

Adult Family Homes | COVID-19 | May 8, 2020

# HOW CAN I BEST PREPARE MY ADULT FAMILY HOME AND STAFF FOR A RESIDENT WITH COVID-19?

Because this virus spreads so easily and quickly, it is likely that one positive case could lead to your entire home and staff being infected. Most adult family homes do not have the space nor staffing to dedicate a hallway of bedrooms for Covid-19 care. Because of this, the following recommendations are geared towards preparing for residents to be transferred to alternate care locations for the duration of their illness.

* REACH OUT TO OTHER PROVIDERS. Before you have a COVID-19 case in your home, reach out to nursing home in your area to see if they have Covid-19 positive residents or units. Discuss their expectations of you should a resident show signs of, or be diagnosed with, COVID-19. By establishing relationships now, you are likely to find a place where the Covid-19 positive resident can temporarily move and receive care.
* DSHS has also begin working with nursing homes in King, Pierce, and Whatcom counties who have dedicated units for the care of Covid-19 patients. If a resident gets Covid-19, you should work with your case manager to identify a temporary alternate facility where the person can receive care; a [Dear Provider letter dated May 4, 2020](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/multiple/020-05-04.pdf) offers resources and contact information should this need arise.
* COMBINE EFFORTS. If you have more than one adult family home, you may consider designating one as a “Covid-19 Positive” home and prepare to move residents who test positive for the virus to that home. Alternately, meet with other adult family home providers in your area and decide which home would best be suited to serve Covid-19 residents.
* REVIEW POLST, ADVANCE DIRECTIVES. During these uncertain times, it is necessary to review end-of-life decisions with each resident . These discussions, while difficult, are necessary to ensure the resident receives the level of care s/he prefers.
* TRAIN STAFF on proper handwashing and how to properly put on and remove gowns, eye protection, masks, and gloves. It is best to document this training to show that you and your staff are prepared.
* CDC has videos

**Resources:**

The Center for Disease Control’s (CDC) [Preparedness Checklist](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf) will guide you in planning for COVID-19 infection in your building.

# IS DSHS STILL DOING ONSITE VISITS?

# DSHS has been directed to conduct onsite infection control visits to evaluate each facility’s level of preparation for COVID-19. In order to prepare for this visit and identify areas in need of improvement to best plan for an outbreak of COVID-19 in your building, refer to the [Infection Prevention Assessment Tool](https://www.whca.org/files/2020/03/RCSCommunityInfectionPreventionAssessmentToolforCOVID19032320.pdf) issued by DSHS. It is ideal if you work through this tool completely, addressing every section. It will allow RCS visits to go quickly and help your staff focus in decreasing the spread of COVID-19.

On March 18, 2020, Governor Inslee issued [Proclamation 20-18](https://www.governor.wa.gov/sites/default/files/proclamations/20-18%20-%20COVID-19%20-%20DSHS%20Waivers%20%28tmp%29.pdf), waiving and suspending full licensing inspections (RCW 70.128.070) for Adult Family Homes. This proclamation was extended by the legislature until May 9, 2020. It is highly likely that this will be extended once again.

**Resources:**

* [RCS Dear Provider Letter (amended April 8, 2020)](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/afh/020-007.pdf)

EMPLOYEES TESTING POSITIVE—WHEN SHOULD THEY RETURN TO WORK?

DOH has updated guidance as of April 22, 2020, on best practices for staff who have tested positive (both symptomatic and without any symptoms ). This guidance offers directions on when staff can return to work. While this guidance does not address every situation, it is a recommended guide to adult family homes. Your local public health department is your resource for guidance and direction if you have questions regarding employee exposure and restrictions.

**Resources:**

* [Department of Health Return to Work Guidance for Health Care Workers](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/HealthCareWorkerReturnWork.pdf)
* [Local Public Health Departments](https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions)

# EMPLOYEE EXPOSURE – CAN WORKERS CONTINUE WORKING?

CDC issued guidance to ensure essential services continue through this pandemic. Staff who encounter a potential exposure–having close contact within six feet of an individual with confirmed or suspected COVID-19, including the period of 48 hours before the individual becomes symptomatic–may continue working following these guidelines until the worker experiences symptoms.

