Safe Start for Long Term Care Recommendations and Requirements:

Nursing Homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities

February 1, 2021 Updates to the Safe Start for LTC Recommendation and Requirements Document.

1. **The information contained in this Safe Start for Long Term Care (LTC) document is *independent of the January 11, 2021, Healthy Washington Roadmap to Recovery*, but may refer to the Healthy WA Roadmap where applicable.**
2. Facilities and homes are required to follow these Safe Start for LTC Recommendations and Requirements.
3. The impact of COVID-19 vaccines on community transmission rates may allow for future changes to the recommendations and requirements in the Safe Start for LTC.

Introduction

Safe Start for Long-Term Care (LTC) Facility 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 the Safe Start for LTC and adjust the Washington 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 Safe Start for LTC document. This document is guidance for LTC and is not included in the January 11, 2021 Healthy Washington Roadmap to Recovery*

4. *Facilities and homes need to follow case count criteria outlined in each phase of this document.* **The phases in the LTC Safe Start documents are independent of the regional phases in the Healthy WA Roadmap to Recovery. Facilities and agencies LTC Safe Start phases are based on county community case rates.**

5. *Individual facility types have state statute or rules that requires a facility to impose actions to protect the residents by activating their infection control plan.*

6. *The phase progression/regression parameters outlined in this plan will automatically designate phase levels for counties/regions. The LHJ in conjunction with DOH can regress a phase regardless of the parameters if necessary to protect the public health The LHJ or DOH will communicate changes in LTC Safe Start phase status with facilities in each region/county. Changes in phases made by DOH or the LHJ will also be communicated to Residential Care Services at RCSPolicy@dshs.wa.gov .*

7. *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. Examples that may require a facility to return to a more restrictive phase of the Safe Start for LTC include but are not necessarily limited to new outbreaks of COVID-19 in their facility, as determined by the LHJ or DOH. The LHJ and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures and, pursuant to WAC 246-101-305, 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*

8. *If a facility has moved beyond Phase 1, the facility would automatically move back to Phase 1 of the LTC Safe Start plan if county case rates exceed 150 cases/100,000. If the **county** case count begins to rise and moves above the phase a facility is currently in, the facility may pause and remain in their current phase unless the case counts reaches or exceeds 150 cases/100,000, at which time the facility will move back to phase 1.*
   a. *For example, if a facility is currently in phase 3 (a phase with a target case count of 10-25/100,000), and the county case count reaches 25-75/100,000 (a phase 2 case count), the facility will remain in phase 3. The facility will not need to move back and forth between phases, but the facility will not be able to move on to phase 4.*

All facilities and agencies must be prepared for an outbreak and make assurances they have;

1. Access to adequate testing: The facility must maintain access to COVID-19 testing for all residents and staff.
   a. Aiming for fast turnaround times, ideally less than 48 hours,
   b. Testing all clients with signs and symptoms of COVID-19 or has exposures,
   c. Working with local and state public health to coordinate repeat and outbreak testing, and
   d. Capacity to conduct ongoing, serial testing of clients and staff according to federal, state and local guidance;

e. Testing includes point of care antigen testing and PCR lab testing.
f. Nursing Homes follow CMS guidance in QSO memo 20-38.

2. Capacity to conduct ongoing testing of residents and staff;
3. A response plan to inform cohorting and other infection control measures;
4. A plan to actively screen all staff and visitors per DOH guidance (Daily Guidance for COVID-19 Staff and Visitor Screening).
5. . https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf
6. 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;
7. A plan in place to care for residents with COVID-19, including identification and isolation of residents. The facility or agency plans describing the identification, care and isolation of residents or clients may be requested by DSHS, DOH or the LHJs to conduct an outbreak investigation. Technical assistance for development of these plans can be received from LHJs.
8. 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.

PPE

Providers will ensure designated visitors and those providing compassionate care wear proper PPE that includes masking and facial shields/eye protection and full PPE when appropriate. Refer to DOH PPE chart locate at Contingency Strategies for PPE use during COVID-19 Pandemic.

CMS Key Visitation Principles (QSO Memo 20-39) (*Facilities should utilize this guidance as appropriate. If State guidance is more restrictive, the State guidance must be followed.)

Visitation, in conjunction with LTC Safe Start Recommendations, can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission: QSO memo 20-39: https://www.cms.gov/files/document/qso-20-39-nh.pdf.

