May 20, 2020

Amber Leaders
Senior Policy Advisor, Behavioral Health, Aging and Disability
Office of the Governor
Via email: amber.leaders@gov.wa.gov

Dear Amber:

You have asked us to provide you input on the issue of visitation in long term care facilities (nursing homes, assisted living facilities, and adult family homes) and to consider whether these communities can be open to visitors sometime soon. This is a difficult issue for all of us, primarily because the stakes are so high. We all recognize that the residents of our specific congregate care settings can be put at great risk if exposed to COVID-19. The dangerous and risk-filled nature of opening a community up to visitors is further magnified by the threat of legal liability if visitation results in a community-wide spread of the virus. Yet, we also recognize that ongoing separation from family and friends and the attendant feelings of isolation can also have a negative impact on our residents.

We believe that the criteria for opening of facilities to visitors should be carefully outlined, yet at the same time have a degree of flexibility that takes local facility-based circumstances into account. To that end we believe that the infection control specialists within the Department of Health have a role in operationalizing the opening of long term care facilities to visitors. Working with Residential Care Services (RCS), the infection control experts at DOH should outline the criteria that should be used to gradually and safely reopen the facilities to visitors. We have provided suggested criteria below, but we ask for DOH guidance. Because RCS is the regulatory authority, it should also have input, but in a secondary role.

But we caution that a one-size-fits-all approach will be difficult. The type of facility, the type of program, the extent of testing, the presence of COVID-19 in the greater community, and the availability of PPE all have a role in determining whether a facility can allow visitors while maintaining resident safety. Therefore, any attempt to open facilities to visitation must recognize that the individual facilities must, to a degree, be able to determine for themselves under what circumstances risks can be mitigated to allow for safer visitation and under what circumstances the facility can apply more restrictive measures to limit visitation. It is essential that long term care providers be allowed to exercise their professional judgement within the context of their residents' needs, their environment, and their capabilities, in order to adequately respond to changing conditions within their individual communities.

In addition, individual facilities should be permitted to move through the phases of opening to visitors based upon each facility's progress in meeting the criteria outlined below. Facilities should not be required to wait until all facilities in the state or in a region or area of the state have met the

applicable criteria. Requiring all facilities to move forward toward opening for visitation in unison will only delay reopening to visitors for everyone.

Similarly, any plan to allow visitation should also consider the presence of COVID in the greater surrounding community. For example, there are counties in our state with small populations and without recent COVID outbreaks. Facilities in these counties should be able to allow a cautious opening to visitation sooner rather than later, within guidelines established by DOH that limit the number of visitors and require visitors to wear appropriate PPE. In contrast, communities located in heavily impacted counties may have to wait longer before allowing visitation to commence.

We should also note that earlier this week, CMS issued its own guidance for opening visitation to skilled nursing facilities. The CMS guidance has further complicated an already difficult issue. It is CMS's position that universal testing of SNF residents and staff to establish a baseline is a necessary first step prior to visitation being allowed. The CMS guidance also notes that weekly retesting of staff should also be considered, subject to state and local jurisdictions being able to adjust or waive the weekly retesting based upon the data regarding the spread of COVID-19 in the greater community.

We expect that the state will require universal testing to all licensed long term care settings. The universal testing requirement, while laudable, raises several issues. The first issue is whether or not testing will be widely and consistently available for the approximately 50,000 long term care residents and 20,000 workers in our state. Providers report that residents are increasingly feeling isolated and alone, despite the providers' best efforts to connect residents with their families. A universal testing requirement prior to opening visitation does little good if there is no testing available. This issue must be resolved quickly.

Similarly, attention must be paid to the issue of the cost of testing, particularly if weekly testing of staff is being considered. Providers are already struggling. The cost of testing and retesting must be covered by health insurance, Medicare, Medicaid, or some other funding source.

Also, we would note that staff and residents of every SNF in King County were recently tested. Many of those facilities were determined to be COVID-19 free and there have been no subsequent outbreaks. Given the recency of the King County testing, we question whether they need to be retested and would propose that reopening of some of these facilities to visitors could be considered.

In addition to the need for testing and the need to ensure that testing kits are available, we would be remiss if we did not point out that in order for the reopening of visitation to be successful, we also need to ensure that there is sufficient PPE on hand and available. For the opening of visitation to work, we need the basic tools available to keep everyone safe.

Finally, in determining a path forward, we believe that the following criteria for opening facilities to visitation must be considered:

- **Case Status in the Greater Community**: Both Governor Inslee's Safe Start Washington Plan and the President's Opening Up America Again Plan are phase-based approaches that look to

determining the level of community transmission to guide progression from one phase to another. Decisions on visitation should also consider what phase the greater community is in before allowing visitation.

- **Case Status of the Facility**: Absence of any new facility onset of COVID-19 cases (resident or staff) acquired or originating in the facility for 28 days.
- **Adequate Staffing**: Facility must be able to manage visitation while safely providing resident care with current staffing levels.
- **Access to Adequate Testing**: All residents and staff should receive a single baseline test for COVID-19. The facility also should have a testing plan in place based upon contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan should consider the following components:
    - The capacity for all residents to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly retesting of all residents until the resident and contacted proximate residents test negative.
    - The capacity for all staff (including volunteers and vendors who are in the facility on a weekly basis) to receive single baseline COVID-19 test, with retesting of all targeted staff continuing every week, if necessary (Note: State and local jurisdictions may adjust the requirement of additional testing of staff based upon data about the circulation of the virus in the greater community.)
    - Written screening protocols for all staff (each shift), each resident (daily) and all persons entering the facility, such as vendors, volunteers, visitors including state and federal surveyors. (Note: Given the fact that federal and state surveyors move from facility to facility, consideration should be given to test these individuals regularly.)
    - An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g. polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (e.g. within 48 hours). Antibody tests should not be used to diagnose someone with an active SARS-CoV-2 infection.
    - Procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).
    - Cost to conduct staff and resident testing, including lab fees, must be covered by health insurance, Medicare, or some other state/federal public funding source. Providers can opt to perform/pay for testing, but they are not required to do so.
- **Universal Source Control**: Residents should wear a cloth face covering or facemask when out of their unit/apartment, when receiving care, or within six feet of others. Visitors should wear a cloth face covering or a facemask when in the facility. If a visitor is unwilling or unable to maintain these precautions (such as young children) consider restricting their ability