**Resources:**

* [CDC Guidance](https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf)

# WHO SHOULD BE TESTED FOR COVID‑19?

There are currently no restrictions for who can be tested for COVID-19 in Washington State. However, the Department of Health [guidance to healthcare providers](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Interim-2019NovelCoronavirusQuicksheetProviders.pdf) directs that testing be focused on people with COVID-19 symptoms, such as fever, cough, or shortness of breath. The guidance makes recommendations about who is at highest priority for testing. While anyone can ask a doctor to be tested for COVID-19, testing is provided at the doctor’s discretion. At this time, a practitioner’s recommendation or order is required for testing. You should communicate with the individual’s personal care physician regarding testing.

COVID-19 testing must be ordered by a doctor, nurse practitioner, or physician’s assistant and administered correctly to obtain accurate results. It is important to vet laboratory services to ensure the testing is authentic, being analyzed by a certified lab, and to determine how test results are communicated to the patient (or facility) and to Department of Health officials. If you have questions regarding COVID-19 testing for residents and/or staff, please contact the prescribing practitioner and/or your local health department for information and further direction.

**Resources:**

* [Department of Health guidance](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Interim-2019NovelCoronavirusQuicksheetProviders.pdf) on testing.
* Providence and Microsoft-developed [assessment tool.](https://www.providence.org/patients-and-visitors/coronavirus-advisory)

# WHAT ARE THE LEGALITIES WHEN A STAFF MEMBER IS EXPOSED AT WORK?

When one of your staff is exposed to a COVID-positive fellow employee, there are some suggestions and considerations under this scenario:

**Follow CDC and Local Guidelines**

It is important to follow CDC and local health department guidelines.  This can be a challenge in a high-risk work environment where guidance can change rapidly.    The CDC has guidance for risk assessments for health care providers [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

and advice on returning health care providers to work after COVID exposure [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html).

**Inform Other Employees of Potential Exposure but Maintain Confidentiality**

You should inform employees of any known COVID-19 cases in the work environment (while keeping the identity of the infected employee confidential) so that employees can obtain testing and a diagnosis if they think they have been exposed.

**Use of Paid Time Off**

Health care professionals who have possibly been exposed should be allowed to use sick or personal time off to obtain a diagnosis from a provider, and also use that sick or personal time off to fully recover from the virus if the diagnosis is positive.   In general, the use of sick or personal leave should be strongly encouraged among staff to keep patients and staff healthy.

In addition to employer-provided sick leave and personal time off, the Families First Coronavirus Response Act (FFCRA) provides 14 days of emergency paid sick leave for six different qualifying events.  Qualifying events for FFCRA Paid Sick Leave include where an employee has been advised by a health care provider to self-quarantine and where an employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.  The FFCRA does allow for health care providers to be exempted from utilizing FFCRA emergency paid sick leave.  However, the government has encouraged employers to be “judicious” when exempting health care providers from the FFCRA paid emergency sick leave to minimize the spread of COVID-19.  The Department of Labor has noted that, “For example, an employer may decide to exempt these employees from leave for caring for a family member but choose to provide them paid sick leave in the case of their own COVID-19 illness.”

Also, please note that if employees are working in Seattle and want to use Seattle Paid Sick and Safe Time leave, there has been a change to the verification requirement.  Previously, an employee was required to have a health care provider verify the need for sick leave.    The new temporary rule essentially suspends this process by declaring that requiring health care provider verifications is a*per se* *unreasonable burden* to both the employee and the health care system during the COVID-19 public health emergency. Under the new rule, an employee remains free to *choose* to provide a health care provider’s note, if it is available to them.

**Potential Return to Work Testing**

Employers may require employee who has been exposed to take a COVID-19 test prior to returning to work, but the employer should pay for the cost of the test and compensate the employee for the time necessary to obtain the test.

# WHAT ARE REPORTING REQUIREMENTS FOR COVID-19?

**Reporting to Local Health Jurisdictions**

Healthcare providers and adult family homes must report suspected or confirmed resident and staff cases of COVID-19 to their local health jurisdiction.

* [Information on how to report to your local health jurisdiction](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions)
* [Washington State Local Health Jurisdictions](https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions)

Your local health jurisdiction is not just a reporting center, but a resource to you. They direct and provide guidance on determining when sick staff can return to work and how to best quarantine a sick resident. When you first report an issue to your local health jurisdiction, be sure to get a point of contact’s name and telephone number/email for follow-up questions and reporting needs.

It is also recommended that you notify all residents and their family members, along with all employees, for the initial positive case. Additional cases should include notification to staff as well, to implement droplet precautions and minimize any inadvertent nonessential contact.