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons

- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene) • Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care) • Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20- 38-NH)

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes, and should be adhered to at all times. Additionally, visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains). Also, providers should enable visits to be conducted with an adequate degree of privacy. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance

Outdoor Visitation Principles

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred and can also be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, outdoor visitation should be facilitated routinely. Facilities 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, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend reasonable limits on the number of individuals visiting with any one resident at the same time. See Outdoor Visitation Guidance for Long-term Care Settings.

CMS Indoor Visitation Principles

- Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:
- There has been no new onset of COVID-19 cases in the last 28 days and the facility is not currently conducting outbreak testing per LHJ/DOH direction and CMS QSO 20-38 memo guidance (https://www.cms.gov/files/document/qso-20-38-nh.pdf).
- Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;
- Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors;

and d) Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. **Visits for residents who share a room should not be conducted in the resident's room.**

NOTE: For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

CMS Compassionate Care Principles

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, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident 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, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past)

Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations." In addition to family members, compassionate care visits can be conducted by any individual that can meet the resident'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. Visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility 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 should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

Outbreaks Visitation

Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above. Facilities should consider visitation, group activities, and communal dining limitations based on status of COVID-19 infections in the facility. Facilities have flexibility to determine what is best for resident and staff safety to manage visitation. The facility will take into consideration the scope of residents in isolation and quarantine status. For example, the facility may not allow communal dining, group activities, and visitors, compassionate care, and designated visitors if active COVID-19 throughout the entire physical plant. Or, they may restrict these activities and visitation on particular wings/units with COVID-19 spread and allow on non-COVID units. (Outdoor Visitation Guidance for Long-term Care Settings.)

Access to Ombuds and Resident Right Advocates

As stated in previous CMS guidance QSO-20-28-NH (revised), see https://www.cms.gov/files/document/qso-20-28-nh.pdf, regulations at 42 CFR 483.10(f)(4)(i)(C) require that a Medicare and Medicaid certified nursing home provide representatives of the Office of the State Long-Term Care Ombuds with immediate access to any resident. During this public health emergency, in-person access may be limited due to infection control concerns and/or transmission of COVID-19; however, in-person access may not be limited without reasonable cause. We note that representatives of the Office of the Ombuds should adhere to the core principles of COVID-19 infection prevention. If in-person access is not advisable, such as the Ombuds having signs or symptoms of COVID-19, facilities must, at a minimum, facilitate alternative resident communication with the Ombuds, such as by phone or through use of other technology. Nursing homes are also required under 42 CFR 483.10(h)(3)(ii) to allow the Ombuds to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

Section 483.10(f)(4)(i)(E) and (F) requires the facility to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to "investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported or if there is probably cause to believe the incidents occurred." 42 U.S.C. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes "the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person." 42 CFR 51.42(c); 45 CFR 1326.27.

Providers must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). For example, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude nursing homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.co

Providers will work with Ombuds to coordinate and identify private meeting space that meets infection controls standards if visitation in the resident's room is not possible.

Medical Necessary Providers, Service and Health Care Workers Principles

Health care workers who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. We note that EMS personnel do not need to be screened so they can attend to an emergency without delay. We remind facilities that all staff, including individuals providing services

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under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining Principles

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facilities should consider additional limitations based on status of COVID-19 infections in the facility. Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering. Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. Facilities are encouraged to utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs).

Specialized Care Visitation

Guidance for residents on respiratory ventilation who are room bound, or any other resident with specific medical conditions that place them bed bound. Providers should follow DSHS and DOH guide for specialized care visitation.

Offsite Visits

Providers must use the Risk Assessment Template to assess each resident for any COVID-19 exposure prior to and after returning from offsite visits to determine if the resident is low or high risk. Automatic quarantine should not be the standard practice upon returning from a trip into the community. Decisions about precautions taken with a resident as a result of the assessment must be documented in the resident's care plan. DOH link: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf

Outside Safety Related to Structures

Providers must follow state fire marshal requirements for safety related to tent use or other temporary shelter structures: proper installation and suitable anchoring, flame resistant product use, protection of residents, tents, and surrounding grounds must be free of combustible materials, not obstruct fire hydrants, smoke free and equipped with smoke free signs, comfortable temperatures, fire marshal approved only heater use, no open fires/flames within or around tents, fire marshal approved only lighting sources, clear unobstructed path for egress, easily opened doors and zippers, hard packed walking surfaces with no tripping hazards, and illumination of operating in dark hours. Providers must ensure resident wear proper clothing for outdoor climate, and promote outside safety and comfortable temperatures via a structured shelter, parking lot, patio, or courtyard venue.
(Outdoor Visitation Guidance for Long-term Care Settings.)

