COVID-19 Q&A Hour for Long Term Care

Washington State Department of **Health**

WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

Housekeeping

Attendees will be in listen only mode

Self-mute your lines when not speaking

Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH).

Nursing Home

Participants from long-term care, regulatory, public health

No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.

Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ): https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance

Where Can I Find the
Q & A Document?

Posted every Wednesday

- Washington Health Care Association:

https://www.whca.org/washington-department-of-health-covid-19-qa-session/

- Washington LeadingAge:

https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/

- Adult Family Home Council:

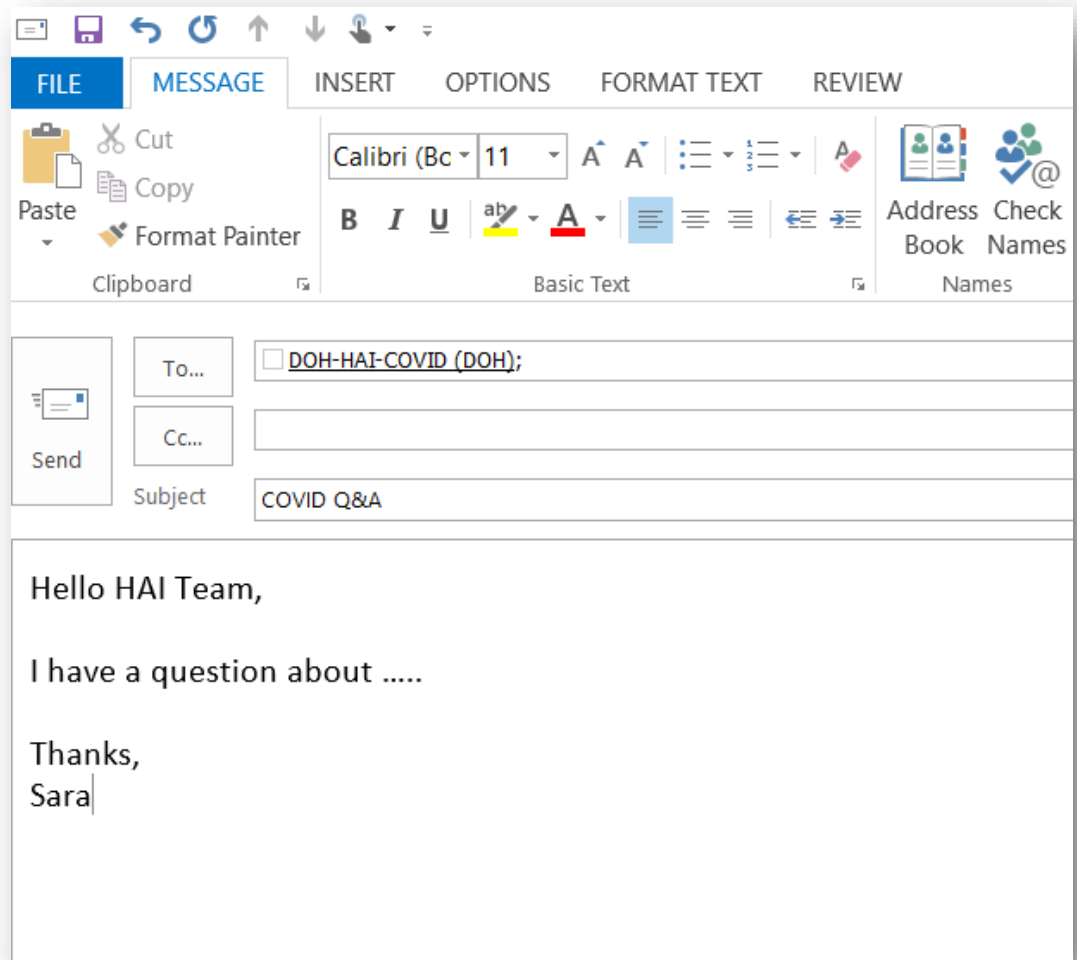https://adultfamilyhomecouncil.org/department-of-health-qa-webinars/

Panelists

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

HAI-AR SECTION EMAIL ADDRESSES

Please refer to the table below to find the email most appropriate for your needs

