

Transforming
Lives

Safe Start for Long-Term Care: Nursing Homes and ICF/IIDs

Thank you for joining us today for this informational presentation addressing our response to the COVID-19 world event. We will begin shortly.

July 30, 2020



Important Notice About Today's Presentation

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Information About Today's Presentation

- This is an informational webinar for long-term care, public health, and other healthcare partners. The webinar is not intended for the media.
- Due to the large number of participants, all attendees will be muted.
- Please submit your comments or questions in the Question Pane.
 - We will attempt to answer as many of your questions as possible at the end of the presentation.

Today's Presenters

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 - Office Chief of Field Operations



Purpose

- Provide information in advance of the Governor's Proclamation.
- Provide an opportunity to prepare for implementation of the Safe Start for Long-Term Care requirements and recommendations.



Image by [moritz320](#) from [Pixabay](#)

Acknowledgement



Thank you to the many professionals and stakeholders who contributed to the drafting of these recommendations and requirements.



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Safe Start for Long Term Care

Refer to this document for the full list of requirements and recommendations.



Safe Start for Long Term Care Recommendations and Requirements: Nursing Homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities

Introduction

Safe Start for Long-Term Care Facility Reopening Recommendations and Requirements

In response to requests for recommendations, the Department of Social and Health Services (DSHS) and the Department of Health (DOH) are presenting the following phased safe start plan for licensed and certified long-term care facilities and agencies. Given the critical importance of limiting COVID-19 exposure in long-term care residential care settings and certified supported living agencies, decisions on relaxing restrictions should be made:

- With careful review of various unique aspects of the different facilities and communities in which they reside;
- In alignment with the Governor's Proclamations; and
- In collaboration with state and local health officials.

This phased approach will help keep residents and clients healthy and safe.

Because the pandemic is affecting communities in different ways, DSHS, DOH and the Governor's Office should regularly monitor the factors for reopening and adjust the Washington reopening plans accordingly.

Residential Care Setting and Supported Living Provider Safe Start Requirements

1. Follow the Centers of Disease Control and Prevention (CDC), Department of Health (DOH), and local health jurisdictions' (LHJs) (when applicable) infection control guidelines to slow COVID-19 spread.
2. Cooperate with the local health officer or his/her designee in the conduct of an outbreak investigation, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of residents.
3. Follow this DSHS and DOH phased reopening plan which is based on the Governor's Safe Start phased plan.

Introduction

Washington State Department of Health (DOH) and Department of Social and Health Services (DSHS)

- **Decisions on relaxing restrictions should be made:**
 - With careful review of various aspects of the different facilities and communities;
 - In alignment with the Governor's Proclamations; and
 - In collaboration with state and local health officials.

Providers Regulated by Safe Start

- Nursing Homes (NH);
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID);
- Adult Family Homes (AFH);
- Assisted Living Facilities (ALF);
- Enhanced Services Facilities (ESF);
- Supported Living Agencies (SL);
- Group Homes, Group Training Homes; and
- State-Operated Living Alternatives (SOLA)

Residential Care Settings and Supported Living Provider Safe Start Requirements

1. Follow the Centers of Disease Control and Prevention (CDC), Department of Health (DOH), and local health jurisdictions' (LHJs) (when applicable) infection control guidelines to slow COVID-19 spread.
2. Cooperate with the local health officer or designee in the conduct of an outbreak investigation, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of residents.

Residential Care Settings and Supported Living Provider Reopening Requirements (cont.)

3. Follow the DSHS and DOH phased Safe Start for Long Term Care based on the Governor's Safe Start phased plan
4. Providers must follow the "Washington Phased Approach for Modifying Physical Distancing" and Governor Proclamations: [Safe Start Plan.](#)

Residential Care Settings and Supported Living Provider Safe Start Requirements (cont.)

5. The LHJ or DOH have the authority to return a facility to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak by imposing non-essential visitor restrictions and services.
6. The facility or agency cannot move into the next LTC re-opening phase until the Secretary of the Department of Health approves the next Safe Start county phase for the respective county.