Holiday Guidance

Providers should follow CDC guidelines for holidays. Where State or LHJ guidance provides stricter measures, providers must follow the stricter guidance. This guidance does not replace state proclamation requirements, DOH, and CDC link: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html.

Providers must follow all guidelines for visitation within this document with strict adherence to infection control principles to prevent the spread and transmission of VOCID-19.

Activities

Providers should follow the DOH guide for activities. DOH link: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/LTCGroupActivity.pdf

Beauticians

For the purpose of these recommendations, the category of workers is beauticians, nail salons, and barbers.

Care Plans

Because person-centered care is key, providers will document in the resident care plan medically necessary care, compassionate care, and designated person care delivery.

Continuing Care Retirement Communities (CCRC) and Independent Living Campuses

State licensed homes that reside on the same campus as CCRCs and independent living settings, must follow these recommendations for Safe Start Long Term Care Recommendations. Refer to the Department of Health guidance for shared recreation: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/WaterRecreationProgGuidanceCOVID-19.pdf.

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Section I – Safe Start for Facilities

Phase 1

COVID 19 Risk Assessment Dashboard

Phase 1 is designed aggressive infection control during periods of heightened virus spread in the community and potential for healthcare system limitations, which may include factors such as staffing, hospital capacity, Personal Protective Equipment (PPE), and testing. Heightened virus spread (High COVID-19 activity) is defined as >75 cases/100,000 for two weeks. Check this dashboard to see what the metric is for your county. If your county is currently meeting the definition of heightened virus spread the facility will remain phase 1.

Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
Visitation	***See Section II***	***See Section II***
Essential/Non-Essential Healthcare Personnel	• Restricted to entry of essential healthcare personnel only. • All healthcare personnel must be screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE as determined by the task, and at a minimum, wearing a face mask for the duration of the visit. • The facility may permit a beautician to come onsite and provide salon services as long as the home follows social distancing, universal masking, entrance screening, disinfecting before and after each resident, and hand hygiene. The beautician would need to follow for COVID-19 and any other requirements based on the *Healthy Washington Roadmap to Recovery* for businesses. In the facility they must have a designated space, use all appropriate PPE, and sanitize the space between each resident visit. The Beautician/Barber/Hair	• Restricted to entry of essential healthcare personnel only. • All healthcare personnel must be screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE as determined by the task, and at a minimum, wearing a face mask for the duration of the visit. The facility may permit a beautician to come onsite and provide salon services as long as the home follows social distancing, universal masking, entrance screening, disinfecting before and after each resident, and hand hygiene. The beautician would need to follow for COVID-19 and any other requirements based on the *Healthy Washington Roadmap to Recovery* for businesses. In the facility they must have a designated space, use all appropriate PPE, and sanitize the space between each resident visit. The Beautician/Barber/Hair Stylist/Nail Technician must follow all currently required industry standards for COVID-19 and any

Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	Stylist/Nail Technician must follow all currently required industry standards for COVID-19 and any other requirements based on the *Healthy Washington Roadmap to Recovery* while in the facility.	other requirements based on the *Healthy Washington Roadmap to Recovery* while in the facility.

Medically and Non-Medically Necessary Trips Away from the Facility	• 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 be encouraged to wear a cloth face covering or facemask unless medically contraindicated; and
	  ○ The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.
	  ○ Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required.
	  ○ Transportation equipment shall be sanitized between transports.
	• Although residents are asked to limit non-essential trips as much as they are able, resident rights laws do allow a resident to participate in community activities.
	• Please see Dear Administrator letter NH 2020-041 for details regarding residents leaving the facility for 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 be encouraged to wear a cloth face covering or facemask unless medically contraindicated; and
		  ○ The facility must share the client's COVID-19 status with the transportation service and entity with whom the client has the appointment.
		  ○ Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required.
		  ○ Transportation equipment shall be sanitized between transports.
		• Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities.
		• Please see Dear Provider Letter ICF/IID 2020-021 for details regarding clients leaving the facility for non-medically necessary trips.

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Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	• Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days.	• Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after a client returns from medical and non-medical visits that are determined to be at medium or high risk. • Clients must at a minimum be observed for 14 days.
Communal Dining	• Communal dining is allowed for Residents who are not COVID-19 positive following QSO-20-39-NH guidance. • For residents who require staff assistance with feeding, appropriate hand hygiene must occur between residents and residents must be seated at least 6 feet apart. • Sanitize all eating areas with disinfectant before and after meals. • Maintain social distancing and table spacing. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)	• Communal dining is allowed for Residents who are not COVID-19 positive following QSO-20-39-NH guidance. • For residents who require staff assistance with feeding, appropriate hand hygiene must occur between clients and clients must be seated at least 6 feet apart. • Sanitize all eating areas with disinfectant before and after meals. • Maintain social distancing and table spacing. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Screening	• Actively screen residents daily. • Actively screen all staff and all essential health care personnel entering the building. • Do not screen EMTs or law enforcement responding to an emergent call.	• Actively screen clients daily. • Actively screen all staff and all essential health care personnel entering the facility or individual houses.