**Reporting to DSHS**

Suspected or confirmed resident cases must also be reported to the Residential Care Services Complaint Resolution Unit (CRU).

* Residential Care Services CRU at (800) 562-6078 or online: [Online Incident Reporting](https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-online-incident-reporting)

In an April 20, 2020, [Dear Provider letter](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/multiple/020-04-20.pdf?utm_medium=email&utm_source=govdelivery), DSHS requested that providers and agencies update COVID-19 data using an [online tool](https://fortress.wa.gov/dshs/adsaapps/lookup/FacilityStatus/UpdateStatus.aspx?utm_medium=email&utm_source=govdelivery). (This does not replace the regulatory obligation to notify RCS CRU as noted in the previous paragraph) Two additional data fields to report the number of COVID-19 deaths and hospitalizations have been added to the online tool. These two new data points support statewide level data collection and analysis to assess COVID-19 impacts for long term care facilities and agencies. Please be prepared to provide this information when completing bi-weekly updates. Click [here](https://fortress.wa.gov/dshs/adsaapps/lookup/FacilityStatus/Covid19FacilitySurveyUserGuide.pdf?utm_medium=email&utm_source=govdelivery) for additional instructions and field definitions.

# WHAT PERSONAL PROTECTIVE EQUIPMENT DO WE NEED?

Personal Protective Equipment (PPE) including masks, gloves, eye protection, and gowns are essential for decreasing the spread of COVID-19 in adult family homes. Due to the national shortage of PPE, it has been difficult for long term care facilities (LTCFs) to secure the PPE they need. However, while gowns remain in short supply, the supply line for masks is opening with increased availability.

The State Department of Health released [new guidelines for PPE allocation](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPEPrioritizationofAllocation.pdf).

These guidelines, dated April 13th elevate LTCFs without a case to the Tier #1 category and define LTCFs as including nursing facilities, assisted living facilities, adult family homes and supportive living providers. Previously, only LTCFs with a positive Covid-19 case were in Tier #1 and the types of facilities included were not defined.

To request PPE from the King County Office of Emergency Management,  please fill out the form attached and send your request to rcecc.logs@kingcounty.gov.  **The deadline for weekly submission is Wednesday at 12pm.**

**Cloth masks should not be worn for patient care unless you are in a crisis standards of care situation.**

At this time King County is able to provide more PPE and so all adult family homes who do not have enough should request weekly supplies through the King County website: <https://kingcounty.gov/depts/health/covid-19/providers/LTCF.aspx> under PPE guidance.

For any AFH outside of King County: The State Emergency Operations Center (SEOC) will survey each long term care facility once per week for PPE needs, and forward that information to the local Emergency Management Agency (EMA). The EMA will set up routine PPE delivery based on survey responses. To find out where your EMA is, contact your local health jurisdiction.

As a backup, DSHS has limited supplies of PPE. You can order them on the online store; although, there is no guarantee that you will receive the items ordered.

**Resources:**

* [CDC guidelines on cloth masks](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html)
* [Local Health Departments](https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions)
* [L & I Instructions on Use of PPE](https://lni.wa.gov/forms-publications/F414-161-000.pdf?utm_medium=email&utm_source=govdelivery)

# ARE THERE VISITOR RESTRICTIONS?

**What are the restrictions on visitors?**

Adult family homes should restrict all visitors and non-essential healthcare personnel except for certain compassionate care situations. Decisions about visitors entering under compassionate care situations will be made on a case-by-case basis. All visitors except EMS staff should be screened for symptoms (including temperature) upon entry, and homes should require appropriate hand hygiene and require that personal protective equipment (PPE) be worn as necessary.

AFHs should communicate through multiple means to inform individuals and nonessential healthcare personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.

RCS licensors and/or complaint investigators may enter your home to conduct investigations. They must sign in and go through the same screening as other visitors; they must also bring their own PPE as necessary, based on the situation.

**If we are restricting access to patients, what outside health care services providers should be considered “essential health care providers”?**

The determination of “essential health care providers” is determined on a case-by-case basis. The goal of restricting visits in long term care facilities is to limit exposure, particularly given the high mortality rate for seniors and those with complicating conditions. The risk-benefit analysis should consider whether the health care service is necessary, and/or related to compassionate care at end-of-life.