Residential Care Settings and Supported Living Provider Safe Start Requirements (cont.)

- Examples that may require return to a more restrictive phase of reopening include:
 - The county returning to a more restrictive phase of reopening
 - A new outbreak of COVID-19 in a facility as defined by DOH

Residential Care Settings and Supported Living Provider Safe Start Requirements (cont.)

- Definition of an outbreak:

Long-Term Care Facility Outbreak


Outbreak Definition:

- One resident or healthcare worker with confirmed COVID-19,
OR
- One resident with severe respiratory infection resulting in hospitalization or death,
OR
- Two or more residents or healthcare workers with new-onset respiratory symptoms consistent with COVID-19 within 72 hours of each other.

Outbreak End:

- 28 days from the date of the last onset of symptoms
OR
- From the last positive test of an asymptomatic person, whichever is longer.

Residential Care Settings and Supported Living Provider Safe Start Requirements (cont.)



Updated June 6, 2020

Interim COVID-19 Outbreak Definition for Long-Term Care and Residential Care Facilities

This guidance applies to long-term care and residential care facilities that provide a range of health and personal services for aging individuals or people living with physical or behavioral health conditions who need assistance. Residents live in these congregate healthcare settings full-time with overnight stays. This guidance does not apply to hospitals or clinic settings.

Definitions

Long-Term Care Facility:

- Nursing homes and skilled nursing
- Adult family homes
- Assisted living facilities

Healthcare Worker:

Healthcare worker (HCW) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCW does not include clinical laboratory personnel.

Close Contact:

Being within approximately 6 feet (2 meters) of a person with COVID-19 for 15 minutes¹

OR

Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand)

¹<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil_rights@doh.wa.gov.

Residential Interim COVID-19 Outbreak Definition for Long-Term Care and Residential Care Facilities

Facilities Must Have

1. Access to adequate testing of residents and staff and access to ongoing COVID-19 testing at an established commercial laboratory.
2. Capacity to conduct ongoing testing of residents and staff.
3. A response plan to inform cohorting and other infection control measures.

Facilities Must Have (cont.)

4. A plan to actively screen all staff and visitors per DOH guidance.
5. Dedicated space for cohorting and managing care for residents with COVID-19 or if unable to cohort residents, have a plan which may include transferring a person to another care setting.
6. A plan in place to care for residents with COVID-19, including identification and isolation of residents.
 - Plan may be requested by DSHS, DOH, or LHJ to conduct outbreak investigations.
 - Technical assistance with developing plans can be received from the Local Health Jurisdiction.

Facilities Must Have (cont.)