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Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
		• Do not screen EMTs or law enforcement responding to an emergent call.
Universal Source Control & Personal Protective Equipment (PPE)	• All facility staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. • All facility staff and essential healthcare personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH, CDC, and LHJ guidelines for new admissions or readmissions from a hospital setting.	• All facility staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. • All facility staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH, CDC, and LHJ guidelines for new admissions or readmissions from a hospital setting.

Cohorting & 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;
	  ○ Residents who routinely attend outside medically-necessary appointments (e.g., dialysis).
		• Identify space and staff in the facility for cohorting and managing care for clients 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;
		  ○ Monitor clients who attend outside medically-necessary appointments (e.g., dialysis);
		  ○ Monitor staff who work with multiple clients in different houses.

Group Activities	• Group activities may occur for Residents who are not COVID-19 positive following the guidance in QSO-20-39-NH.	• Group activities may occur for Residents who are not COVID-19 positive following the guidance in QSO-20-39-NH.

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Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	• Engagement through technology should be utilized as well to minimize opportunity for exposure. • Facilities should have procedures in place for residents to engage remotely or virtually, where possible, in activities that improve quality of life (e.g. church service, art classes, concerts, etc.). • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)	• Engagement through technology should be utilized as well to minimize opportunity for exposure. • Facilities should have procedures in place for clients to engage remotely or virtually, where possible, in activities that improve quality of life (e.g. church service, art classes, concerts, etc.). • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Testing	• Testing will occur based on CDC, DOH, LHJ guidance, and CMS • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.	• Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 2

Entry Criteria:

*The facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following criteria*:

- The 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 have passed since the last positive or suspected resident/client or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html;

- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility/home is capable of cohorting residents 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** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Consideration	**Nursing Home Mitigation Steps**	**ICF/IID Mitigation Steps**
Visitation	***See Section II***	***See Section II***
Essential/Non-Essential Personnel	• All essential personnel are allowed to continue to enter building. • Allow entry of a limited number of non-essential personnel (such as entertainment or religious services personnel), as determined necessary, with screening and additional precautions including social distancing, hand hygiene, and facemasks. • The number of non-essential personnel per day is based on the facility or agency ability to manage infection control practices. • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • <u>The facility may permit a beautician to come onsite and provide salon services as long as the home follows social distancing, universal masking, entrance screening, disinfecting before and after each resident,</u>	• All essential personnel are allowed to continue to enter building. • Allow entry of a limited number of non-essential personnel (such as entertainment or religious services personnel), as determined necessary, with screening and additional precautions including social distancing, hand hygiene, and facemasks. • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • <u>The facility may permit a beautician to come onsite and provide salon services as long as the home follows social distancing, universal masking, entrance screening, disinfecting before and after each resident, and hand hygiene. The beautician would need to follow the Governor's Healthy</u>

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Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	and hand hygiene. The beautician would need to follow the Governor's Healthy Washington Road Map to Recovery guidance for businesses.	Washington Road Map to Recovery guidance for businesses.
Medically and Non-Medically Necessary Trips	• Telemedicine should be utilized whenever possible. • Although residents are asked to limit non-essential trips as much as they are able, resident rights laws do allow a resident to participate in community activities. • Please see Dear Administrator letter NH 2020-041 for details regarding residents leaving the facility for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days.	• Telemedicine should be utilized whenever possible. • Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities. • Please see Dear Provider Letter ICF/IID 2020-021 for details regarding clients leaving the facility for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after a client returns from medical and non-medical visits that are determined to be at medium or high risk. • Clients must at a minimum be observed for 14 days.
Communal Dining	• Residents may eat in the same room with social distancing, if not in quarantine or in isolation. • Limit the number of people at tables and space tables at least 6 feet apart. • All staff must wears masks.	• Clients may eat in the same room with social distancing, if not in quarantine or in isolation. • Limit the number of people at tables and space tables at least 6 feet apart. • All staff must wears masks.

