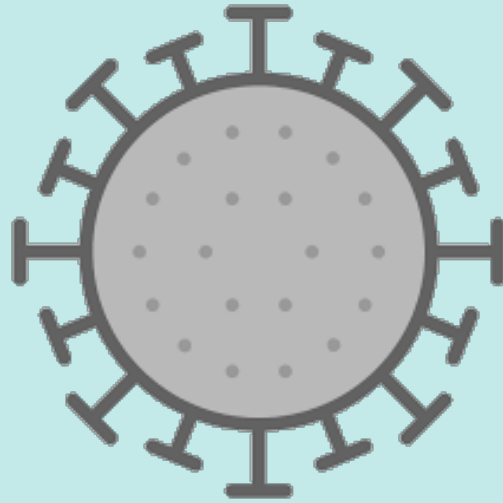


Safe Start and DOH Guidance Update for Long Term Care – February/March 2022



Department of Social & Health Services
Residential Care Services



Washington State Department of Health
Healthcare-Associated Infections &
Antimicrobial Resistance

Housekeeping

Attendees will be in listen only mode



Educational webinar



Self-mute your lines when not speaking



Participants from long-term care, regulatory and public health

Type questions into the question window. *Tell us where you are from (e.g., AFH, NH)*



No confidential information presented or discussed



Introductions



Healthcare-Associated Infections (HAI) Team

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Office Chief for Policy, Training, Quality Improvement, and Behavioral Health



The purpose of this meeting

- Review updates to LTCF DOH Guidance
 - Quarantine timeframes
 - Visitor exclusion following exposure or illness
 - Vaccination status
 - Testing guidance
- To review updates to LTCF Safe Start Plan
 - Transition from Safe Start Plan to COVID-19 Response Plan
- This does not constitute legal advice
- Please note - Always check with your local health jurisdiction:
<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>



COVID-19 Information



Washington State Department of Social and Health Services

Aging and Long-Term Support Administration

About AL TSA | Frequently Asked Questions | Find Local Services, Information and Resources

Alert: Updated information on COVID-19 [Learn More](#)

Home > Safe Start for Long-Term Care Plan

AL TSA

- Long-Term Care Services & Information
- Long-Term Care Professionals & Providers
- Office of the Deaf and Hard of Hearing
- Stakeholders
- Tribal Affairs
- Long-Term Services and Supports Trust
- Contact Information
- About AL TSA
- Register to Vote

Safe Start for Long-Term Care Plan

Introduction

The *Safe Start for Long-Term Care plan* establishes criteria for long-term care facilities to permit visitation. The plan covers on trips outside the facility, communal dining and group activities, testing and screening, source control and PPE.

Full Plan Documents by Facility Class

The following documents take effect July 1, 2021.

- Adult Family Homes, Assisted Living Facilities, Enhanced Services Facilities
- Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Certified Community Residential Services and Support
- Types of Visitation Allowed at Long-Term Care Facilities



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COVID-19 Infection Prevention in Healthcare Settings

- Infection Prevention
- Behavioral Health Resources
- Emergency Volunteer Health Practitioners
- Healthcare Facilities
- Hospital Surge
- Infection Prevention
- Reporting Test Results
- Vaccine Information for Healthcare Providers

The Washington State Department of Health developed this webpage to provide resources for healthcare facilities, including acute care hospitals, long-term, residential care facilities, and other settings where healthcare is being administered during the COVID-19 pandemic. Due to the vulnerable nature of patients, the risk of exposure to healthcare workers, and the congregate nature of long-term care facilities, guidance for healthcare settings is often different from that of the general public.

COVID-19 Information: [Novel Coronavirus Outbreak](#), [Department of Health Coronavirus Disease](#), [CDC](#)

Personal Protective Equipment (PPE) Requests

The state PPE supply continues to be available to support organizations in extraordinary circumstances such as when supplies are unavailable through regular supply chains, when shipping delays cause an insufficient level of PPE, and when urgent needs arise that cannot be addressed through other means. If an urgent needs exists, contact your [local county emergency manager](#) to determine how requests should be placed. They are able to answer questions about the request process.