Email Path	Description
HAI@doh.wa.gov	General healthcare associated infection questions
HAI-Covid@doh.wa.gov	COVID19-specific healthcare associated infection questions
HAIEpiOutbreakTeam@doh.wa.gov	Epidemiological outbreak assistance and healthcare associated infection questions
HAI-FieldTeam@doh.wa.gov	Schedule an ICAR for your facility
HAI-FITTesting@doh.wa.gov	Schedule a FIT test for your facility
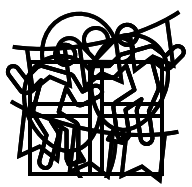
WASHINGTON STATE DEPARTMENT OF HEALTH
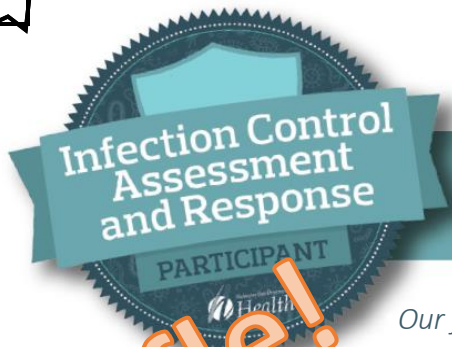
ICAR Program Satisfaction Survey

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

Raffle!

Raffle!

Raffle!

Raffle!

Please complete our ICAR Survey here:
https://redcap.link/ICARSurvey2021
and be entered into our raffle!

Raffle Prizes!
- Association for Professionals in Infection Control
  - Membership
  - Certification Exam Study Bundle
- Infection Prevention Swag

For additional questions:
HAI-FieldTeam@doh.wa.gov

Washington State Department of Health

Long-Term Care COVID-19 Immunization Champion Award

Thank you for participating! This quarter's survey is now closed and awardees will be notified by the third week of December.

- More information: Long Term Care COVID-19 Immunization Champion Award :: Washington State Department of Health

- Any Long-Term Care facilities can participate (SNFs use NHSN to report) https://redcap.doh.wa.gov/surveys/?s=KFRMW8JN4P

- For questions about the awards, contact covid.vaccine@doh.wa.gov

- For questions about the survey, contact LTC-COVID-Vaccination-Survey@doh.wa.gov using subject line: LTC COVID-19 Vaccination Survey

Upcoming LTC Q&A Schedule

Please plan to attend these upcoming sessions!

December 16 – How to make a line list

December 23 – How to make a line list

December 30 – LTCF Success Stories

New series to begin in 2022

Today's DOH Infection Prevention Panelists

- Trent MacAllister
- Poulline Castillo

November 2021 Guidance Updates

- Strategies for PPE use during COVID-19 Pandemic – Personal Protective Equipment (PPE) for Long-Term Care Settings

- Employee Callout Log (PDF) (Excel)

- Testing in Long-Term Care Facilities

- Interim COVID-19 Outbreak Definition for Healthcare Settings

- Interim Guidance for Long-Term Care: Transferring between Long-Term Care and other Healthcare Settings

- Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak

- Home Health and Hospice Care Guidance

- Infection Control for Aerosol Generating Procedures

- Laboratory Testing and Cohorting Recommendations for Respiratory Outbreaks in Long-Term Care when SARS-CoV-2 and Influenza Viruses are Co-circulating (wa.gov)

Strategies for PPE use during COVID-19 Pandemic – Personal Protective Equipment (PPE) for Long-Term Care Settings

- Significant updates to update recommendations from contingency to conventional use

Table 1 - PPE Residents, HCPs, and Visitors Should Wear in Resident Care Settings