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Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	• Residents must wear masks when not eating/drinking unless medically contraindicated. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)	• Clients wear masks when not eating/drinking unless medically contraindicated. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Screening	• Actively screen residents daily. • Actively screen all staff and all essential health care personnel entering the building daily. • Do not screen EMTs or law enforcement responding to an emergent call.	• Actively screen clients daily. • Actively screen all staff and all essential health care personnel entering the building daily. • Do not screen EMTs or law enforcement responding to an emergent call.
Universal Source Control & Personal Protective Equipment (PPE)	• All facility staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. • All facility staff and essential healthcare personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH, CDC, and LHJ guidelines for new admissions or readmissions from a hospital setting.	• All facility staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. • All facility staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH, CDC, and LHJ guidelines for new admissions or readmissions from a hospital setting.
Cohorting & 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.	• Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19.

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Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps

	• 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 (e.g., dialysis).
		• Plans must be in place to:
		  ○ Manage new admissions and readmissions with an unknown COVID- 19 status.
		  ○ Monitor clients who engage in community activities or outings and attend outside medically-necessary appointments (e.g., dialysis).
		  ○ Monitor staff who work with multiple clients in different houses.

Group Activities	• Modify activity restrictions taking into account the size of the room and ventilation. Residents must wear masks and practice social distancing • Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)	• Modify activity restrictions taking into account the size of the room and ventilation. Residents must wear masks and practice social distancing • Create policy for universal masking for clients and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize client risk. • Client outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Testing	• Testing will occur based on CDC, DOH, LHJ guidance, and CMS. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.	• Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

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Phase 3

Entry Criteria:

*The facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following*:

- The facility has reviewed the key metrics for the county at the COVID 19 Risk Assessment Dashboard and determined minimal transmission is occurring. Minimal transmission is defined as 10-25 cases/ 100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html;
- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility/home is capable of cohorting residents 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** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
Visitation	***See Section II***	***See Section II***
Essential/Non-Essential Healthcare Personnel	• All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Permitted to allow essential and non-essential healthcare personnel as long as all CDC and DOH safety practices are followed. • Facilities will use discretion following policies for universal masking, social distancing, flexible	• All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Permitted to allow essential and non-essential healthcare personnel as long as all CDC and DOH safety practices are followed. • Facilities will use discretion following policies for universal masking, social distancing, flexible

Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	scheduling, number of visitors, locations, and minimize resident risk.	scheduling, number of visitors, locations, and minimize resident risk.
Medically and Non-Medically Necessary Trips	• Permitted and follow LHJ guidance. • All parties must practice maintaining 6 ft. social distancing, use proper hand hygiene and wear face coverings when out of the facility. • Upon return to the facility, follow entry screening policies. • Continue to follow Residential Care Services Dear Administrator letter, NH 2020-041 for details regarding residents leaving the facility for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days.	• Permitted and follow LHJ guidance. • Maintain social distancing, use proper hand hygiene and wear face coverings when out of the facility. • Upon return to the facility, follow entry screening policies. • Continue to follow Residential Care Services Dear Provider ICF/IID 2020-021 for details regarding clients leaving the facility for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days.
Communal Dining	• Permitted if 6 ft. social distancing can be maintained, staff/residents/visitors have access to hand hygiene and they wear face coverings when not eating, as tolerated, and while traveling to and from the dining area.	• Permitted if 6 ft. social distancing can be maintained, staff/clients/visitors have access to hand hygiene and they wear face coverings when not eating, as tolerated, and while traveling to and from the dining area.

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Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	• Providers must separate residents in COVID-19 positive units from dining with residents in COVID-19 negative units, as well as resident suspected to be COVID-19 positive. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)	• Facilities must separate COVID-19 positive clients from COVID-19 negative clients in communal dining. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Screening	• Remains the same as other phases. Screening 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or facemask. • The facility will maintain a log of anyone entering the building which must be kept for 30 days.	• Remains the same as other phases. Screening 100% of all persons, clients, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or facemask. • The facility will maintain a log of anyone entering the building which must be kept for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	• Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted. • All persons entering the facility must wear masks. • Staff must wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC, DOH, and LHJs guidance on optimization of PPE.	• Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted. • All persons entering the facility must wear masks. • Staff must wear appropriate PPE when they are interacting with clients, to the extent PPE is available and consistent with CDC, DOH, and LHJs guidance on optimization of PPE.
Cohorting & Dedicated Staff	• Identify the space and staff in the facility for cohorting and managing care for residents who	• Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19.

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Consideration	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps

	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 (e.g., dialysis).
		• 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 (e.g., dialysis).