Infection Prevention Materials for COVID-19

- ▼ All Healthcare Settings
- ▼ Behavioral Health
- ▼ Home Health/Home Care Guidance
- ▼ Hospital Guidance
- ▲ Long-Term Care Guidance
- LTC Facilities
 - [COVID-19 Infection Prevention Best Practices for Memory Care Units \(PDF\)](#)
 - [Interim Guidance for Long-Term Care: Transferring between Long-Term Care and other Healthcare Settings \(PDF\)](#)
 - [Preparing Your Long-Term Care Facility COVID-19 Unit \(PDF\)](#)
 - [Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak \(PDF\)](#)
 - [What to Do if You Identify a COVID-19 Case in Your Long-Term Care Facility \(PDF\)](#)
- PPE

<https://www.dshs.wa.gov/altsa/residential-care-services/safe-start-long-term-care-plan>

<https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/InfectionPrevention>

UPDATED DOH Guidance

- [Interim COVID-19 Outbreak Definition for Healthcare Settings](#)
- [Interim Guidance for Long-Term Care: Transferring between Long-Term Care and other Healthcare Settings](#)
- [Preventing Transmission of SARS-CoV-2 During Aerosol Generating and Other Procedures](#)
- [Long-Term Care Facility Testing for Staff and Residents](#)
- [Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak](#)
- [Outdoor Visitation Guidance for Long-term Care \(LTC\) Settings](#)
- [COVID-19 Visitor Announcement](#)
- [LTCF Visitor Screening and Log](#)

****Disclaimer****

Not all DOH documents have been updated to reflect these recent changes – please refer to the most recent document if there are discrepancies

Key Updates to DOH Guidance

1. Outbreak definition updated to align with national definition
2. Updated guidance to no longer recommend a pause in admission during an outbreak
3. Updated to change “fully vaccinated” to “up to date with COVID-19 vaccines”
4. Updated to include recommendations for prioritization when supplies are limited
5. Updated to clarify that asymptomatic HCP and residents who have been exposed and have recovered from SARS-CoV-2 infection in the prior 90 days should be tested using an antigen test rather than PCR.
6. Updated to reflect that residents not up to date with COVID-19 vaccines with exposure should quarantine for 10 days or 7 days with a negative test
7. Updated to reflect that visitors should not visit healthcare facilities until 10 days from COVID-19 illness
8. Updated to reflect that visitors not up to date with COVID-19 vaccines should not visit healthcare facilities until 10 days from COVID exposure, or 7 days with a negative test

NOT Updated

- Source control and PPE recommendations in healthcare settings
 - Masks recommended as source control for all in healthcare settings
 - Universal eye protection
- Physical distancing recommendations in healthcare settings
 - Physical distancing of 6 feet recommended in healthcare settings
- Isolation for residents
 - For mild/moderate disease and not immunocompromised
10 days from symptoms (or test if asymptomatic)
AND
24 hours with no fever without fever reducing medication
AND
Symptoms have improved
- Triggers for outbreak investigation testing

Updated COVID Outbreak Definition for Healthcare Settings

- WHAT: changes to DOH reportable outbreak definition
 - Aligns with CSTE definition
 - Does NOT include staff cases as a metric for LTCs
- WHY: with endemic COVID transmission, staff cases are less reliable as a measure for an outbreak at a facility
- WHEN: retroactive to 2/07/22 (for reporting purposes)
- PRIMARY DIFFERENCE: there will be a reduction in staff-associated outbreaks
- CONTINUE: facilities should continue reporting cases and outbreaks to the LHJ

Updated COVID Outbreak Definition for Healthcare Settings

| | Old Definition | New Definition |
|-------------|-----------------------------|-------------------|
| LTCF | ≥ 1 resident case <u>or</u> | ≥ 1 resident case |
| | ≥ 2 HCW cases | |

Link to outbreak definition:

[Interim COVID-19 Outbreak Definition for Healthcare Settings \(wa.gov\)](#)

Guidance impacts

- Outbreak investigation testing remains:
 - Testing triggered by HCP case or facility/agency acquired case.
- Admissions during an outbreak
 - Can continue to admit if can do so safely and the resident (POA/guardian) is aware of the COVID status in the facility
- Communal dining and group activities according to quarantine status

Continue to coordinate outbreak response with your LHJ

PPE and Source Control

- Relaxation of state masking mandates **DO NOT** apply to healthcare settings, including LTCFs
- Eye protection still recommended for all resident encounters
- Universal source control (facemask or respirator) still recommended for everyone anywhere in healthcare settings

Dining and Group Activities

- Visitors may dine with residents in the resident's room
 - If not possible, may dine together in a common area with distancing and masking when not eating/drinking
- Group activities should remain distanced and universal source control (masks) worn
- Those in quarantine or isolation should not participate in group activities or communal dining

Screening

Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed:

1. a positive viral test for SARS-CoV-2,
2. [symptoms of COVID-19](#), or
3. close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a [higher-risk exposure \(for healthcare personnel \(HCP\)\)](#).

