WHO SHOULD BE TESTED FOR COVID-19?
There are currently no restrictions for who can be tested for COVID-19 in Washington State. However, the Department of Health guidance to healthcare providers (PDF) directs that testing be focused on people with COVID-19 symptoms, such as fever, cough, or shortness of breath. The guidance makes recommendations about who is at highest priority for testing. While anyone can ask a provider to be tested for COVID-19, testing is provided at the provider’s discretion. At this time a practitioner’s recommendation or order is required for testing. You should communicate with the individual’s personal care physician regarding testing.

Resources:
- Department of Health guidance on testing.
- Providence and Microsoft-developed assessment tool.
- COVID-19 testing must be ordered by a physician and administered correctly in order to obtain accurate results. It is important to vet laboratory services to ensure the testing is authentic, being analyzed by a certified lab, and to determine how test results are communicated to the patient (or facility) and to Department of Health officials. If you have questions regarding COVID testing for residents and/or staff, please contact the prescribing practitioner and/or your local health department for information and further direction.

WHAT ARE REPORTING REQUIREMENTS FOR COVID-19?
Healthcare providers and healthcare facilities must report suspected or confirmed cases of 2019 Novel Coronavirus to their local health jurisdiction and to the Residential Care Services Complaint Resolution Unit (CRU).

• Residential Care Services CRU at 800-562-6078 or online: Online Incident Reporting
• Information on how to report to your local health jurisdiction
• A list of Washington State local health departments and districts can be found here

WHAT PERSONAL PROTECTIVE EQUIPMENT DO WE NEED?
Personal protective equipment shortages are straining the healthcare system—and providers throughout the state are working on creative means for acquiring PPE, including acquiring masks from non-healthcare related sources like home improvement stores. There are efforts to limit elective surgeries, dental offices have been closed, and other measures are being taken. We hope to see improved access to the equipment. In emergency situations, local health jurisdictions are responsible for processing requests for emergency supplies, using the Guidelines for Prioritization of Allocation of PPE. They will also prioritize distribution to those that can document the follow criteria:

1. Exhausted all supplies at facility and at local level.
2. Documentation that entity has an active order into their normal supply chain.
3. Documentation that there is an approved conservation plan in place and implemented.
4. Reduction/elimination of all non-urgent medical procedures.

Resources:
- Emergency Supply Request Form, King County Providers, use this one.
  The forms are somewhat complicated; do the best you can and consider attaching a letter for additional clarification about the need for the supplies. These forms are sent to the local health department or your local emergency response network.
Submit your completed form to the following contacts:
- King County – HMAC.02@kingcounty.gov
- Kitsap County - Logs@kitsapem.org
- Pierce County – pceoc@co.pierce.wa.us
- Snohomish County – lsc@snohd.org; esf8.activation@snoco.org

For other counties, please send to the NW Healthcare Response Network at LogsRUL.HECC@nwhrn.org. The Network will then forward your completed 213RR to the appropriate Local Health Jurisdiction.
- Local Health Departments
- L & I Instructions on Use of PPE
- DOSH Guidance on fit-testing for N95 filtering facepieces

ARE THERE VISITOR RESTRICTIONS?
What are the restrictions on visitors?
Facilities should restrict visitation of all visitors and non-essential healthcare personnel except for certain compassionate care situations. Decisions about visitors entering under compassionate care situations will be made on a case-by-case basis. Visitors should be screened, and facilities should require appropriate hand hygiene and require that personal protective equipment (PPE) be worn.

Facilities should communicate through multiple means to inform individuals and nonessential healthcare personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.

RCS surveyors and/or complaint investigators may enter your building to conduct investigations. They must sign in and go through the same screening as other visitors; they must also bring their own PPE as necessary, based on the situation.

If we are restricting access to patients, what outside health care services providers should be considered “essential health care providers”?
The determination of “essential health care providers” is determined on a case-by-case basis. The goal of restricting visits in long term care facilities is to limit exposure, particularly given the high mortality rate for seniors and those with complicating conditions. The risk-benefit analysis should consider whether the health care service is necessary, and/or related to compassionate care at end-of-life.
- CDC guidelines for LTC Facilities.
- AHCA Guidance on PT/OT

Should I restrict entry by the LTC Ombuds?
Residents still have the right to access the Ombudsman program. Their access should be restricted (except in compassionate care situations), however, facilities may review this on a case-by-case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity identified in RCW 70.129.090.

Will there be routine inspections of assisted living facilities by RCS during this time?
On March 18, 2020, Governor Inslee issued Proclamation 20-18, waiving and suspending full licensing inspections (RCW 18.20.110) for Assisted Living Facilities.

Resources
- 3/20/2020 RCS Dear Provider

CAN FACILITIES ADMIT/RE-ADMIT RESIDENTS NOW?
Can we/should we continue to admit residents?
Providers should conduct an internal risk assessment to determine the policy about admitting new residents. In the event of an outbreak, do you have the appropriate PPE and personnel to provide care and services? Providers should consider several factors when considering move-ins. First, if you would have admitted that person prior to COVID-19 outbreak, there is no reason not to admit now. Pre-admission assessment will determine whether the prospective resident is stable and predictable. Current symptoms for COVID-19 should be considered as part of that assessment. The provider must also consider staffing and the amount of PPE on hand, should the prospective resident’s condition warrant droplet precautions.

Should we readmit a resident who has been in a hospital where COVID-19 is being treated?
If you have staffing and PPE to effectively manage the resident’s condition, and the resident is in a stable and predictable condition, there is no reason why the facility should not admit a resident who has been previously treated in a hospital where COVID-19 is being managed. Remember, sometimes the best place for your resident is in his/her familiar home, and if you can effectively and safely care for him/her, then you are encouraged to do so.