Group Activities	• Create policy for universal masking for participants and entertainers that includes social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)	• Modify activity restrictions taking into account the size of the room and ventilation. Residents must wear masks and practice social distancing • Create policy for universal masking for participants and entertainers that includes, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Testing	• Follow CDC, DOH, LHJ, and CMS direction for any required testing. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory	• Follow CDC, DOH and LHJ direction for any required testing. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory

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Phase 4

Entry Criteria:

*The facility may relinquish all restrictions and return to a regular course of business after meeting **all** of the following*:

- The 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 less than 10 cases/100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- The facility/home has adequate staffing levels in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html;
- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility/home is capable of cohorting residents 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** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies and in conjunction with the LHJ, even if they have moved to this Phase.

Until the COVID public health threat has ended facilities will:

- Screen 100% of all persons, residents, and staff upon entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or facemask;
- Maintain a log of all visitors which must be kept for 30 days;
- Use PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted;
- Universally mask;
- Maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

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Section II – Visitation

Ombuds are not considered visitors and are allowed access to residents under all circumstances. They must follow proper infection control practices, screening, and wear the appropriate PPE for the status of the facility/resident.

All facilities and agencies are required to provide accommodations to allow access for in person visitation for all residents and clients in accordance with CMS guidance outlined in QSO-20-39-NH, with the exception of following the COVID-19 positivity rate determination. If State or LHJ guidance is stricter, the stricter guidance must be followed. Facilities will utilize the current case rate determination as outline above in this document. Each facility must have a written visitation protocol in accordance with QSO-20-39-NH and it must be shared with visitors who agree to abide by the protocol.

At all times visitation will be accommodated when such visits are by phone, remote video technology, window visits.

Compassionate Care Visits

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

- A resident, who was living with their family before recently being admitted to a facility and is struggling with the change in environment and lack of physical family support.
- A resident who is grieving the recent loss of a friend or family member.
- A resident 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, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, "compassionate care visits." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident'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.

Lastly, at all times, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility 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 should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

**** Essential Support Person (ESP)**

Recognizing the critical role family members and other close, outside persons have in the care and support of residents, and recognizing how they advocate for the resident, LTC facilities shall develop a process for residents to elect an essential support person (ESP) where appropriate. An ESP must be an individual age 18

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years or older who, prior to visitor restrictions, was regularly engaged with a resident to provide companionship and/or assist with activities. These individuals advocate for a resident's needs and support them in managing their health, healthcare, long-term care and overall well-being:

1. The facility/home must establish policies and procedures outlining an Essential Support Person (ESP) program.
2. The resident must be consulted about their wishes to determine whom to designate as the ESP. Consider persons such as a family member, outside caregiver, friend, or volunteer who provided regular care and support to the resident prior to the pandemic.
3. Scheduling of ESP visits should consider numbers of ESP in the building at the same time. The facility may establish time limits and number limits as needed to keep residents safe, while also taking into consideration work schedules of ESP and including allowances for evening and weekend visits;
4. The facility/home should limit movement of visitors within the facility;
5. Visiting spaces:
   A. Phase 1 homes:
      a. A facility/home in Phase 1 of the Safe Start for LTC plan shall identify a designated visiting area(s), outside the resident rooms within the facility, close to an egress if possible. If the set-up of the home does not allow for designated visiting areas outside of resident rooms, (not enough space, no areas can be dedicated without taking away from other critical functions, assigning a dedicated area would eliminate any activity areas for other residents, ESP provides resident care), only then may the facility use the resident rooms as the alternative if:
         i. Exceptions to the requirement to use the designated visiting area may be considered only in consultation with your local health jurisdiction; and
         ii. The resident and the roommate agree; and
         iii. All social distancing and infection control requirements can be followed

   B. Phase 2 homes
      a. Both designated visiting spaces and resident rooms may be used for visitation. A facility/home shall accommodate a residents wish to visit in their room if:
         i. The roommate agrees; and
         ii. All social distancing and infection control requirements can be followed
6. The designated visiting area must have equipment in place (for example plastic barriers, tape on the floor) to encourage social distancing and decrease risk of transmission. Any space designated for social visit must be sanitized after each visit;
7. The ESP should limit interaction to their designated resident, and should limit contact with staff to only those necessary to check into the building and address any care needs of the designated resident;
8. Unless assisting with care, the ESP should abide by all social distancing guidelines.
9. The ESP must wear all necessary personal protective equipment (PPE) while in the building (minimally eye protection and face mask), and must perform frequent hand hygiene. The facility may require the ESP to provide their own PPE. The facility should offer the ESP training or information on the proper use of PPE. The facility should ensure hand sanitizer/alcohol-based hand rubs are accessible.
10. The facility/home shall ask the ESP to attest they are adhering to all infection control guidelines in the community (masking, social distancing, following LHJ, DOH, and CDC guidelines), including following the *Healthy Washington Roadmap to Recovery* for social gatherings. The facility may also request the ESP attest their household members adhere to the infection control standards and Washington State guidelines.
11. The facility/home must have a policy in place to manage visitors who fail to comply with the facility's policies for visitation and adhere to COVID infection prevention and control protocols, up to including the ability to revoke the ESP after a good faith effort to work with the ESP on the need to

