# Long Term Care (LTC) COVID Response

## Adult Family Homes, Assisted Living Facilities & Enhanced Services Facilities

**Implementation date: February 23, 2022**

**LTC COVID Response**.

1. **The information contained in this Long Term Care (LTC) COVID Response is *independent of* *any other* *Washington state guidance.***
2. Facilities and homes are required to follow this LTC COVID Response.

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# Introduction

The Department of Social and Health Services (DSHS) and the Department of Health (DOH) are presenting the updated plan for licensed and certified long-term care facilities and agencies. Given the critical importance of limiting COVID-19 exposure in long-term care residential care settings and certified supported living agencies, decisions on relaxing restrictions are made:

1. With careful review of various unique aspects of the different facilities and communities in which they reside;
2. In alignment with the Governor's Proclamations; and
3. In collaboration with state and local health officials.

This approach will help keep residents and clients healthy and safe, and assure LTC is implementing standards that protect the surrounding community.

Because the pandemic is affecting communities in different ways, DSHS, DOH and the Governor's Office regularly monitor the factors for the LTC COVID Response and adjust the Washington plans accordingly.

# Residential Care LTC COVID Response Requirements

**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.**

a. **CDC** Guidance can be found here
b. **DOH** Guidance can be found here

- Cooperate with the local health officer or his/her designee in the conduct of an outbreak investigation, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of residents.
- Individual facility types may have state statute or rules that requires a facility to impose actions to protect the residents by activating their infection control plan.
- The LHJ or DOH have the authority to institute infection prevention and control measures in response to any infectious disease and/or COVID-19 outbreak.

- The LHJ and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures and, pursuant to WAC 246-101-305, LTCs are obligated to cooperate with these investigations. Please refer to the DOH definition of an outbreak found here: Interim COVID-19 Outbreak Definition for Healthcare Settings

## Key Visitation Principles

Visitation can be conducted through different means, based on a facility/home's structure, community virus activity, and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, through the use of remote technology, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, use of core infection prevention and control principles and best practices reduce the risk of COVID-19 transmission.

Facilities and homes shall not restrict visitation without a reasonable clinical or safety cause. A facility or home must facilitate in-person visitation consistent with the applicable regulations. If a home, in coordination with the LHJ, needs to temporarily limit visitation, in-person visits for compassionate care and essential support situations must be allowed with adherence to transmission-based precautions.

Visitation will be accommodated when visits are by phone, remote video technology, window visits.

### Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred. Outdoor visits *generally* pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations or an individual resident's health status may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to. Outdoor Visitation Guidance for Long-term Care Settings

#### ***Outside Safety Related to Structures***

Providers must follow state fire marshal requirements for safety related to tent use or other temporary shelter structures: proper installation and suitable anchoring, flame resistant product use, protection of residents, tents, and surrounding grounds must be free of combustible materials, not obstruct fire hydrants, smoke free and equipped with smoke free signs, comfortable temperatures, fire marshal approved only heater use, no open fires/flames within or around tents, fire marshal approved only lighting sources, clear unobstructed path for egress, easily opened doors and zippers, hard packed walking surfaces with no tripping hazards, and illumination of operating in dark hours. Providers must ensure resident wear proper clothing for outdoor climate, and promote outside safety and comfortable temperatures via a structured shelter, parking lot, patio, or courtyard venue.

**Compassionate Care Visits**:

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care visits” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care visits include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a facility and is struggling with the change in environment and lack of physical family support.
- A resident who is grieving the recent loss of a friend or family member.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, “compassionate care visits.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Compassionate care visits are not limited to a single visitor and can allow for more than one person to visit at the same time as allowable in the space and in consideration of all infection prevention standards

At all times, visits should be conducted using social distancing and visitors will wear PPE appropriate to the situation.  Visitors should coordinate visits with the provider, thus allowing the provider the ability to take the compassionate care visit into consideration when applying the facility policies and procedures for visitation during that period of time (i.e. how many people overall are in the building, how long visitors are in the building, how much PPE is required). If during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

Essential Support Person

The Essential Support Person (ESP) is established to assist during times when limitations are placed on visitation due to a public health emergency or other threats to the health and safety of residents and staff. Facilities must allow private, in-person access to residents by ESPs in the resident's room. This right is subject to reasonable limitations that are tailored to protecting the health and safety of the ESPs, residents, and staff.

***Requirements for the ESP***

- The ESP must wear all PPE required according to DOH's Recommendations for PPE in LTCFs (specifically following the section pertaining to ESP)
- The Essential Support Person (ESP) means an individual who is:
  1. At least 18 years of age;
  2. Designated by the resident, or by the resident's representative, if the resident is determined to be incapacitated or otherwise legally incapacitated; and
  3. Necessary for the resident's emotional, mental, or physical well-being during situations that include but are not limited to:
     - circumstances involving compassionate care
     - circumstances involving end-of-life
     - circumstances where visitation from a familiar person will assist with important continuity of care;
     - situations where visitation from a familiar person will assist with the reduction of confusion and anxiety for residents with cognitive impairments;
     - other circumstances where the presence of an essential support person will prevent or reduce significant emotional distress to the resident

***Requirements for the facility/home***

- The facility or home must allow private, in-person access to the resident by the essential support person in the resident's room. If the resident resides in a shared room, and the roommate, or the roommate's representative, if any, does not consent or the visit cannot be conducted safely in a shared room, then the facility shall designate a substitute location in the facility for the resident and essential support person to visit.
- The facility or home shall develop and implement reasonable conditions on access by an essential support person tailored to protecting the health and safety of the essential support person, residents, and staff.

- The facility or home will provide the ESP with information around proper use of the PPE including offering the information on user seal checks for a respirator mask such as an N95 mask that can be found here.
- The facility or home may temporarily suspend an individual's designation as an essential support person for failure to comply with these requirements or reasonable conditions developed and implemented by the facility or nursing home that are tailored to protecting that health and safety of the essential support person, residents, and staff.
    - Unless immediate action is necessary to prevent an imminent and serious threat to the health or safety of residents or staff, the facility or nursing home shall attempt to resolve the concerns with the essential support person and the resident prior to temporarily suspending the individual's designation as an essential support person.
    - The suspension shall last no longer than 48 hours during which time the facility must contact the department for guidance and must provide the essential support person
        - Information regarding the steps the essential support person must take to resume the visits, such as agreeing to comply with reasonable conditions tailored to protecting the health and safety of the essential support person, residents, and staff,
        - The contact information for the long-term care ombuds program and as appropriate, contact information for the developmental disabilities ombuds, as well as contact information for Disability rights Washington

**Visitor Log Information**

Visitor's log information will include date, time in, name of visitor and their contact information, including phone number and email address if available.

**Additional Resources**

***Influenza vs COVID-19***

CDC Similarities and Differences between Flu and COVID-19

***LHJ and DOH Assessment Teams***

Consider an onsite or virtual LHJ/DOH COVID-focused Infection Control Assessment. This is a non-regulatory support to enhance facilities' internal infection control program.