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NEW MANDATORY VISITATION RULES

This morning, March 10, 2020, Washington Governor Jay Inslee issued an [emergency proclamation](#) addressing visitation for assisted living facilities and skilled nursing facilities. The proclamation is **effective immediately**. The proclamation was followed by [additional clarification](#) from the Department of Health. A quick link referencing the details of both documents is available [here](#).

We recognize that our members will have questions about the Governor's requirements. We hope that some of your questions will be answered in this member alert. We are standing by to answer additional questions as they arise. In addition, AHCA has provided additional approaches to consider when dealing with visitation in [assisted living](#) and [skilled nursing](#) facilities. Recognizing that assisted living members may need further guidance, we have provided additional resources [here](#).

Here are the general requirements:

VISITATION

1. Each resident may have only one visitor each day. The visitor must be an adult, and visitation can only take place in the resident's apartment/room.
2. Each visitor to the facility must sign in and be screened upon entry for symptoms. The sign-in log must be saved by the owner/operator for at least 30 days.
3. Visitors must follow the facility's efforts to minimize spread of illness, which includes social distancing of at least six feet, and may include wearing PPE where appropriate.

EMPLOYEES, OWNERS, AND VOLUNTEERS

1. Check for COVID-19 symptoms at the start of the person's shift. This includes cough, body aches, fever of 100.4 or higher, and/or shortness of breath.
 - a. Anyone with symptoms must be sent home and self-isolated.
 - b. Anyone who develops symptoms during their shift must be sent home immediately and remain in self-isolation.

RESIDENTS WITH SYMPTOMS

1. Must be quarantined to their rooms/apartments.
2. Health-related information can only be shared with appropriate parties, as usual.

FACILITIES WITH POSITIVE CASES OF COVID-19

For buildings with a positive case of COVID-19, the governor's office is in the process of setting up a case management entity that will serve the facility and resident families with communication updates to families. As these case management entities are formed, more information will be forthcoming.

We recognize that for some providers, the Governor's requirements do not go far enough, and for others the requirements may be too restrictive (or unworkable considering the ongoing shortage of

PPE). Your top priority should always be preventing the virus from actively spreading in your facility and you should let your best judgement be your guide, within the context of the new requirements.

A few approaches that are not addressed in the Governor's proclamation and the Department of Health guidance include: limiting residents from leaving the facility on their own, limiting visiting hours, and limiting all visitation. These issues may be of particular importance to our assisted living members but can apply to SNFs as well. WHCA believes that reasonable limitations on visiting hours is an appropriate measure that can be easily implemented. If this approach is implemented, it will be important to communicate with residents and family members to explain the need for the limitation.

Limiting residents from leaving the facility for social events or shopping is a more difficult question, especially for assisted living. In making this difficult decision, each facility will need to weigh the current risk presented to your residents in venturing outside your facility. If this approach is implemented, it will be important to communicate with residents and family members to explain the need for the limitation. If residents do venture out of your facility, they should be reminded to practice social distancing and proper hand hygiene at all times. If limiting trips outside the facility is not a practical option right now, you may want to revisit this option if the virus continues to spread.

A complete ban on all visitors for a facility that has not been impacted by a COVID-19 outbreak is probably the most difficult of all the decisions you could make around visitation. Currently, WHCA is not advocating for such action. Even if you do implement such a ban, the residents' circumstances need to be taken into consideration, particularly with immediate family members. Again, it will be important to communicate with residents and family members to explain the need for this action.

SNF ADMISSIONS FROM HOSPITALS AND THE COMMUNITY

The public health crisis Washington is facing on multiple fronts is unprecedented. Our healthcare system is stretched to capacity and everyone is pulling together to ensure that acute, post-acute, and public health needs are being met. A COVID-19 positive person at high risk or a long term care resident can quickly decline and require hospitalization. To that end, it is imperative that Washington's emergency rooms and hospitals have the ability to respond to all healthcare needs, not only COVID-19.

CMS Guidance issued in [QSO Memo 20-14 NH](#) states that a nursing home can accept a patient diagnosed with COVID-19 and still under transmission-based precautions for COVID-19, if it can follow CDC guidance for transmission-based precautions. If a nursing home cannot, it must wait until these precautions are discontinued.

CDC states that decisions to discontinue transmission-based precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors ([see current CMS guidance for further details](#)).

Note CMS Guidance: "Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present."

This means it is the expectation of CMS that skilled nursing facilities admit residents if the facility has the capability. Each prospective or returning resident should be assessed and evaluated on a case-by-case basis to determine the facility's ability to meet their needs and ensure the safety and well-being of

current residents. For example, if the facility doesn't have and cannot acquire any N-95 masks and there is not a single room to place in isolation, the facility may not be able to meet the needs of a resident. Lack of adequate PPE supplies may be another reason for a facility to deny an admission. Otherwise, it is the expectation from CMS that the facility accept resident admissions (with and without a COVID-19 history) within the capabilities of the facility. This must be done in order to ensure the continuity of care and safeguard our hospitals from backing up. CMS is suggesting moving residents within a facility when possible in order to create a separate wing/section with designated staff to meet the need and to accept new residents even if on precautions. Keep in mind, guidance and information is evolving daily, if not hourly. The CDC is currently working on similar guidance regarding this issue and it is expected out today or tomorrow.

The reluctance to take admissions during this time of crisis is understandable, however, our healthcare system must respond as a whole and work together in order to ensure the care of all. If possible, can your facility figure out a way to create a separate wing or floor for these patients and designate staff to care for them? Can a corporation or sister facilities work together to make this happen? These are questions that will need to be answered internally and rationale explained to hospitals, families, public, and regulatory bodies (DSHS, CMS, CDC, Ombuds). How we as an industry respond to the needs of our residents, our staff, and the public will determine how we emerge from this crisis and create a positive reflection of long term care in response.

As mentioned above, these are unprecedented times that will require difficult decisions. Additional resources can be found on the [WHCA website](#).

PPE RESOURCES

The lack of Personal Protective Equipment (PPE) is universal. If your customary vendor/supplier cannot meet your facility's needs, here are some steps to take:

1. Ensure staff are utilizing PPE appropriately and as necessary. See CDC guidance [here](#).
2. Put necessary controls in place to ensure that PPE is available but secured from unauthorized access and removal from the facility.
3. Reach out to neighboring facilities, dentists, veterinary clinics, automobile paint/body shops, nail salons, beauty suppliers, etc. for availability. Think beyond healthcare and you may find appropriate supplies available.
4. Once internal and immediate facility efforts are exhausted, contact your local public health department. Locate your local health department [here](#). Complete and submit the Emergency Supply Request Form below.
5. Notify your local [Healthcare Response Network](#).
6. Notify WHCA via [email](#) or by calling (800) 562-6170.

The American Health Care Association is aware of providers not being able to fill orders for masks and other personal protective equipment (PPE). They are in discussions with HHS, CDC, and CMS at the highest levels about this critical issue. They are aware of the seriousness of the problem and are in direct communication with suppliers. We will send out more information as it becomes available.

ADDITIONAL RESOURCES FOR PPE

- [PPE Do's and Don'ts](#)
- [NETEC: PPE Specific Slides from the March 5th Department of Health Webinar](#)
- [Emergency Supply Request Form](#)

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