follow all infection control protocols. The policy must include information the ESP will be given if the visitation is revoked, including the OMBUDS and LHJ contact information. The policy must include information regarding the steps the ESP can take to resume the visits, such as agreeing to comply with infection control practices and *Healthy Washington Roadmap to Recovery*.

12. The ESP 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;
13. FOR OUTBREAK SITUATIONS:
    a. If the facility, in consultation with the LHJ, is able to assign or continue designated visiting space in an unaffected zone of the facility/home, ESP visits may continue;
    b. If, in consultation with the LHJ, the facility/home is unable to designate a space that would be unaffected by the COVID 19 outbreak, the ESP visits would temporarily be suspended. The facility should assist the resident in accessing other methods for visitation such as virtual and telephonic communication.

***Visitor Log Information**

Visitor's log information will include date, time in and time out, name of visitor and their contact information, including phone number and email address if available

Family and Friends Visitation

Unless providing compassionate care or a designated essential support person, for the purposes of resident safety and infection prevention during a pandemic, providers will not permit family and friend visitation until Phase III.

Once a provider has met the entry criteria outlined for a phase in Section I the provider may then follow the visitation criteria for each corresponding phase below:

Phase	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps

Phase 1	• Indoor visitation is limited to the following,:
	  ○ Compassionate care situations* and
	  ○ Essential Support Person**
	
	Facilities should have policies in place for remote visitation, whenever possible, to include:
	• Access to communication with friends, family, and their spiritual community.
	• Access to the Ombudsman.
		• Indoor visitation is limited to the following,:
		  ○ Compassionate care situations* and
		  ○ Essential Support Person**
		
		Facilities should have policies in place for remote visitation, whenever possible, to include:
		• Access to communication with friends, family, and their spiritual community.
		• Access to the Ombudsman.
		
		Outdoor visits allowed:

Phase	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	Outdoor visits allowed: • Two visitors per resident during each visit; • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Facility will review and follow the Outdoor Visitation Guidance Facilities must ensure: • Visits occur under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control. • Visitors are actively screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, in a visitor's log and the log of visitors must be kept for 30 days.*** Window visits are not restricted or prohibited. Providers will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. Refer to LHJ about safety of residents on quarantine.	• Two visitors per resident during each visit; • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Facility will review and follow the Outdoor Visitation Guidance Facilities must ensure: • Visits occur under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control. • Visitors are actively screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, in a visitor's log and the log of visitors must be kept for 30 days.*** Window visits are not restricted or prohibited. Providers will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. Refer to LHJ about safety of residents on quarantine.
Phase 2	• Indoor visitation is limited to the following,: o Compassionate care situations* and	• Indoor visitation is limited to the following,: o Compassionate care situations* and

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Phase	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	○ Essential Support Person** Facilities should have policies in place for remote visitation, whenever possible, to include: • Access to communication with friends, family, and their spiritual community. • Access to the Ombudsman. Outdoor visits allowed: • Two visitors per resident during each visit; • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Facility will review and follow the Outdoor Visitation Guidance Facility must ensure: • Visits occur under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control • Visitors are actively screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, in a visitor's log and the log of visitors must be kept for 30 days.*** • All visitors must wear appropriate PPE. At a minimum a cloth face covering or face mask must be worn for the duration of their visit. The facility must provide a face mask	○ Essential Support Person** Facilities should have policies in place for remote visitation, whenever possible, to include: • Access to communication with friends, family, and their spiritual community. • Access to the Ombudsman. Outdoor visits allowed: • Two visitors per resident during each visit; • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Facility will review and follow the Outdoor Visitation Guidance Facility must ensure: • Visits occur under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control • Visitors are actively screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, in a visitor's log and the log of visitors must be kept for 30 days.*** • All visitors must wear appropriate PPE. At a minimum a cloth face covering or face mask must be worn for the duration of their visit. The facility must provide a face mask