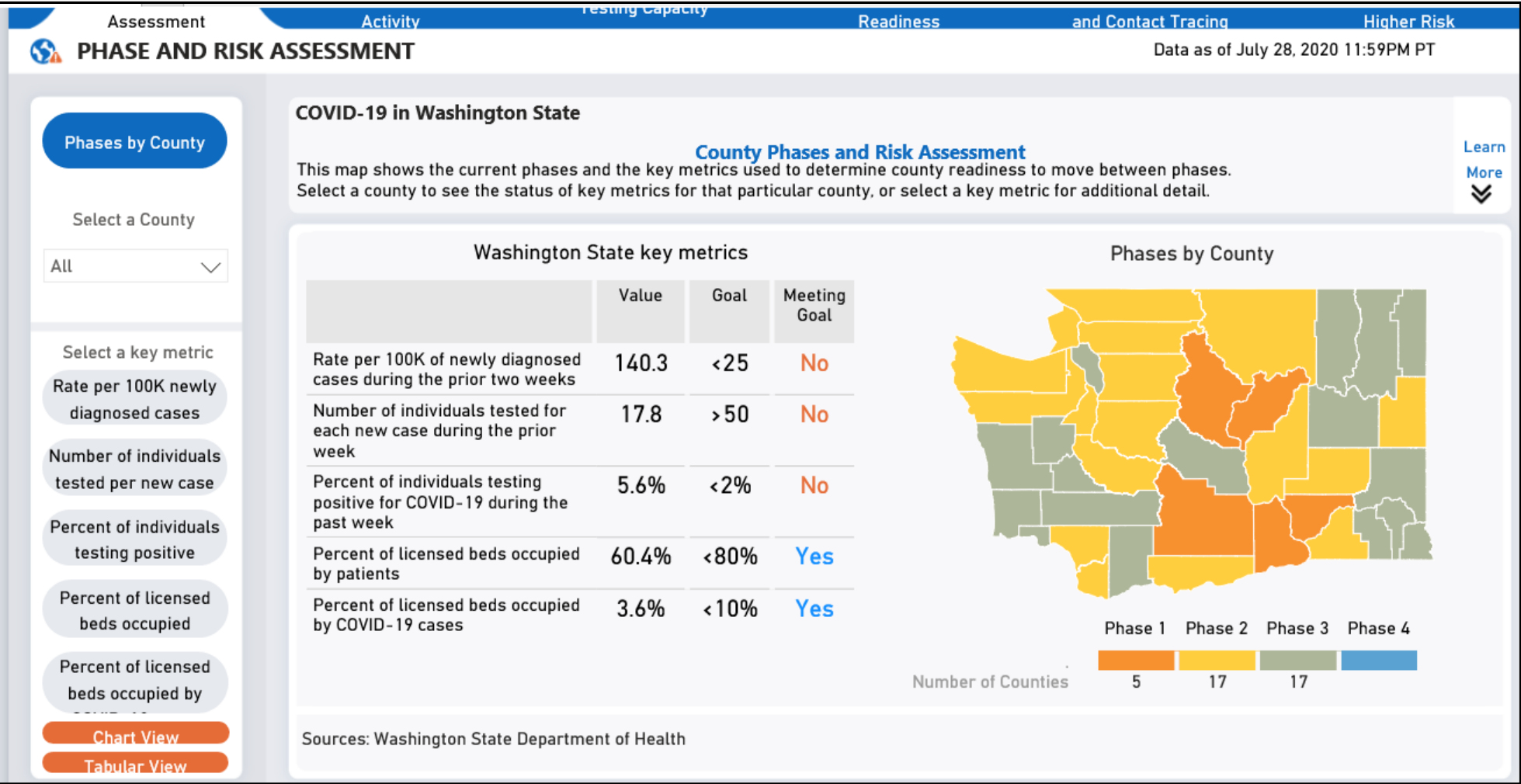
7. Protected and promoted resident and client rights while following standards of infection control practices.
 - Including when a resident or a client requires quarantine or isolation due to individual disease status or an outbreak in a residential facility or client home.

Phase 1

Phase 1

- Phase 1 is designed for aggressive infection control during periods of heightened virus spread in the community and potential for healthcare system limitations.
- Heightened virus spread (High COVID-19 activity) is defined as >75 cases/100,000 for two weeks.
- Check the [COVID 19 Risk Assessment Dashboard](#) to see the metric for your county. (See next slide.)
- If your county is currently meeting the definition of heightened virus spread the facility will remain phase in 1.

Phase 1: Safe Start Phase by County with Metrics



County Phases and Risk Assessment, <https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard> accessed on July 30,2020

Phase 1: Visitation

- Indoor visitation prohibited, except for:
 - Compassionate care situations restricted to end-of-life and psycho-social needs; and
 - Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control (e.g., window visits).
 - Note: these limited and controlled visits may be included in the facility's temporary visitation policy and are not mandated, but rather at the discretion of the facility.
- Compassionate care visitors are screened.
 - All visitors must wear a cloth face covering or face mask for the duration of their visit.
 - Facility/home must provide a face mask if needed.

Phase 1: Visitation (cont.)

- Visitors must sign in and the log kept for 30 days.
- Facilities should have policies in place for remote visitation.
 - Whenever possible will include:
 - Access to friends, family, and their spiritual community; and
 - To the Ombudsman.
- Window visits are not restricted or prohibited depending on the facility's
 - Grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing.
- Outdoor visits are limited to **2 visitors** under controlled conditions with all precautions (face masks, appropriate hand hygiene, and social distancing).
 - Follow DOH Outdoor Visitation Guidance document

Visitor Log Must Include

- Date
- Time in and time out
- Name of visitor
- Visitor's contact information
 - Phone number
 - Email address if available

These are the same requirements for Phase 2, 3, and 4.