What To Wear...	Source Control			PPE				Comments — Always practice good hand hygiene! Always use Standard Precautions plus any posted Transmission Based Precautions (TBP).
	Cloth face covering	Procedure mask (medical-grade facemask)	Respirator (N95, and others)	Respirators* (Fit tested N95, and others)	Eye Protection	Gown	Gloves	
RESIDENTS								
Presumed or confirmed COVID+	✔ --OR-- ✔							Stay in room as much as possible. Wear mask if need to leave room or when within 6 feet of others, if possible. If shortages, facemasks should be prioritized for HCP.
Presumed healthy	✔ --OR-- ✔							Wear mask when out of room or when others (excluding roommate) are in their room.
HEALTH CARE PERSONNEL (employed or contracted)								
Close contact with residents presumed or confirmed COVID+, or in observation/quarantine				✔	✔	✔	✔	Practice single use disposable PPE (one per resident per encounter). Discard disposable PPE after each use, and when soiled. Disinfect reusable PPE. See Table 2 for recommendations for use in COVID+ unit/cohort.
Aerosol Generating Procedures (AGPs)**				✔	✔	✔	✔	Wear all PPE during AGPs and up to 3 hours after the procedure. Practice single use disposable PPE (one per resident per encounter) for AGPs; discard after each use, and when soiled.
Close contact with residents presumed healthy		✔ --OR-- ✔			✔			Discard disposable eye protection after each use, and when soiled.
No contact with residents		✔ --OR-- ✔						Wear N95 (or other respirator) as voluntary use or facility policy.
VISITORS and ESSENTIAL SUPPORT PERSONS (ESP) (Follow LTCF Safe Start guidance)								
Visiting resident in isolation or quarantine for COVID+		✔ --OR-- ✔			✔	✔	✔	Remote visit preferred. Follow CDC guidelines and additional facility procedures. Avoid being present during AGPs.
Visiting resident presumed healthy	✔ --OR-- ✔							Plus Standard Precautions and any posted TBP.

*If respirator is unavailable, contact your LHJ and follow CDC's optimization strategies. Document attempts to procure additional respirators. In shortages, respirators should be prioritized for care of residents with known or suspected COVID-19 or AGPs.
**See DOH guidance on Infection Control for Aerosol Generating Procedure (AGP)

Table 2 - HCPs: How to Use PPE

	Source Control or Universal Use	COVID+ (single resident), or AGP, or Quarantine	COVID+ unit/ Cohort*	Other instructions
N95 Respirator	N95 voluntary. If used for universal source control, and not PPE for Transmission Based Precautions (TBP) or AGP), may be worn until moist, soiled or damaged, then discard. Contact your supervisor for where to get more N95s.	Fit-tested N95 or higher respirator required. Use one for one resident encounter, then discard. Don new N95 for next resident. Discard N95 when soiled, wet, damaged.	Fit-tested N95 or higher respirator required. For multiple residents with same COVID+ status, extend N95 use. Discard after leaving area/unit, when N95 becomes wet, soiled or damaged, and after leaving the space in which any AGPs are performed.	For disposable respirator, single use, discard when N95 is required. If used as source control (not PPE), N95 fit test is not required. See note below for reusable respirators.
Facemask (surgical mask)	May be worn until moist, soiled or damaged, then discard. Dispose of facemask when removed. Do not re-use.	Do not use surgical mask for COVID+ resident or AGPs.	Do not use surgical mask for COVID+ resident or AGPs.	For resident care, single use, then discard. Cloth masks are not surgical masks and should not be used by HCP at worksite.
Eye Protection	Extend use of eye protection: Disposable: Wear during multiple resident encounters without removing it between residents. Remove it when leaving the care area. Discard. Re-usable: Same as disposable, but do not discard, instead disinfect**; store for next use.	Disposable: Single use, then discard. Re-usable: Use for one resident encounter, then disinfect**. Store for next use.	Throughout the unit, extend use of eye protection. Use same eye protection for multiple residents with same COVID status. Doff and disinfect** reusable eye protection when leaving area. Store re-usable eye protection for next use.	Your facility provides the proper disinfectant for the organism. Do not use damaged equipment. For re-usable eye protection: After all AGPs, doff and disinfect** between resident encounters.
Gown	No gowns needed for source control. Use according to standard and TBP.	Single use, one per resident, then discard (or launder if cloth).	Single use, one per resident, then discard (or launder if cloth).	Change gown when visibly soiled. Use according to standard and TBP.
Gloves	No gloves needed for source control. Use according to standard and TBP.	Single use, one pair per resident per care encounter or until contaminated.	Single use, one pair per resident per care encounter or until contaminated.	Single use, one pair per resident per care encounter or until contaminated. Always discard when moving from 'dirty' tasks to 'clean' tasks, and after each resident encounter.

*Recommendations for Cohorting in Long Term Care Facilities During a COVID-19 Outbreak
**Put on clean gloves when disinfecting eye protection.

Reusable respirators (e.g., elastomeric, powered air-purifying respirators, etc.): For COVID+ resident, quarantined resident, or AGPs: A fit-tested elastomeric respirator is required. No fit test needed for loose-fitting powered air-purifying respirator. Disinfect** after each resident encounter, and when wet or soiled. Allow to dry, then store. Don again for next resident encounter requiring respirator use. If elastomeric or powered air purifying respirators are used in clinical circumstances where a sterile field must be maintained, use respirators that have no exhalation valve, filter the expired air, or otherwise adequately maintain source control.

