

Safe visitation plan for Children’s Long-Term Inpatient Programs (CLIP): Requirements and recommendations

Introduction

In response to requests for recommendations regarding visitation during the COVID-19 pandemic, the Department of Health (DOH), and Health Care Authority (HCA) are presenting the following plan to allow parent-child visitations for licensed and certified Children’s Long-Term Inpatient Program (CLIP) facilities and agencies. This plan does not include Child Study and Treatment Center, a state-operated hospital facility. Given the critical importance of maintaining parent-child relationships while limiting COVID-19 exposure in congregate residential care settings, decisions on in-person, parent-child visitations should be made in consideration of the following factors:


- With careful review of various unique aspects of the different facilities, and conditions in communities of the facilities and visitors;
- In alignment with the Governor’s Proclamations, including but not limited to [Proclamation 20-17](#), which suspends statutes allowing visitation at reasonable times; and
- In collaboration with state and local health officials.

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

Because the pandemic is affecting communities in different ways, HCA, DOH and the Governor’s Office will regularly monitor the factors for visitations on CLIP campuses and will adjust this plan accordingly.

A. Children’s Long-Term Inpatient Program (CLIP) setting requirements for in-person visitations as clinically necessary:

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 their designee in the assessment and/or investigation of an outbreak, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of residents.
3. Follow the Governor’s Safe Start phased plan.
4. Follow the “Washington Phased Approach for Modifying Physical Distancing” and Governor Proclamations: [Safe Start Plan](#).

- 
5. DOH and HCA 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 defined by the Governor's Safe Start Plan.
 6. Individual facility types may have state statute or rules that require a facility to impose actions to protect the residents by activating their infection control plan.


B. Prior to beginning in-person visitations, a CLIP facility must be prepared for an outbreak and can demonstrate that the program has the following provisions in place:

1. Access to adequate testing: the facility must have access to COVID-19 testing for all residents and staff at an established commercial laboratory;
2. Capacity to conduct testing of residents and staff;
3. A response plan to inform quarantining and isolating residents and other infection control measures;
4. A plan to actively screen all staff and visitors per [DOH guidance](#);
5. Dedicated space for quarantining, isolating, and managing care for residents with COVID-19 symptoms or who test positive for 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;
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.

C. Visitation decisions include the following considerations for parents/caregivers and family members of children and youth in CLIP:

CLIP facility considerations: *Due to CLIP facilities serving children and youth throughout the state, consideration should be given to the current phase of the county in which the visitor(s) resides.*

1. The facility has reviewed the key metrics for the visitor's county of residence 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;
2. 28 days have passed since the last positive or suspected resident/client or staff case was identified **OR** any timeline required by the DSHS or HCA dependent on current circumstances, whichever is greater;
3. The definition of an outbreak in a contracted CLIP facility is the presence of one positive case of COVID-19;
4. Adequate staffing levels are in place;
5. The facility maintains an inventory of Personal Protective Equipment (PPE) to assure at least a 14-day supply using the [CDC PPE burn rate calculator](#);
6. The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;

- 
7. The facility/home is capable of quarantining and isolating residents according to CDC guidelines with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** there is capacity within the CLIP facility in place to manage both positive and negative cases while mitigating the spread of infection.

*Note: Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies whenever needed.

D. CLIP facility guidance to allow in-person visitations at CLIP facilities:

1. Teleconference visitations should be utilized whenever possible. Visitations using virtual technology is preferred to minimize opportunity for exposure.
2. In-person visitations should only occur for those residents where in-person visitations is clinically necessary to prevent further decompensation of the youth's condition, support the youth's treatment progress and/or to facilitate a youth's successful discharge.
3. Staff, residents, and visitors who are participating in an in-person visitation are adequately screened for Covid-19, including temperature checks and attestations regarding symptoms. [Please see DOH guidance on staff and visitor screening protocols.](#)
4. Visitors are not allowed entry to the CLIP facility and/or buildings that occupy residents. Where possible, visitation may occur outside in open-air settings.
5. All individuals must wear masks (except when eating or drinking) and maintain six feet of physical distancing whenever possible, or a physical barrier is in place when person-to-person contact is necessary.
6. At least one CLIP staff must be present within line of sight at all times when the visit is taking place and must monitor each visit to ensure the adherence of COVID-19 safety protocols.
7. All surfaces where a visit is taking place shall be adequately sanitized before and after each visit.
8. Until further notice, off-campus authorized leaves with parents or caregivers are discouraged in favor of on-campus visitations which can be monitored for adherence to COVID-19 safety protocols.