Resources:
- Chapter 388-78A-2050 – Resident Characteristics
WHAT ABOUT INDEPENDENT LIVING RESIDENTS?
Residents living in assisted living communities who receive no services, or “independent living residents,” should be screened daily for COVID-19 symptoms, just like assisted living residents are screened. This is to ensure the building as a whole is effectively managed and infection transmission minimized.

CAN RESIDENTS LEAVE THE FACILITY?
While visitors are limited, there are no limitations on residents, whether they be AL or IL residents, leaving the facility. It is recommended that management explain the possible risks of leaving the community, including exposing oneself, all other residents, family and staff. Alternatives to family visits can be accomplished through facilitating telephone or video chat methods. Likewise, should a resident need something at a local pharmacy or grocery store, management may consider running errands or working with the resident’s family to run errands in an effort to minimize the resident’s need to leave. If a resident chooses to leave, it is recommended that they be screened upon return, and continually screened for symptoms following the facility’s protocol.

CAN WE CONTINUE COMMUNAL DINING AND MEALS?
How do I manage communal dining/meals?
Cancel communal dining and all group activities, such as internal and external group activities. Deliver meals to resident rooms. In instances where feeding assistance is provided, observe the social distancing guidelines to stay at least 6 feet from others. CDC advises that, in facilities with an outbreak, residents leaving rooms should wear a facemask, perform hand hygiene, limit movement in the facility, and stay at least 6 feet from others.

Resources:
- AHCA Communal Dining Guidance

WHAT LAWS AND REGULATIONS HAVE BEEN REPEALED?
In an effort to allow maximum flexibility in responding to this outbreak, state agencies are working tirelessly to repeal laws and regulations that will make it difficult for providers to meet the needs of their patients during this national emergency, including:

- Repeal of caregiver training and certification requirements in Chapter 388-112A
- Elimination of certain Resident’s Rights provisions (related to visitors, etc.)
- Relaxed eligibility and financial screening requirements

Resources:
- Click here for a synopsis of laws and rules that are rescinded through April 9, 2020.

HOW DOES THIS AFFECT DIRECT CARE WORKERS: BACKGROUND CHECKS, TRAINING, LICENSING AND CERTIFICATION?

Repealed WAC 388-112A: The governor has waived all of WAC 388-112A until April 9, 2020. This includes home care aide training and certification, orientation/safety training, specialty training (dementia, mental health, and developmental disabilities), CPR/First Aid, and continuing education requirements. It is expected that any staff hired during this time receives orientation to the building and to his/her job, a state background check, and TB testing.

Nursing Assistant Training Programs: Restrictions related to COVID-19 have impacted nursing assistant (NA) testing and schools statewide. The Nursing Commission has begun providing approval for programs to shift to a live, online format for classroom content during this emergency proclamation. In addition, the Nursing Commission asks programs to provide federally-required content first, enabling students to apply and work as nursing assistants-registered (NARs) under the supervision of an LPN or RN while they complete the class. Action is underway to lift additional barriers for rapid NA entry into the workforce. You can find the NAR application and fees on the Nursing Assistant webpages.

Clinical sites: Most clinical sites are closed consequent to the emergency proclamation and widespread school closures. Nursing students who have yet to complete clinical experiences are encouraged to apply for a Nursing Technician registration.

Emergency Interim Permits: When a nursing student has graduated from a nursing program and before they take the national exam (for LPNs, RNs and ARNPs), they can apply for licensure following the online process. After the college/university sends the certificate of completion confirming completion of the program, the licensing unit has received the official transcripts, and
the applicant has registered for the national examination, licensing staff can issue an emergency interim permit allowing the applicant to work as a nurse during the declared emergency. When testing is available again, nurse applicants are required to take the national exam to complete the process for permanent licensing.

**Temporary Practice Permits:** At this time, the Nursing Commission recommends applying for nurse licensure through the online license application process. Please submit a complete packet of required information to ensure no unnecessary delay. If you are endorsing your license from another state, please complete licensure verification online. We encourage the submission of electronic transcripts; please have your college/university return the transcript to nurselicensing@doh.wa.gov. A temporary practice permit is valid for 180 days, or until the Nursing Commission issues a permanent license. If the emergency extends beyond 180 days, the commission may grant extensions. The Commission is making it a priority to temporary permit applications in King, Pierce and Snohomish Counties. Click here for information.

**Fingerprints and FBI Criminal Background Checks:** Most fingerprint vendors are closed or not currently servicing nursing applicants. The requirement for fingerprints for out-of-state applicants is temporarily waived during the emergency and will be required when the emergency ends. Applicants will receive directions on fingerprinting. State Patrol Background Checks through the BCCU are still required. There is a process for priority checks. Fingerprint checks for administrators, caregivers, and nurses have been waived during this time; state background checks are still required upon hire and every 24 months.

**Uniform Emergency Volunteer Health Practitioner Act:**
Also commonly referred to as RCW 70.15. Licensed nurses from Washington or other states with no prior disciplinary history may apply to work in Washington without further licensing requirements. Find information, including FAQs, and the application on the Emergency Volunteer Health Practitioners webpage. The DOH office of Emergency Preparedness and Response manages the placement of nurses based on need. Nurses may accept voluntary or paid assignments. This is not a substitute for Washington licensure and is available only during the time of the governor’s emergency proclamation.

The WHCA team continues to post updated information and resources on our website here. We encourage you to check back often for updates. WHCA will continue to send COVID-19 updates to share breaking information.