Updates to Align

Employee Callout Log (PDF) (Excel)
- Updated to align with OSHA requirements for employee callout log

Home Health and Hospice Care Guidance
- Updated archived CDC links

LTCF Testing

Testing in Long-Term Care Facilities

- Specify that fully vaccinated, exposed residents may participate in group activities after 7-day quarantine, with negative post-exposure testing
- Define 'unit' for the purposes of this guidance

Interim COVID-19 Outbreak Definition for Healthcare Settings

- Clarification on necessity to initiate unit-based outbreak investigation testing with single healthcare worker case or facility acquired resident case

LTCF Testing

[Interim Guidance for Long-Term Care: Transferring between Long-Term Care and other Healthcare Settings](#)

- Define 'unit' for the purposes of this guidance
- Clarify that admissions can resume on affected unit after 7 days if no additional cases are identified during outbreak investigation testing or 14 days from last identified case if additional cases are identified (in coordination with the LHJ)

[Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak](#)

- Updated to align with testing recommendation

AGPs

[Infection Control for Aerosol Generating Procedures](#)

- Removal of nebulizing treatment from guidance
- Creation of the category "procedures that create uncontrolled secretions" for procedures that pose risk due to proximity to potentially infectious respiratory secretions.
- Updated recommendations for patient, resident, and visitors to recommend facilities implement policies and procedures to protect their safety.

AGP Sign

Aerosol-generating procedures include but not limited to:

- Endotracheal intubation and extubation
- Manual ventilation
- Mechanical ventilation (unless using a closed system where expired air is filtered)
- Open suctioning of airways (including open tracheostomy suctioning)
- Cardiopulmonary resuscitation
- Bronchoscopy (unless carried out through a closed circuit ventilation system)
- Surgery and post-mortem procedures in which high-speed devices, such as oscillating bone saws are used
- Dental procedures employing the use of ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion
- Non-invasive ventilation (NIV) (e.g. bi level positive airway pressure ventilation (BiPAP) and continuous positive airway pressure (C-PAP))
- Induction of sputum
- Pulmonary function testing, including spirometry
- Maternal labor, stage 2

list not exhaustive, AGPs should be included in facility respirator protection plan

Airborne Contaminant Removal Times*

Air Changes Per Hour	Minutes to 99% removal	Minutes to 99.9% removal
2	138	207
4	69	104
6	46	69
8	35	52
10	28	41
12	23	35
15	18	28
20	14	21
50	6	8

*Work with your HVAC professional to determine the Air Changes per Hour in your patient/resident rooms

If the air changes per hour are unknown, the door to the room should stay closed and anyone entering the room must wear a NIOSH approved fit-tested N95 or equivalent or higher-level respirator for a minimum of 3 hours following the procedure

https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/420-374-AerosolGeneratingProcedure.pdf

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New Guidance

[Laboratory Testing and Cohorting Recommendations for Respiratory Outbreaks in Long-Term Care when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)

Which Residents Can I Cohort?

		Patient A				
		No respiratory symptoms* and not in isolation or quarantine	Respiratory symptoms, diagnosis pending	Isolation for COVID-19	Isolation for influenza	Isolation for COVID-19 and influenza
Patient B	No respiratory symptoms* and not in isolation or quarantine	COHORT				
	Respiratory symptoms, diagnosis pending					
	In isolation for COVID-19			COHORT		
	Isolation for influenza				COHORT	
	Isolation for COVID-19 and influenza					COHORT

*Residents who are asymptomatic but have tested positive for either influenza or COVID-19 should be placed in appropriate transmission-based precautions/isolation and not cohorted with residents who have not tested positive.

