COVID Response
Certified Community Residential Services and Support

Implementation date: February 23, 2022

LTC COVID Response (formerly the "Safe Start for Long-Term Care" Plan).

1. **The information contained in this Long-Term Care (LTC) COVID Response is *independent of any other Washington State plan*.**
2. Facilities, homes, and providers are required to follow this LTC COVID Response.

Contents:

Introduction

The Department of Social and Health Services (DSHS) and the Department of Health (DOH) are presenting the updated 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 Community Residential Services and Supports (Contracted Service Providers, State-Operated Living Alternatives, Group Homes, or Group Training Homes) decisions on relaxing restrictions are made:

- With careful review of various unique aspects of the different settings and communities in which they reside;
- In alignment with the Governor's Proclamations; and

- In collaboration with state and local health officials.

This approach will help keep residents and clients healthy and safe, and assure LTC is implementing standards that protect the surrounding community.

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

Residential Care CCRSS Provider LTC COVID Response Requirements

Must 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. Please take note of the following information when making the determination regarding the CDC guidance to follow:

- **Group Homes and Group Training Homes will continue to follow CDC guidance for Health Care Facilities (HCF) (*see a. and d. below*).**
- **Supported Living providers and their staff are considered healthcare personnel (HCP) and will continue to follow any guidance specific to HCP found in the guidance for HCF (*see a. and d. below*).**
- **Supported Living providers will 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 (*see b. and c. below*).**

    a. **CDC** Guidance for Healthcare facilities can be found here

    b. **CDC** Guidance for communal settings can be found here

    c. **CDC** Guidance for Multi-family housing can be found here

    d. **DOH** Guidance can be found here

- For screening purposes:
    - Group homes and Group Training Homes will continue to screen all staff and visitors entering a resident/client's home asking them for signs and symptoms and potential exposures.
    - All Supported Living staff will self-screen each day and the provider will have a policy and procedure for staff to report the screening and a system to track the staffs' reports. Visitors are encouraged to self-screen.

- Cooperate with the local health officer or their designee in the conduct of an outbreak investigation, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of clients.
- Individual provider types have state statute or rules which requires providers to impose actions to protect the clients by activating their infection control plan.
- The LHJ or DOH has the authority to institute infection prevention and control measures in response to any infectious disease and/or COVID-19 outbreak under WAC 246-101-505 and WAC 246-101-605. The LHJ and DOH has the authority to conduct public health investigations and institute control measures and, pursuant to WAC 246-101-305, and all LTCs are obligated to cooperate with these investigations. Please refer to the DOH definition of an outbreak found here: Interim COVID-19 Outbreak Definition for Healthcare Settings

Section II – Visitation

All providers, Group Homes, and Group Training Homes are required to allow access for visitation for all residents and clients. Visitation should not be restricted without a reasonable clinical or safety cause. If a home, in coordination with the LHJ, needs to temporarily limit visitation, in-person visits for **compassionate care and essential support situations** (if applicable) shall be allowed with adherence to transmission-based precautions. Access and accommodation may also be by phone, remote video technology, window visits or outside visits, or some combination of access. Any equipment shared among clients and residents should be cleaned and disinfected between uses according to manufacturer guidelines. Regardless of how visits are conducted, use of core infection prevention and control principles and best practices reduce the risk of COVID-19 transmission.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred. Outdoor visits *generally* pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations or an individual client/resident's health status may hinder outdoor visits. For outdoor visits, facilities and homes should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to. Outdoor Visitation Guidance for Long-term Care Settings

***Compassionate Care Visits**:

While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident or client, who was living with their family before recently being admitted to a facility/home and is struggling with the change in environment and lack of physical family support.
- A resident or client who is grieving the recent loss of a friend or family member.
- A resident or client who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident or client, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the client/resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's or client's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

At all times, visits should be conducted using social distancing and visitors will wear PPE appropriate to the situation. Visitors should coordinate visits with the provider, thus allowing the provider the ability to take the compassionate care visit into consideration when applying the facility policies and procedures for visitation during that period of time (i.e. how many people overall are in the building, how long visitors are in the building, how much PPE is required). If during a compassionate care visit, a visitor and facility/home identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities/homes should work with clients/residents, families, caregivers, client/resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

**** Visitors Log**

Visitor's log information will include date, time in, name of visitor, and their contact information, including phone number and email address if available. DOH Visitor Screening, Log, and Letter can be found here: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VisitorsLog.pdf. The visitor log should be kept for 30 days.

ADDENDUM FOR GROUP HOMES ONLY

Essential Support Persons

The Essential Support Person (ESP) is established to assist during times when limitations are placed on visitation due to a public health emergency or other threats to the health and safety of residents and staff. Providers must allow private, in-person access to residents by ESPs in the resident's room. This right is subject to reasonable limitations that are tailored to protecting the health and safety of the ESPs, residents, and staff.

- The ESP must wear all PPE required according to DOH's Recommendations for PPE in LTCFs
- The Essential Support Person (ESP) means an individual who is:
    1. At least 18 years of age;
    2. Designated by the resident, or by the resident's representative, if the resident is determined to be incapacitated or otherwise legally incapacitated; and
    3. Necessary for the resident's emotional, mental, or physical well-being during situations that include but are not limited to:
        - circumstances involving compassionate care
        - circumstances involving end-of-life
        - circumstances where visitation from a familiar person will assist with important continuity of care;
        - situations where visitation from a familiar person will assist with the reduction of confusion and anxiety for residents with cognitive impairments;
        - other circumstances where the presence of an essential support person will prevent or reduce significant emotional distress to the resident

Requirements for the Home

- The home must allow private, in-person access to the resident by the essential support person in the resident's room. If the resident resides in a shared room, and the roommate, or the roommate's representative, if any, does not consent or the visit cannot be conducted safely in a shared room, then the home shall designate a substitute location in the home for the resident and essential support person to visit.

- The home shall develop and implement reasonable conditions on access by an essential support person tailored to protecting the health and safety of the essential support person, residents, and staff.
- The home will provide the ESP with information around proper use of the PPE including offering the information on user seal checks for a respirator mask such as an N95 mask that can be found here.
- The home may temporarily suspend an individual's designation as an essential support person for failure to comply with these requirements or reasonable conditions developed and implemented by the home that are tailored to protecting that health and safety of the essential support person, residents, and staff.
    - Unless immediate action is necessary to prevent an imminent and serious threat to the health or safety of residents or staff, the home shall attempt to resolve the concerns with the essential support person and the resident prior to temporarily suspending the individual's designation as an essential support person.
    - The suspension shall last no longer than 48 hours during which time the home must contact the department for guidance and must provide the essential support person:
        - Information regarding the steps the essential support person must take to resume the visits, such as agreeing to comply with reasonable conditions tailored to protecting the health and safety of the essential support person, residents, and staff.
        - The contact information for the LTC Ombuds program,the Developmental Disabilities Ombuds, as well as contact information for Disability Rights Washington must be provided.