Facilities may use or adapt DOH's [Screening Tool and Visitor Log](#)

CDC metrics

- Updated CDC metrics **DO NOT** apply to healthcare guidance
- Continue to use [CDC community levels of transmission](#) for:
 - Testing
 - Universal use of PPE during AGPs
 - Distancing

“Fully vaccinated” and “Up To Date with COVID-19 Vaccines”

Fully vaccinated: means a person has received their primary series of COVID-19 vaccines.

Up to date with COVID-19 vaccines: means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Where have we transitioned to “up to date”

- Quarantine recommendations
 - Newly admitted
 - Exposed
- AGP precaution
- Testing guidance
- Cohorting guidance
- Transfer and admission guidance

Quarantine Timeframes

Newly admitted residents or resident exposed to COVID-19:

- **Up to date vaccination/COVID within 90 days:** no quarantine
- **Not up to date with vaccination:** 10 days or 7 days with a negative test within 48 hours

Prioritization of Testing Supplies

General principles to consider when prioritizing testing supplies may include:

- Testing symptomatic staff and residents
- Testing those who are not up to date with vaccination
- Testing those who have a known exposure
- Testing those who have not had a COVID-19 infection in the past 90 days
- Testing healthcare personnel who are responsible for resident care
- Outbreak testing should take priority for all LTC facilities. For SNFs, consideration should be given to required testing per CMS QSO 20-38. Work with your LHJ to prioritize outbreak testing
- Testing resources to facilitate implementation of contingency and crisis staffing shortage mitigation measures

Exclusion of Visitors Following COVID-19 Infection or Exposure

Even if they have met community criteria to discontinue isolation or quarantine, visitors should not visit if they have any of the following and have not met the same criteria used to discontinue isolation and quarantine for residents.

Infection: 10 days from onset of symptoms (or positive test if asymptomatic)

If not up to date with vaccination and exposed: 10 days or 7 days with a negative test result within 48 hours

Facilities do not need to verify test results or collect vaccination information

Facilities should notify and educate on visit protocol

COVID-19 Response Plan

Safe Start Name Change

- Transition of name
 - Previously called Safe Start for LTC
 - Now called Long-Term Care COVID Response Plan
 - Aligns with long term goal of ongoing and routine infection prevention and control response to COVID

COVID-19 Response Plan

Nursing home example:

[Residential Care Setting LTC COVID Response Requirements](#)

Follow the Centers of Disease Control and Prevention (CDC), Department of Health (DOH), Centers for Medicare and Medicaid Services (CMS), and local health jurisdictions' (LHJs) (when applicable) infection control guidelines to slow COVID-19 spread.

- a. **CMS** Guidance can be found [here](#)
- b. **CMS** Visitation FAQ can be found [here](#)
- c. **CDC** Guidance can be found [here](#)
- d. **DOH** Guidance can be found [here](#)

COVID-19 Response Plan

Certified Community Residential Services and Support (CCRSS) example

Must 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. Please take note of the following information when making the determination regarding the CDC guidance to follow:

- **Group Homes and Group Training Homes will continue to follow CDC guidance for Health Care Facilities (HCF) (*see a. and d. below*).**
- **Supported Living providers and their staff are considered healthcare personnel (HCP) and will continue to follow any guidance specific to HCP found in the guidance for HCF (*see a. and d. below*).**
- **Supported Living providers will educate and encourage clients to follow CDC guidance found in the communal setting guidance or the Multi-family home guidance, dependent on which is more appropriate to the specific client's situation and home (*see b. and c. below*).**
 - a. **CDC Guidance for Healthcare facilities can be found [here](#)**
 - b. **CDC Guidance for communal settings can be found [here](#)**
 - c. **CDC Guidance for Multi-family housing can be found [here](#)**
 - d. **DOH Guidance can be found [here](#)**