Testing Recommendations for Symptomatic LTCF Residents

	No outbreak of COVID-19 or other respiratory illness	Outbreak of non-COVID-19 respiratory illness	Outbreak of COVID-19
Testing Recommendation	• All individuals with signs/symptoms compatible with COVID-19* or influenza should be tested for COVID-19 AND influenza.† • If residents with acute respiratory illness test negative for both influenza and SARS-CoV-2 consider additional viral or bacterial testing based on respiratory pathogens known or suspected of circulating in the community.	• All individuals with signs/symptoms compatible with COVID-19 or influenza should be tested for COVID-19 AND influenza. • If residents with acute respiratory illness test negative for both influenza and SARS-CoV-2 consider additional viral or bacterial testing based on respiratory pathogens known or suspected of circulating in the community.	• Test ALL residents and staff (regardless of symptoms) for COVID-19 in accordance with DOH guidance. • Regardless of universal testing, if a staff or resident develops symptoms, test for COVID-19 AND influenza. • If residents with acute respiratory illness test negative for both influenza and SARS-CoV-2 consider additional viral or bacterial testing based on respiratory pathogens known or suspected of circulating in the community.
Response	• If any COVID-19 testing is positive, follow WA COVID-19 guidance. • If influenza testing is positive, follow DOH influenza outbreak guidance, including influenza vaccination and antiviral prophylaxis/treatment recommendations. • If all testing is negative, continue heightened surveillance for cases and other COVID-19 preventive measures.	• If any COVID-19 testing is positive, follow WA DOH COVID-19 outbreak guidance. • If influenza testing is positive, follow DOH respiratory outbreak guidance, including influenza vaccination and antiviral prophylaxis/treatment recommendations. • If other testing is positive, follow the appropriate DOH outbreak guidance. • Initiate active daily surveillance for influenza-like illness (ILI) among residents and staff until 1 week after last onset of illness. Record illnesses on line list provided. • Continue COVID-19 preventive measures.	• If influenza is found to be co-circulating with COVID-19, follow DOH respiratory outbreak guidance (in addition to COVID-19 outbreak guidance), including influenza vaccination and antiviral prophylaxis/treatment recommendations. • If all other testing is negative, continue to follow DOH COVID-19 outbreak guidance until outbreak is closed.

*Individuals with influenza or COVID-19 can have atypical clinical presentations; clinical judgment and local epidemiology should be used to inform testing decisions
† Molecular assays such as RT-PCR tests are preferred to rapid influenza diagnostic tests ("RIDTs" or "antigen" tests), especially in outbreak settings; RIDTs can be unreliable, particularly when the prevalence of influenza in the community is low
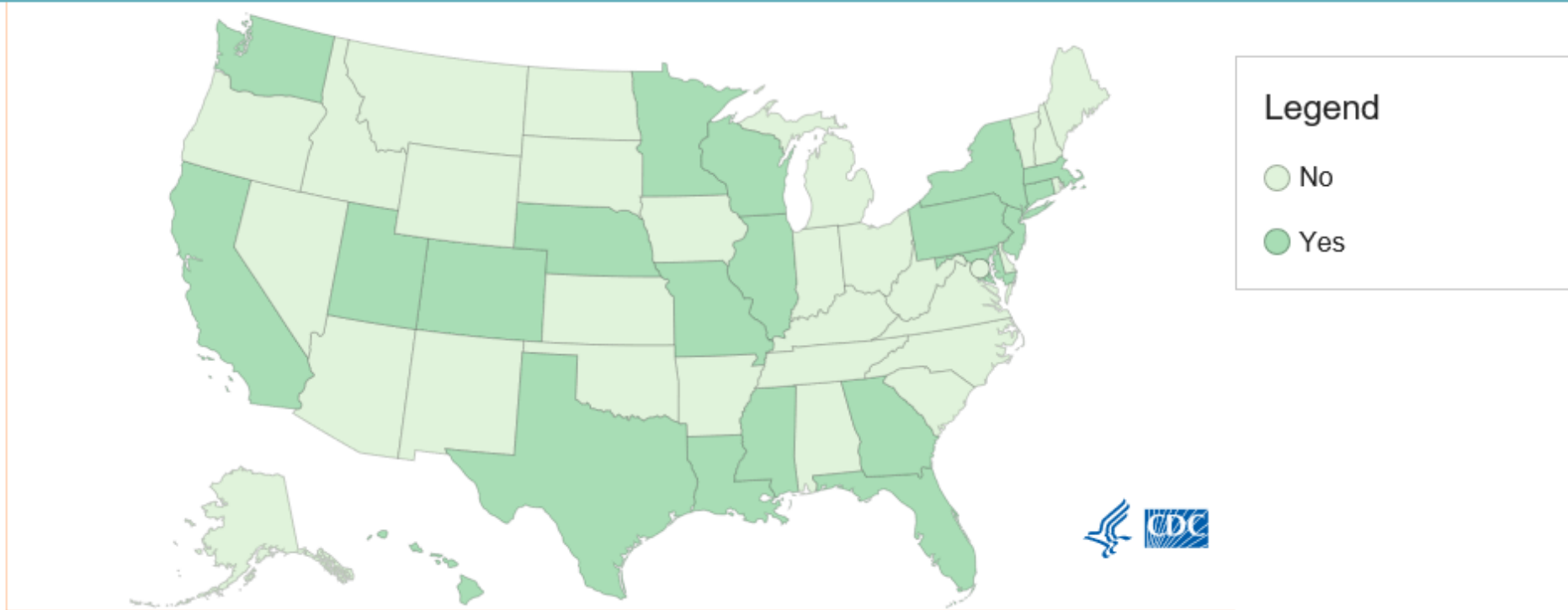
Omicron Variant (B.1.1.529)