to enter the facility. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry into the facility.

- **Access to Adequate Personal Protective Equipment (PPE) for Staff**: Contingency capacity strategy is allowable, such as CDC's guidance as Strategies to Optimize the Supply of PPE and Equipment (facilities' crisis capacity PPE strategy would not constitute adequate access to PPE). All necessary staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.
- **Local Hospital Capacity:** Ability for the local hospital to accept transfers from nursing homes.
- **Exercise Judgment**: It is essential that long term care providers be allowed to exercise their professional judgement within the context of their residents' needs, their environment, and their capabilities, in order to adequately and rapidly respond to changing conditions within their individual communities.
- **Continuously Monitor Capacity**: Providers will need to ensure they have a system in place to ensure there are resources available in the event there is an increase of COVID-19 in the facility. These resources can include isolation or quarantine beds, PPE, rapid testing and adequate staff available.
- **PPE Conservation:** Follow Department of Health's current PPE conservation guidance, which will be regularly reviewed and updated by the Department of Health, as published on the Department of Health website at https://www.doh.wa.gov/Emergencies/Coronavirus. If the health care facility, practice or practitioner's PPE status deteriorates, adjustments to expansion of care, including allowed visitation will be required.
- **Infection Control:** Review infection prevention policies and procedures and update, as necessary, to reflect current best practice guidelines for universal precautions.
- **Employee Feedback:** Develop a formal employee feedback process to obtain direct input regarding care delivery processes, PPE, and technology availability related to expansion of care.
- **Appropriately Use Telemedicine**: Appropriate use of telemedicine will facilitate access to care while helping minimize the spread of the virus to other patients and/or health care workers.
- **Screening:** Use on-site fever screening and self-reporting of COVID-19 symptom screening for all residents, visitors and staff prior to (the preferred approach), or immediately upon, entering a facility.
- **Sick Leave**: Implement policies for non-punitive sick leave that adhere to U.S. Centers for Disease Control and Prevention (CDC) return-to-work guidance.
- **Hand Hygiene**: Post signage that strongly encourages staff, visitors and residents to practice frequent hand hygiene with soap and water or hand sanitizer, avoid touching their face, and practice cough etiquette.
- **Social Distancing**: Maintain strict social distancing, positioning and movement within a facility during all visits. When appropriate and available, facilities should encourage the use of outside areas or well-ventilated spaces for visits.

- **Appointments Necessary:** In order to ensure that adequate staff are on hand and that social distancing is maintained, visits may be required to be scheduled in advance.
- **Limit Visitors:** Limit visitors to those essential for the patient's well-being and care. Visitors should be screened for symptoms prior to entering a health care facility and ideally telephonically prior to arriving. Visitors who are able should wear a mask or other appropriate face covering at all times while in the health care facility as part of universal source control. Limitation on the number of visitors is at the community's discretion and dependent upon the facilities' unique circumstances.
- **Masks**: Ambulatory residents, who are able and when consistent with the care being received, should wear a mask or other appropriate face covering at all times while in common areas of the facility as part of universal source control.
- **Infection Control**: Follow CDC infection control protocols and frequently clean and disinfect high-touch surfaces regularly using an EPA-registered disinfectant.
- **Protecting Employees:** Identify and implement strategies for addressing employees who have had unprotected exposures to COVID-19 positive residents, are symptomatic or ill, which should include requiring COVID-19 positive employees to stay at home while infectious, and potentially restricting employees who were directly exposed to the COVID-19 positive employee. Timely notification of employees with potential COVID-19 exposure and appropriate retesting of employees who are symptomatic should be a component of these strategies. Follow CDC cleaning guidelines to deep clean after reports of an employee with suspected or confirmed COVID-19 illness. This may involve the entire or partial closure of the facility until the location can be properly disinfected.
- **Educate Residents**: Educate residents about COVID-19 in a language they best understand. The education should include the signs, symptoms, and risk factors associated with COVID-19 and how to prevent its spread.
- **High Risk Employees**: Follow requirements in Governor Inslee's Proclamation 20-46 - High-Risk Employees – Workers' Rights.

Listed above are those criteria that can assure success in reopening long term care facilities to visitation. In the event that testing capability and PPE supplies cannot be met to the above standards, stakeholders will need to reconvene with DOH and LHJ to revisit criteria.

We believe that the above referenced criteria can ensure the safety of residents and staff while allowing for the gradual reopening of long term care facilities to visitors. Individual facilities should be permitted to move through the phases of opening to visitors based upon each facility's assessment of the criteria outlined above. In addition, any plan to allow visitation should also consider the presence of COVID in the greater surrounding community, thus, allowing some counties/regions to move toward visitation faster than others.

Thank you for allowing us the opportunity to provide input into the very important issue. We look forward to discussing this with you further.

Sincerely,

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