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Phase	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	to the visitor, in the event they do not have one, to ensure universal source control. Window visits are not restricted or prohibited. Providers will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. Residents who do not have visitors should be provided the same opportunity as residents with visitors to engage or visit with other residents, individually, or in small group activities or dining as long as they adhere to the core principles of COVID-19 infection prevention and control. Refer to LHJ about safety of residents on quarantine.	to the visitor, in the event they do not have one, to ensure universal source control. Window visits are not restricted or prohibited. Providers will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. Residents who do not have visitors should be provided the same opportunity as residents with visitors to engage or visit with other residents, individually, or in small group activities or dining as long as they adhere to the core principles of COVID-19 infection prevention and control. Refer to LHJ about safety of residents on quarantine.
Phase 3	• All residents have the ability to have visitation as described in Phase 1 & 2. In addition, visitation is allowed for family and friends. These visitors must agree to the visitation protocol. • The facility policy will describe visitation schedule, hours and locations. • Infection control practices including hand hygiene, universal source control for resident and visitors, and overall facility supervision of safe practices related to visitors and social distancing (at least 6 feet apart). • Facilities may limit the number of visitors for each resident, per their visitation protocol.	• All residents have the ability to have visitation as described in Phase 1 & 2. In addition, visitation is allowed for family and friends. These visitors must agree to the visitation protocol. • The facility policy will describe visitation schedule, hours and locations. • Infection control practices including hand hygiene, universal source control for resident and visitors, and overall facility supervision of safe practices related to visitors and social distancing (at least 6 feet apart). • Facilities may limit the number of visitors per their visitation protocol.

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Phase	Nursing Home Mitigation Steps	ICF/IID Mitigation Steps
	• Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days.*** After visits, all areas must be disinfected.	• Preference should be given to outdoor visitation opportunities. • Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days.*** After visits, all areas must be disinfected.
Phase 4	Resume Regular Visitation	Resume Regular Visitation

Additional Resources

Outbreak Definition

https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/InterimCOVID-HCOutbreak.pdf

Influenza vs COVID-19

https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htmTransfershttps://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/LTCTransferRecs.pdfRisk Assessment Template (quarantine for the purpose of this document is per template context)

https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf

Indoor/Outdoor Visitation Guidance

Visit DOH website for updated information related to the most current guidance. (Add DOH link)

LHJ and DOH Assessment Teams

Consider an onsite or virtual LHJ/DOH COVID-focused Infection Control Assessment. This is a non-regulatory support to enhance facilities' internal infection control program.

V*isitation, Communal Dining and Activity Examples* – (As applicable per LTC phase recommendations - With provider adherence to strict infection control principles and flexibility to scale back due to outbreaks and facility size/structure and staffing)

- *A resident's personal business manager may come in a meet with the resident for personal business transactions as long as the home follows social distancing, universal masking, entrance screening,*
- *A resident's personal guardian may come in and meet with the resident as long as the home follows social distancing, universal masking, entrance screening, and hand hygiene before and after each resident interaction.*
- *Residents may come and go from their homes to go out to eat or shop, as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use hand hygiene.*
- *Adult children may take residents out for day trips as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use of hand hygiene.*
- *The facility serves meals in one third of its dining room capacity to maintain 6 ft. social distancing between residents.*
- *The facility adjusts meals times to offer more options.*
- *Residents volunteer to rotate meals for dining so residents can eat at least one meal a day out of their rooms.*
- *The facility offers meals outside on the patio*
- *Residents may come and go from their homes to go walk down to a local store, as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use hand hygiene.*
- *Families may take residents home for the weekend as long as they and the resident practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use of hand hygiene*
- *Providers may permit group activities with residents and families in a common area together as long as the home follows social distancing, universal masking, entrance screening and hand hygiene.*
- *Worship services, book reading, arts and crafts, chair exercises, and music programs are all permitted in this category as long as residents do not share activity items, and there is proper environmental cleansing before and after the activities.*
- *Residents may gather in the TV or library, maintaining 6 ft. social distancing and enjoying an afternoon happy hour with music.*
- *Residents may gather in a memory care unit potting flowers while maintaining 6 ft. social distancing. The facilities ensure the residents do not exchange tools.*
- *A home may permit group activities with residents and families in a common area together as long as the home follows social distancing, universal masking, entrance screening and hand hygiene. Some residents may be seated in the kitchen while others are in the living room to maintain social distancing and participate together listening to history channel on the TV.*
- *A variety of resident-centered activities are permitted in this category as long as residents do not share activity items, there is no personal contact, and there is proper environmental cleansing before and after activities. For example, a resident may be painting at the kitchen table while another is drawing in the living room. Focus on resident-centered provision of activities while practicing social distancing, good hygiene, and environmental cleanliness.*

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