March 18, 2020

Dear Nursing Assistant Program Directors:

Thank you for your work, questions, and flexibility during this challenging time. COVID-19 is having global impact with major effects on everyone’s health, family, daily life, school, and work. As you know, the situation and guidance from all sources is continually evolving.

We, like you, have been and will continue to work on strategies that consider the health and safety of all and address the challenging but critical need to continue to train and provide additional members of the healthcare workforce safely.

More information will be coming as it is available, but for now I have attached information you can act on now. There are four pages attached to this letter with each page addressing a separate topic.

For questions, please contact me at Kathy.Moisio@doh.wa.gov or 360-490-5783.

Sincerely,

<Sent via email by Kathy Moisio>

Kathy Moisio, PhD, RN
Director of Nursing Assistant Programs
Washington State Nursing Care Quality Assurance Commission
1--Gaining Temporary Approval for Live Online Teaching of Classroom/Theory Content.

Nursing assistant training programs may gain temporary approval to shift to live, online classroom formats for the classroom/theory portion of training during this crisis with submission of some basic information about your plan:

✔ Type of Class (i.e. Traditional Nursing Assistant, HCA Bridge, etc.):

✔ Student Roster of Names:

✔ Class Start Date:

✔ Schedule of Live, Online Classes (dates/times/end date):

✔ Plan for Evaluation (how will knowledge be evaluated in this format?):

✔ Program Director attestation that all usual content will be delivered:

We will do our best to fast-track the temporary approval. Providing all information on first submission will help immensely.

Approvals will occur cohort by cohort through the crisis with a return to your regularly approved program/curriculum format when the crisis is over.
2--Providing the Federally-Required 16 hours of Safety/Emergency Training FIRST.

Programs who choose to provide classroom/theory instruction via a live, online platform have temporary approval during the crisis to move this content (listed below) to the beginning of their courses. This format allows nursing assistant students to apply to become a nursing assistant-registered and begin work for up to 120-days in a nursing home while they continue online training with your program for the rest of the course.

Given the challenges surrounding skills labs and clinical access, we are recommending this pathway to allow training programs to continue training, students to continue learning and--for students who choose—to support the need for workforce to support care of our population. The Credentialing Unit is working diligently to fast-track NAR applications.

We are pursuing a request to waive NAR application fees during this crisis, but do not have confirmation at this time. We are also pursuing a request to remove the 7-hour HIV/AIDS requirement, effective immediately, but do not have confirmation yet. Until effective, the HIV/AIDS education is still required for the NAR.

The federally-required hours are found in 42 CFR §483.152(b)(1), which states that 16 hours of training in the following areas are required prior to any direct contact with a resident:

- Communication and interpersonal skills;
- Infection control;
- Safety/emergency procedures, including the Heimlich maneuver;
- Promoting residents' independence; and
- Respecting residents' rights.

In terms of the federal requirement for NARs to complete training, testing, and certification in 120-days, please know that there is a formal request in to CMS via the Office of the Governor for an exemption (see page 10 of the PDF document, item 4.5, found at: https://www.hca.wa.gov/assets/WA-1135-waiver-request.pdf ). The hope is that an exemption is provided within 120 days from now.

If you opt for this pathway, students who choose to do so could work as an NAR under the supervision of an RN or LPN in the work setting. After the crisis, these students would circle back to you for the remainder of the program (skills lab time would be helpful prior to testing at that point anyway; potential flexibility around requiring additional clinical hours is not known at this time, but is being explored).
**3--Possibly Proceeding to Clinical if You Have Students Who Have Completed Class and Skills Lab AND You Have Access to a Clinical Site.**

The Governor’s Proclamation has been updated to say that the conduct and operation of school and program affiliated labs and clinics is not prohibited, if either:

- social distancing measures are strictly implemented and monitored by designated school officials or
- *clinical protocols that are in alignment with public health guidelines are followed.*

The updated Proclamation (20-12) can be found (on page 2 of the PDF after the bold “Furthermore”) at: [https://www.governor.wa.gov/sites/default/files/proclamations/20-12%20Coronavirus%20College%20Closure%20%28tmp%29.pdf](https://www.governor.wa.gov/sites/default/files/proclamations/20-12%20Coronavirus%20College%20Closure%20%28tmp%29.pdf)

**Proceeding with clinical, then, seems possible now, per the Proclamation, IF:**

- You have students who have already met requirements to go to clinical;
- You have a clinical site who has the capacity to host a clinical (i.e. adequate PPE);
- Your program and the site take responsibility for meeting all public health guidelines per the Proclamation; and
- Your students opt to go.
4—Carefully Considering the Implications of Skills Lab Implementation.

Although the updated Proclamation indicates labs are not prohibited if clinical protocols that are in alignment with public health guidelines are followed, we encourage programs to pursue instead the pathway of providing online training only, allowing students who choose to do so to work as NARs until the crisis is over.

The reasons for this related to concerns regarding the risk of community spread (students, instructors, others) and include:

- the interactive nature of nursing assistant skills labs (shared equipment use, practicing skills on one another, etc);
- the challenges of obtaining the equipment and supplies needed to meet public health guidelines; and
- the complex and evolving nature of public health guidelines.

Clinical sites are healthcare organizations and are likely have more personnel and capacity for assuring implementation of all public health guidelines.