- COVID-19 Omicron variant first reported by WHO 11/26/2021 as Variant of Concern

- On 11/26/21, due to the Omicron variant, President Biden issued a proclamation to suspend and restrict travel to the US from <u>countries of South Africa</u> of immigrants and nonimmigrants, of noncitizens of the United States ("noncitizens") who were in the countries listed during the 14-day preceding entry to the US. (Effective 12:01 am ET on 11/29/21)

- Since reported in Hong Kong, United Kingdom, Germany, Italy & Netherlands and now has been identified in 57 countries and regions

- On 12/1/21: First identified Omicron case in US reported in San Francisco DPH confirmed a case of COVID-19 among an individual in California caused by the Omicron variant. The individual was a traveler who returned from South Africa on November 22, 2021.

- As of 12/8, Omicron variant is now in 21 states in the US including WA

Presidential proclamation on suspension of travel
Governor Inslee's Proclamation: to follow CDC Travel Guidelines

Omicron Detected in the United States

US COVID-19 Cases Caused by the Omicron Variant

Legend
- No
- Yes

https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html
https://www.doh.wa.gov/Newsroom/Articles/ID/2994/Omicron-COVID-19-variant-discovered-in-three-counties-across-Washington

What We Know about Omicron

How easily does it spread? Likely will spread more easily than the original SARS-CoV-2 and how easily Omicron spreads compared to Delta remains unknown.

Will Omicron cause more severe illness? More data is needed

Will vaccines work against the Omicron? Current vaccines are expected to protect against severe illness, hospitalizations and deaths. The emergence of Omicron further emphasizes the importance of vaccination and boosters.

Will treatments work against Omicron? Based on the changed genetic make-up of Omicron, some treatments are likely to remain effective while others may be less effective.

https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html

CDC Guidelines for International Travel to the US

Recommend that you do not travel unless you are fully vaccinated[1]

Before Travel to the US

- **Regardless of vaccination status:** must show a negative COVID-19 test taken no more than **1 day** before flight's departure
- **Recently recovered from COVID-19:** documentation of recovery from COVID-19 (positive COVID-19 viral test result on a sample taken no more than 90 days before the flight's departure **and** a letter from a LHP or a public health official clearance)

After Arrival to the US

- Get tested with a COVID-19 viral test 3-5 days after travel, unless you have documentation of having recovered in the past 90 days.
- Self-quarantine for a full 7 days, even if you test negative, unless you have documentation of having recovered from COVID-19 in past 90 days.
- Isolate if your test result is positive or you develop COVID-19 symptoms
- Follow all state and local recommendations or requirements after travel.

[1]If non-US citizen, non-US immigrant, you must be fully vaccinated.

https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel/index.html

Care Connect
Washington

Supporting people who stay
home to stop COVID-19

CARE COORDINATION BRIEFING
FOR LONG TERM CARE MEETING

The Goal

Implement and sustain *a system* to support
people in isolation and quarantine due to illness
and/or exposure to COVID-19; reduce community
transmission; and support their physical, social
and emotional needs during their period of
isolation and quarantine.

Eligibility

- Confirmed COVID 19 or Confirmed Exposure
- Commitment to stay home for recommended Isolation or Quarantine period
- A need for assistance

Services

- Care Kits
- Food Kits
- Fresh Food Delivery
- Household Assistance- Rent/Mortgage and Utilities

Services: Care and Food Kits

- Goal is to have delivered within 24 hours of contact with client

- Care kits contain: Soap, sanitizer, masks, Tylenol, thermometer

- Foot kits contain 3-5 days worth of meals for 1 adult. Includes recipes on how to best use the items in the kit.