Phase 1: Essential/Non-Essential Healthcare Personnel

- Restricted to entry of essential healthcare personnel only.
- All healthcare personnel must be screened upon entry and wear a face mask and PPE as appropriate.

Phase 1: Medically and Non-Medically Necessary Trips

- Telemedicine should be utilized whenever possible.
- Non-medically necessary trips outside the building should be avoided.
- For medically and non-medically necessary trips away from of the facility:
 - The resident must wear a cloth face covering or face mask; and
 - The facility/home must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.

Phase 1: Medically and Non-Medically Necessary Trips (cont.)

- Transportation staff, at a minimum, must wear a face mask. Additional PPE may be required.
- Transportation equipment shall be sanitized between transports.
- Quarantine for 14 days upon return if asymptomatic and not in a positive COVID-19 status.

Phase 1: Communal Dining

- Communal dining is not recommended.
- For residents who require staff assistance with feeding appropriate hand hygiene must occur between residents
 - Residents must be seated at least six feet apart.
- Sanitize all eating areas with disinfectant before and after meals.
- Maintain social distancing and table spacing.

Phase 1: Screening

- Actively screen residents daily.
- Actively screen all staff and all essential healthcare personnel before entering the building or individual houses.
- Do not screen EMTs or law enforcement.

Phase 1: Universal Source Control and Personal Protection Equipment (PPE)

- All facility staff must wear a cloth face covering or face mask.
- All facility staff and essential healthcare personnel must wear appropriate PPE, if available, when they are interacting with residents.
- Follow the LHJ guidelines for new admissions or readmissions from a hospital setting.

Phase 1: Cohorting and Dedicated Staff

- Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19.
- Plans must be in place to manage:
 - New admissions and readmissions with an unknown COVID-19 status; and
 - Residents who routinely attend outside medically-necessary appointments.
- ICD/IID must also monitor staff who work with multiple clients in different houses.

Phase 1: Group Activities

- Restrict group activities.
- Engagement through technology is preferred to minimize opportunity for exposure.
- Facilities should have procedures in place to engage remotely or virtually.

Phase 1: Testing is the Same for All Phases

- Testing will occur based on CDC, DOH, and LHJ guidance.
- Facilities must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 2

Entry Criteria

- If a county has entered Phase 2 the facility may begin implementing Phase 2 criteria after it has all met the following:
 - Facility has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined that moderate transmission is occurring in the community. Moderate transmission is defined as **25-75** cases/100,000 population for two weeks;
 - 28 days since last positive or suspected case (or as required by LHJ whichever is greater);
 - Adequate staffing levels are in place;
 - PPE to ensure at least a 14 day supply using the [CDC's PPE burn rate calculator](#);
 - Performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;

Entry Criteria (cont.)

- If a county has entered Phase 2 the facility may begin implementing Phase 2 criteria after it has met all of the following:
 - Assurance from LHJ that local hospitals have the capacity; and
 - Facility has a plan:
 - To cohort residents with dedicated staff or;
 - To transfer positive cases to a COVID-19 positive facility or;
 - To manage both positive and negative residents while mitigating infection in smaller homes.

Note: facilities or agencies may use discretion to be more restrictive and in conjunction with the LHJ, even if they have moved to this phase.

Phase 2: Visitation

- Visitation prohibited, except for:
 - Compassionate care situations restricted to end-of-life and psycho-social needs; and
 - Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control (e.g., window visits).
 - Note: these limited and controlled visits may be included in the facility's temporary visitation policy and are not mandated and are at the discretion of the facility.
- Compassionate care visitors are screened.
 - All visitors must wear a cloth face covering or face mask for the duration of their visit.
 - Facility/home must provide a face mask if needed.

Phase 2: Visitation (cont.)

