- Visits by attorneys, administrative law judges, advocates or similar persons who represent a resident
- Vendors or volunteers who supply or work in a facility
- Health care teams such as doctors, behavioral health providers, and home health nurses so that care and service needs of residents are met
- Department of Social and Health Services staff including staff from the Developmental Disabilities Administration and Aging and Long-Term Support Administration

All visitors who enter a facility must meet the following prohibitions and requirements set out in Proclamation 20-06:

- Persons visiting in end of life situations must be screened and may not be allowed to enter a long-term care facility if they show *symptoms* or *signs* of COVID-19.
- Visitors who meet the prohibition exemptions above must show identification, sign into a visitor's log that includes date, time in and time out, and provide their name and contact information, including phone number and email address if available.
- Operators and staff are prohibited from destroying each day's visitor log for 30 days.
- Staff and volunteers are prohibited from working or volunteering unless screened at the start of every shift and do not show *symptoms* associated with COVID-19.
- Residents under a recommendation or order from the Washington State Department of Health (DOH) or the local health jurisdiction for isolation or quarantine for COVID-19 must be isolated in their rooms. A resident can choose to discharge from the facility at any time.
- Staff and volunteers are prohibited from disclosing protected and confidential information except as provided by law or with the consent of the resident.

Symptoms of COVID-19

- Fever of 100.4 or higher
- Cough
- Difficulty breathing

Signs of COVID-19

- Contact with a person with a confirmed diagnosis of COVID-19 in the last 14 days
- Under investigation for COVID-19

Facilities should be checking with employees regarding any confirmed or suspected outbreaks at any other potential place of employment.

On March 10, 2020, CMS clarified the application of CMS policies in light of recent Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) guidance expanding the types of facemasks healthcare workers may use in situations involving COVID-19

and other respiratory infections. This guidance is in CMS memorandum [QSO-20-17-ALL](#). Under some circumstances, a facemask is an acceptable alternative to a N95 respirator. In addition, certain respirators typically used in industrial settings but not used in health care were deemed acceptable for use by facilities who cannot obtain a supply of approved healthcare respirators.

On February 6, 2020, The Centers for Medicare and Medicaid Services issued QSO memo [20-09-ALL](#). In the memo, CMS strongly urged the review of The Centers for Disease Control and Prevention's (CDC) guidance and encouraged facilities to review their own infection prevention and control policies and practices to prevent the spread of infection. Suggested elements of facility practice to review:

- Review your emergency preparedness plan for actions your facility will take for “emerging infectious diseases.” The 2016 Emergency Preparedness Final Rule requires facilities to include “emerging infectious diseases” in their emergency preparedness plans.
- Monitor for compliance with basic infection control practices. For suspected or confirmed 2019 novel coronavirus, CDC is currently advising adherence to Standard, Contact, and Airborne Precautions, including the use of eye protection.
- Monitor for compliance with standard hand hygiene practices, using alcohol-based hand rub/hand sanitizer (ABHR/ABHS) as the preferred method of hand hygiene in most clinical situations. If hands are visibly soiled, wash with soap and water for at least 20 seconds. Healthcare facilities should ensure that hand hygiene supplies are readily available.
- Review for appropriate personal protective equipment (PPE) use and availability, such as gloves, gowns, respirators, and eye protection. If there is difficulty accessing or ordering PPE, please contact the local health jurisdiction.

Links

- [ALSTA ICF/IID](#)
- [Provider Letters](#)
- [ALSTA COVID-19 Guidance and Resources](#)
- [Department of Health](#)
 - DOH Hotline: 1-800-525-0127
 - [COVID-19 Outbreak](#)
 - [DOH COVID-19 Infection Prevention and Control webinar \(registration required\)](#)
 - [DOH Recommendations for LTC Facilities during COVID-19 Outbreak](#)
 - [Local Health Jurisdiction interactive directory map](#)
- [CDC COVID-19](#)
- [CDC Personal Protective Equipment](#)

General Information

You must report suspected or confirmed cases of COVID-19 to your local health jurisdiction and to the Residential Care Services Complaint Resolution Unit (CRU). For information on how and when to report to your local health jurisdiction, please use this link:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions>

For more information about how to best protect residents, staff, and yourself, and to get the most current guidance for your facility, please visit the web sites listed above frequently as the situation is changing rapidly.

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Thank you for your continued commitment to resident health and safety. If you have any questions, please contact your local RCS Field Manager or Shana Privett, Policy Program Manager, at (360) 764-6320 or Shana.Privett@dshs.wa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Candace Goehring". The signature is fluid and cursive, with a large loop at the end of the last name.

Candace Goehring, Director
Residential Care Services

DSHS: *"Transforming Lives"*