Services- Fresh Food Delivery

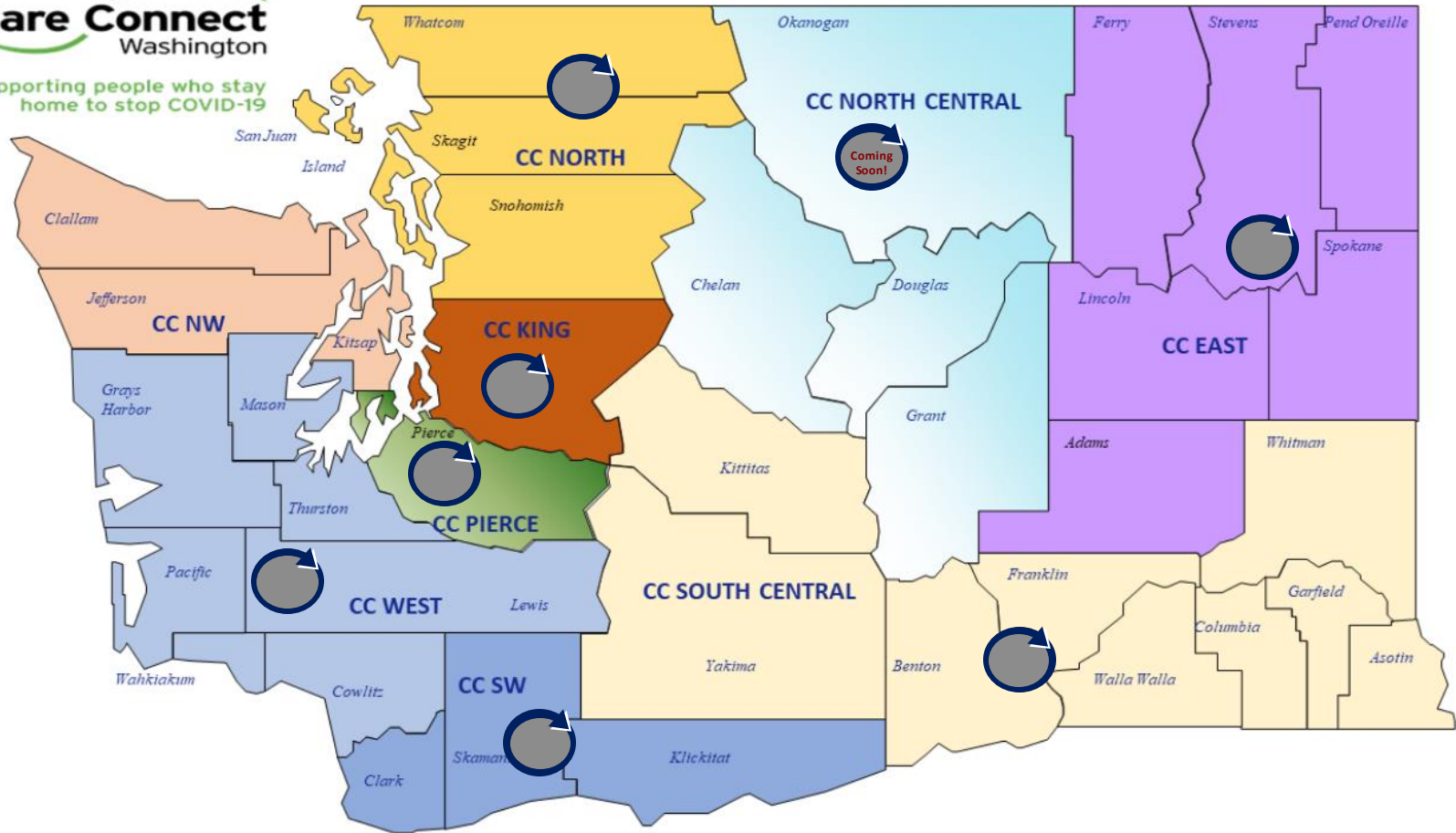- We have a set list of foods that we provided

- Amount of each item calculated based on the size of the family.