- Visitors must sign in and the log kept for 30 days.
 - Must wear a face mask.
 - Facility must provide if needed.
- Facilities should have policies in place for remote visitation.
- Outdoor visits under controlled conditions and with all precautions (face masks, hand hygiene, and social distancing).
 - Follow DOH Outdoor Visitation Guidance document
- If resident is unable to participate in outdoor visits or utilize remote visitation through technology, they may have one *Essential Support Person (ESP)* visit in the facility up to once daily.

Phase 2: Visitation (cont.)

- Essential Support Person (ESP):
 - Is allowed under limited and controlled conditions
 - Coordinated by the facility
 - In consideration of social distancing and universal source control
 - Must be screened upon entry
 - Additional precautions taken including social distancing and hand hygiene
 - Must not be allowed to visit a resident during a resident's 14-day quarantine, and must not visit when a resident is positive for COVID-19 or symptomatic, unless the visit is for compassionate care.

Note: it is recommended that facilities develop a process to designate an ESP where appropriate.

Phase 2: Visitation (cont.)

- Window visits allowed depending on:
 - Grounds safety;
 - Resident privacy and choice;
 - Facility capacity;
 - Case mix; and
 - Staffing.

Phase 2: Essential/Non-essential Personnel

- All essential personnel are allowed to continue to enter building.
- Allow entry of a limited number of non-essential personnel as defined by the Governor's Safe Start Plan as determined necessary, with screening and additional precautions including social distancing, hand hygiene, and face masks.
- NH only: The number of non-essential personnel per day is based on the facility or agency ability to manage infection control practices.
- Screen all personnel upon entry:
 - Face mask required at a minimum.

Phase 2: Medically and Non-Medically Necessary Trips

- Nursing homes should utilize telemedicine whenever possible.
- Resident rights allow a resident to participate in community activities.
- Consult with LHJ on the need for 14 day quarantines.
 - Residents must be observed at a minimum of 14 days.

Phase 2: Medically and Non-Medically Necessary Trips (cont.)



Dear Residents, Clients, Families, and Friends:

We are committed to keeping our residents and clients safe and we need your help. The virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in long-term care facilities and residential homes. Many of our residents and clients are in the high-risk group for COVID-19 and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. For the safety of your loved one and our community, we encourage you to consult with the facility or agency staff before taking trips into the community.

When taking trips into the community, residents and clients should:

- Wear a face covering or face mask at all times, if possible.
- Clean hands frequently, using alcohol-based hand sanitizer when soap and water is not available.
- Instruct family members and friends to pick them up at the front door and do not come inside.
- Maintain a distance of 6 feet from others as much as possible while in the community.

Friends and family members accompanying residents and clients should:

- Wear a face covering or face mask at all times, if possible.
- Clean hands frequently, using alcohol-based hand sanitizer when soap and water is not available.
- Be aware of potential risks of taking trips into the community, including a potentially increased risk of COVID-19 for your friend or family member as well as a risk of introducing COVID-19 into the facility/home.
- With your friend or family member's permission, keep a log of activities to allow for contact tracing if cases are identified.

The facility or agency should:

- Provide the client/resident with any items needed to follow infection prevention recommendations (e.g., hand sanitizer, face covering or mask).
- Educate clients, residents, and friends and family of appropriate precautions as listed above.
- Continue daily symptom screening of the client/resident on their return to the facility.
- Follow their facility or agency protocol (which may include a 14 day quarantine upon return) regarding use of PPE or other universal source control with people who take trips to the community, based on their risk assessment and re-opening phase.
- If possible, cohort residents or clients who make frequent community trips. Consult with your local health jurisdiction for advice regarding quarantine period upon return to the facility or their home.

Use the [Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients After Community Visits](#) and [the Letter to Families](#) when residents/clients are preparing for community activities.

Phase 2: Medically and Non-Medically Necessary Trips (cont.)

Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients After Community Visits

Updated July 21, 2020

Risk Assessment Template

Assign 1 point to each "yes":

- | | |
|---|------------------------------|
| Indoor activity | <input type="checkbox"/> Yes |
| Unable to maintain social distancing | <input type="checkbox"/> Yes |
| >5 people at activity | <input type="checkbox"/> Yes |
| Duration of activity >1 hour | <input type="checkbox"/> Yes |
| Unable to wear a mask during the entirety of the outing | <input type="checkbox"/> Yes |
| Total score _____ | |

0-1 = **low-risk activity** (ex: walk in an uncrowded park, doctor's appointment in clinic where universal masking is required)

2-3 = **medium-risk activity** (ex: retail shopping with social distance maintained)

4-5 = **high-risk activity** (ex: eating in a crowded restaurant)

Low-risk: educate on infection prevention, hand hygiene, and respiratory/cough etiquette. Actively screen residents daily for symptoms, before leaving, and after returning.

Medium-risk: all the above and refrain from group activities for 14 days since most recent exposure.

High-risk: all in low and medium risk and place in quarantine for 14 days since most recent exposure

Phase 2: Communal Dining

- Residents may eat in the same room with social distancing
 - Limiting the number at tables and spacing tables six feet apart
- Staff and residents must wear masks, except when resident is eating or drinking unless medically contraindicated.

Phase 2: Screening

- Actively screen residents, staff, and essential healthcare staff entering the building daily.
 - This excludes EMTs and law enforcement.

Phase 2: Universal Source Control & PPE

- All staff must wear a face mask.
- All staff and essential healthcare personnel must wear appropriate PPE (if available).
- Follow LHJ guidelines for new admissions and readmissions from the hospital.

Phase 2: Cohorting and Dedicated Staff

- Identify the space and staff for cohorting and managing care for residents who are symptomatic or test positive
- Plans must be in place to:
 - Manage new admissions and readmissions with unknown COVID-19 status;
 - Manage residents in NHs who routinely attend outside medically-necessary appointments;
 - Monitor clients in ICF/IIDs who engage in community activities; and
 - Monitor ICF/IID staff working with multiple clients in different houses.

Phase 2: Group Activities

- Limit groups to no more than **10 people**, including staff.
- Create a policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations to minimize resident risk.
- Outdoor activities require universal masking, social distancing, and facility monitoring.

Phase 2: Testing is the Same for All Phases

- Testing will occur based on CDC, DOH, and LHJ guidance.
- Facilities must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 3

Entry Criteria

- If a county has entered Phase 3 the facility may begin implementing Phase 3 criteria after it has met all of the following:
 - Facility has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined that minimal transmission is occurring in the community. Minimal transmission is defined as **10-25** cases/100,000 population for two weeks;
 - 28 days since last positive or suspected case (or as required by LHJ whichever is greater);
 - Adequate staffing levels are in place;
 - PPE to ensure at least a 14 day supply using the CDC's PPE burn rate calculator;
 - Performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;

Entry Criteria is the Same as Phase 2 (cont.)

- If a county has entered Phase 3 the facility may begin implementing Phase 3 criteria after it has met all of the following:
 - Assurance from LHJ that local hospitals have the capacity; and
 - Facility has a plan:
 - To cohort residents with dedicated staff or;
 - To transfer positive cases to a COVID-19 positive facility or;
 - To manage both positive and negative residents while mitigating infection in smaller homes.
- **Note:** facilities or agencies may use discretion to be more restrictive and in conjunction with the LHJ, even if they have moved to this phase.

Phase 3: Visitation

- All residents have the ability to have limited visitation.
- Facilities must have a policy in place to describe visitation schedules, hours, and locations.
- Infection control practices for residents and visitors to include social distancing of at least 6 feet.

Phase 3: Visitation (cont.)

- Facilities may limit the number of visitors for each resident.
- Preference is for outdoor visitation.
 - Follow DOH Outdoor Visitation Guidance document.
- Visitors must sign a log including contact information.
 - Log must be kept for 30 days.
- After visits all areas must be disinfected.

Phase 3: Essential/Non-essential Healthcare Personnel

- All personnel are screened upon entry and precautions taken including the wearing of face masks and other appropriate PPE.
- Within the boundaries of Phase 3 of the Governor's Safe Start Plan facilities are permitted to allow essential and non-essential healthcare personnel.
- Facilities will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk.