COVID-19 Response Plan

- Transition away from outlining specific guidance within the document
- Directs all providers to follow CDC and DOH guidance
- Nursing Home and ICF document also direct providers to follow CMS guidance
- Each document provides links to the guidance

Visitation Guidance

- No Visitation restrictions
- Visitors should follow infection prevention and control principles including:
 - Physical distancing
 - Hand washing
 - Appropriate PPE if indicated
 - Source control (such as face mask) if required

Visitation Guidance

- On a case-by-case basis a provider may need to work with the LHJ on visitation limits due to specific circumstances. This should be very short-term and rare. If this occurs:
 - Compassionate care is still allowed
 - An Essential Support Person (ESP) is still allowed for each resident

Questions?

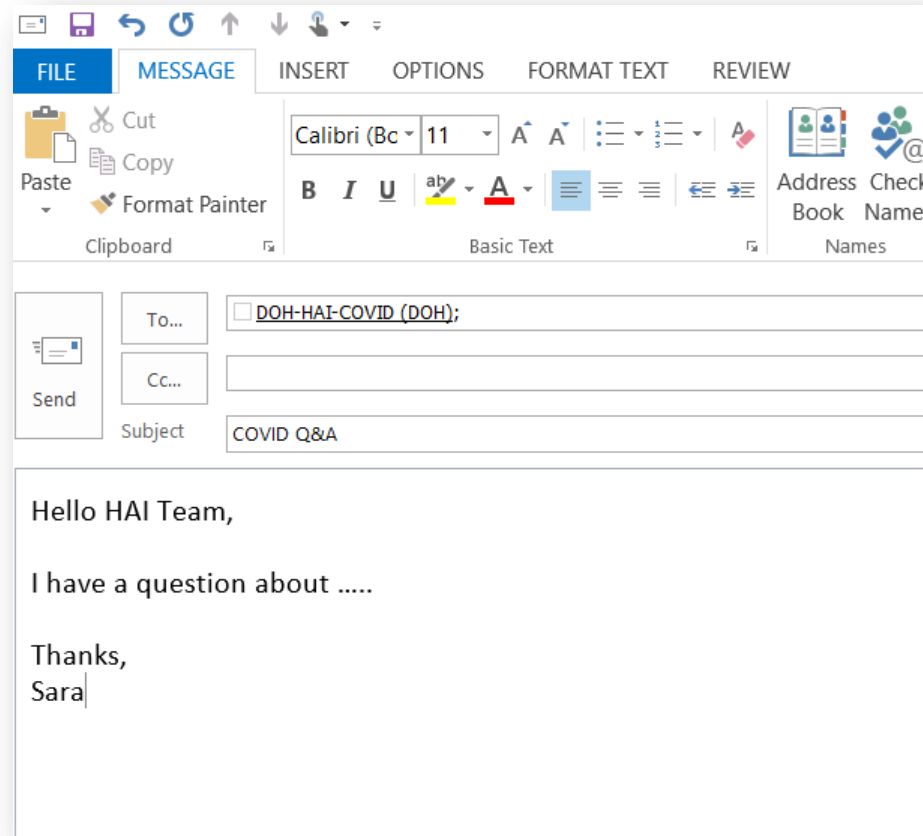
Q&A Every Thursday:

Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday





WASHINGTON STATE DEPARTMENT OF HEALTH

ICAR PROGRAM DETAILS

Our free, non-regulatory ICARs provide facilities with infection prevention recommendations and resources on how to keep residents and staff safe.

What We Do

- Provide support with an infection prevention expert
- Assist with addressing gaps in your current infection control protocols for COVID-19 or other infections
- Offer up-to-date guidance and resources

Who We Serve

- Long Term Care Facilities (Assisted, Skilled, Behavioral Health, Nursing facilities, and Adult Family Homes)
- Outpatient Settings
- Acute and Critical Access Hospitals

To Learn More or Schedule an In-Person or Virtual Visit:

<http://doh.wa.gov/ICAR>

Contact Us:

HAI-FieldTeam@doh.wa.gov (General)



In Partnership With

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association