- Provides enough food for 14 days

- Work with local grocery stores or services like Instacart to deliver food to your home

Services- Bill Pay Assistance

- up to $1500 for rent/mortgage and utilities
- Utilities need to be current bills
- Requires coordination with landlord/mortgage company

Care Connect
Washington

Supporting people who stay
home to stop COVID-19

CC NW

CC NORTH

CC NORTH CENTRAL
Coming Soon!

CC EAST

CC KING

CC PIERCE

CC WEST

CC SOUTH CENTRAL

CC SW

Whatcom
San Juan
Island
Skagit
Snohomish
Clallam
Jefferson
Kitsap
Grays Harbor
Mason
Pierce
Thurston
Pacific
Lewis
Wahkiakum
Cowlitz
Clark
Skamania
Klickitat
Yakima
Kittitas
Chelan
Douglas
Grant
Okanogan
Ferry
Stevens
Pend Oreille
Lincoln
Spokane
Adams
Whitman
Franklin
Benton
Walla Walla
Columbia
Garfield
Asotin

Who can use

- Anyone with a positive COVID test or Confirmed Exposure
  - Patients
  - Patients' family members
  - Long Term Care Staff
  - You!

How to Access

- Answer your phone when contact tracers/case investigators call!
- Contact the Care Connect Hotline: 1- 833-453-0336

Questions

Jill Toombs, Unit Manager
COVID-19 Care Coordination Response
Prevention and Community Health
360-790-5538
Jill.Toombs@doh.wa.gov

Care Connect
Washington

Supporting people who stay
home to stop COVID-19

Washington State Department of
Health

SWACH HealthConnect Connection to Resources through CCWA

Cross Sector Network of HealthConnect Integrated Partners

Success Story #1
- Clark County Fire and Rescue Community Paramedicine program
- Provides immediate CCWA supports
- Identifies long term needs
- Transfers to continuing support through Pathways program with SeaMar

Success Story #2
- Washington Gorge Action Program
- Provides immediate CCWA supports
- Identifies long term needs
- Provides continuing long term Pathways support with the same WAGAP CBW

Housing
- Vancouver Housing Authority
- Outsiders Inn
- Share
- Council for the Homeless
- Washington Gorge Action Program

Physical and Behavioral Health
- Sea Mar CHC
- Lifeline Connections
- Recovery Café
- Free Clinic of SW Washington
- Skamania County Community Health

Community Paramedicine
- Clark Cowlitz Fire and Rescue

Home and Community Based Services
- Lutheran Community Services
- YWCA
- Area Agency on Aging and Disabilities of SW Washington

Education
- White Salmon School District
- WSU-Extension

SWACH HealthConnect Connection to Resources through CCWA

Story 1: In January a resource coordinator referred the community member to CCWA because they identified a need for assistance with food and keeping their family safe during quarantine. The community member was assigned to a care coordinator at Clark County Fire and Rescue who assisted the participant with fresh food, and food and care kits. During CCWA the care coordinator also identified that the participant needed help applying for Medicaid, had issues with his employer, and needed a medical home. Clark County Fire and Rescue runs the community paramedicine program CARES, but the care coordinator identified Pathways as the appropriate program for the participant. At the end of the quarantine, the care coordinator referred the participant to the Pathways program, and HealthConnect reassigned the participant to Sea Mar to enroll in the Pathways program.

During pathways enrollment the participant identified issues with his employer, who did not want the participant returning to work until he had a negative COVID test. The community member elected to apply for unemployment and the Pathways care coordinator also supported him in applying for paid leave. The care coordinator also supported the participant with health insurance. The participant discharged after the successfully received support for their identified issues.

SWACH HealthConnect Connection to Resources through CCWA

Story 2: In June a community member in Klickitat County was referred to CCWA and assigned to a care coordinator with WAGAP. The community member received food, utility, and rent assistance through CCWA, but let the care coordinator know she had past due energy bills not reimbursable through CCWA. After CCWA, the same care coordinator enrolled her in Pathways, and continued to support her through Pathways.

Through the Pathways program, the care coordinator supported her with an energy assistance program, domestic violence survivor program, and helped her enroll in a early childhood education program that provides training for childcare workers and employment opportunities. The participant discharged in September after receiving resources.

Questions

Nichole Peppers, SWACH
Executive Director
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360.409.6672

Mailbox Questions

Q & A Portion

Please type your questions into the question window and tell us what type of facility you are from (e.g., ALF, SNF, AFH)