Phase 3: Medically and Non-Medically Necessary Trips

- Permitted within the boundaries of Governor's Safe Start Plan, LHJ direction, and Dear Administrator of Provider Letter guidance.
- All parties must maintain social distancing, use proper hand hygiene, and wear face coverings when out of the facility.
 - Requirement for NHs is six feet apart for social distancing.
- Upon return to the facility, follow entry screening policies.

Phase 3: Communal Dining

- Permitted if six foot social distancing can be maintained, staff/residents/visitors have access to hand hygiene, and they wear face masks when not eating and while traveling to and from the dining area:
- Separate residents with COVID-19 units from residents in COVID-19 negative units.
 - NHs must also separate residents *suspected* to be COVID-19 positive from residents in COVID-19 negative units.

Phase 3: Screening

- Remains the same as all other phases:
 - Screening 100% of residents, staff, and all others entering the facility.
 - Keep screening log of all visitors for 30 days.

Phase 3: Screening Requirements

- Temperature checks;
 - Questionnaire about symptoms and potential exposure; and
 - Observation of any signs or symptoms.
-
- Ensure that all people entering the facility have a face covering or face mask.

Phase 3: Universal Source Control & PPE

- Proper use of PPE by staff, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines.
- All visitors must wear masks.
- Staff must wear appropriate PPE to the extent possible and consistent with guidance of PPE optimization.

Phase 3: Cohorting & Dedicated Staff

- Identify the space and staff for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19.
- Plans must be in place to manage:
 - New admissions and readmissions with an unknown COVID- 19 status.
 - Residents who routinely attend outside medically-necessary appointments.

Phase 3: Group Activities are the Same as Phase 2

- Permitted at facility's discretion for nursing homes.
- ICF/IIDs may modify activity restrictions and schedule to avoid high volume or congregate gatherings.
- Both settings must:
 - Limit groups to no more than **10 people**, including staff; and
 - Create a policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, and locations.
- Outdoor activities require universal masking, social distancing, and facility monitoring.

Phase 3: Testing is the Same for All Phases

- Testing will occur based on CDC, DOH, and LHJ guidance.
- Facilities must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 4

Entry Criteria

- If the county in which a facility is located has entered Phase 4, the facility may relinquish all restrictions and return to a regular course of business if the facility has met **all** of the following:
 - Facility has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined that sporadic transmission is occurring in the community. Sporadic transmission is defined as less than **10** cases/100,000 population for two weeks;
 - 28 days since last positive or suspected case (or as required by LHJ whichever is greater);
 - Adequate staffing levels are in place;
 - PPE to ensure at least a 14 day supply using the CDC's PPE [burn rate calculator](#);
 - Performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;

Entry Criteria (cont.)

- If the county in which a facility is located has entered Phase 4, the facility may relinquish all restrictions and return to a regular course of business provided:
 - Assurance from LHJ that local hospitals have the capacity; and
 - Facility has a plan:
 - To cohort residents with dedicated staff or;
 - To transfer positive cases to a COVID-19 positive facility or;
 - To manage both positive and negative residents while mitigating infection in smaller homes.

Note: facilities or agencies may use discretion to be more restrictive and in conjunction with the LHJ, even if they have moved to this phase.

Phase 4: Until the COVID Public Health Threat Has Ended

- Screen and observe 100% of all persons, residents, and staff entering or re-entering the facility.
- Ensure all people entering the facility have a cloth face covering or mask
- Maintain a log of all visitors for 30 days.
- Universally mask.
- Use PPE according to recommendations.
- Maintain access to COVID-19 testing for all residents and staff at an established laboratory.

Reimplementation of Certification and Investigation Activity



Aging and Long Term Support Administration Residential Care Services Reimplementation of Inspection and Investigation Activity

Reimplementation of Inspection and Investigation Activity for Residential Care Services

In following the Governor's Proclamations and focusing attention on infection prevention and mitigating the spread of COVID-19, Residential Care Services (RCS) has limited regulatory activity to Infection Prevention investigations, surveys, inspections, and technical assistance, along with investigation of any complaints regarding imminent harm to clients.

In alignment with the *Phased Long Term Care Facility Reopening Recommendation and Requirements* document, RCS is reintroducing routine inspection and investigation activities into the schedule, RCS will utilize the following process:

July through September 2020

- Continue to follow CDC, DOH, and LHM guidelines to help slow the spread of COVID-19.
- Continue ensuring RCS staff have adequate PPE for onsite investigations and inspections.
- Continue to follow "Washington Phased Approach for Modifying Physical Distancing".
- Continue to investigate imminent danger/abuse and neglect/actual harm allegations and infection control allegations.
- Continue COVID-19 infection control assessments and investigations, as needed.
- Continue initial licensing inspections, initial certification survey, preoccupancy survey, state licensure survey and recertification surveys.
- Conduct backlogged Day 2 and 10 complaints onsite and Day 20 and 45 complaints offsite.
- Conduct backlogged follow-up visits to determine compliance (harm and enforcement onsite, and non-harm offsite).
- Resume investigation of all Day 2 and 10 complaint investigations onsite, and Day 20, 45, and 90 complaint investigations offsite.
- Conduct backlogged case mix accuracy review visits in nursing facilities through modified off-site process.
- Continue participating in multiple stakeholder meetings and keeping communications open with state partners.
- Continue working with Long-Term Care Incident Command.
- Continue assisting providers to obtain PPE.
- Continue with local county jurisdictions in counties identified as "hot spots".
- Continue monitoring and working with Home and Community Services and Developmental Disabilities Administration for residents and clients transitioning to COVID-19 only facilities.

RCS Current and Future Practice

- In alignment with the Governor's Proclamations, RCS **limited** regulatory activity to Infection Prevention investigations, surveys, inspections, technical assistance, and investigation of complaints regarding imminent harm to clients.
- In alignment with the *Safe Start for Long Term Care*, RCS will **reintroduce** routine inspection and investigation activities into the schedule utilizing the following process.

Reimplementation: July – September 2020

- RCS will continue:
 - To follow CDC, DOH, and LHJs guidelines to help slow the spread of COVID-19;
 - To investigate immediate jeopardy/imminent danger/abuse and neglect/actual harm allegations and infection control allegations;
 - COVID-19 infection control assessments and investigation as needed; and
 - Initial licensing inspections and certification surveys, preoccupancy surveys, state licensure surveys and recertification surveys.

Reimplementation: July – September 2020 (cont.)

- RCS will:
 - Conduct backloged: Day 2 and 10 complaints onsite and Day 20 and 45 complaints offsite;
 - Conduct backloged revisits to determine compliance (harm and enforcement onsite, and non-harm offsite);
 - Resume investigation of all Day 2 and 10 complaint investigations onsite, and Day 20, 45, and 90 complaint investigations offsite;
 - Conduct backloged case mix accuracy review visits in nursing facilities;
 - Assist providers to obtain PPE; and
 - Work with local county jurisdictions in counties identified as “hot spots”.

Reimplementation: October 2020 Forward

- RCS will:
 - Resume onsite all unannounced Day 2, 10, 20, 45, and 90 day complaint investigations onsite, including state fire marshal complaint investigations;
 - Resume unannounced onsite recertification surveys/follow-up visits and case mix accuracy review visits in nursing homes; and
 - Resume unannounced onsite recertification surveys/follow-up visits in ICF/IID.

Note: RCS staff upon entrance will wear appropriate PPE and have hand sanitizers. Upon exit staff will dispose of used PPE according to facility/agency/program policies.

Where to Turn for Updates and Resources

- Visit the Department of Health website:
<https://www.doh.wa.gov/Emergencies/Coronavirus>
- Visit the Department of Social and Health Services website:
<https://www.dshs.wa.gov/altsa>





Questions



Contact us at:

RCSPolicy@dshs.wa.gov

Note: do not use this mailbox for urgent or emergency situations.