**Should I restrict entry by the LTC Ombuds?**

Residents still have the right to access the Ombuds program. Their access to in-person visits should be restricted (except in compassionate care situations), however, AFHs may review this on a case-by-case basis. If in-person access is not available due to infection control concerns, AFHs need to assist with resident communication (by phone or other format) with the Ombuds program or any other entity identified in [RCW 70.129.090](https://app.leg.wa.gov/RCW/default.aspx?cite=70.129.090).

**Limiting Entry Doors**

For homes with multiple entrances, it is encouraged that you secure all doors except the main door; this will allow you to better track all people to enter and leave your home. Instruct staff and residents to use only one entry/exit point. Post signs on the outside of all doors, directing the reader how to enter the adult family home and other ways to communicate with staff and residents. This includes state agency staff.

**Staff entering/leaving the home**

You must screen all staff at the beginning of the work shift for fever and other symptoms of COVID-19. Should any staff person show symptoms, s/he should be given a mask to put on and sent directly home. Staff should also perform “self-checks” throughout their shift and report any symptoms to a designated manager, put on a mask, and immediately go home.

You may want to consider if a staff person leaves the home at any time during his/her shift and returns to the home later, requiring symptom checks to be conducted again, and written down.

**Resources:**

* [CDC guidelines for LTC Facilities](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility).

# HOW DO I CLEAN AND DISINFECT MY ADULT FAMILY HOME?

There are everyday cleaning steps, and extra steps you should take when someone in your home is sick. Cleaning and disinfecting are different:

* To clean a surface, you will want to wear disposable gloves. Clean the areas with soap and water. This reduces the number of germs and dirt. You need to clean just before you disinfect.
* To disinfect, wear disposable gloves and use an EPA-registered household disinfectant. This kills germs on surfaces. If you do not have disinfectant, you can mix your own using 1/3 up household bleach to 1 gallon of water (or 4 teaspoons of bleach per 4 cups of water); put this in a spray bottle and spray the surfaces to disinfect.

You will want to clean and disinfect all high-touch surfaces in the home at least once a day and more often depending on if someone is sick. Surfaces to clean and disinfect include:

* Tables
* Hard-back chairs
* Doorknobs
* Light switches
* Phones
* Tablets
* Touch screens
* Remote controls
* Keyboards
* Handles
* Desks
* Toilets
* Sinks

**Resources:**

* [CDC guidance on Cleaning and Disinfecting for Households](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html)

# HOW CAN RESIDENTS USE TELEHEALTH?

During the Covid-19 pandemic, it is important to keep residents safe. Many doctors’ offices are encouraging people to “see” their doctors in online appointments instead of onsite clinic visits. This minimizes the spread of the infection, and further keeps residents safe from exposure. If a resident is due for a doctor’s visit, speak to the clinic to see if a telehealth option is available. Setting up an appointment is easy, and the clinic staff will assist in preparing for the meeting by sending you a link; you can arrange for the appointment in the resident’s room. A tablet, laptop, or even a cell phone can be used to “attend” the appointment.

# CAN AFHs ADMIT/RE-ADMIT RESIDENTS NOW?

**Can we/should we continue to admit residents?**

You should conduct an internal risk assessment to determine the policy about admitting new residents. In the event of an outbreak, do you have the appropriate PPE and staff to provide care and services? Providers should consider several things when considering move-ins.  First, if you would have admitted or readmitted that person prior to the COVID-19 outbreak, there is no reason not to admit/readmit now.  The pre-admission assessment will determine whether the prospective resident can be served in your care setting.  Current symptoms for COVID-19 should be considered as part of that assessment.  If the resident is exhibiting signs of COVID-19, you should consider recommending the resident be treated in a dedicated Covid-19 facility until symptoms subside and the resident tests negative. Many providers are quarantining newly-admitted/re-admitted residents for 14 days and treating them as if they are COVID-19 positive; this practice may be beneficial in limiting the spread of the infection, particularly since individuals may be asymptomatic for a time before testing positive. If you are implementing this precautionary practice, ensure residents and their families are aware and agree to this standard. Likewise, the resident should be in a private room, be able to isolate (not wander), and you must have enough PPE supplies for staff to practice standard, contact, and droplet precautions when caring for this individual.

Before admitting a resident, the provider must also consider staffing and the amount of PPE on hand, should the prospective resident’s condition warrant droplet precautions.

**Resources:**

* [Chapter 388-76-10390 Admission and Continuation of Services](https://app.leg.wa.gov/wac/default.aspx?cite=388-76-10390&pdf=true)

# CAN RESIDENTS LEAVE THE FACILITY?

While visitors are limited, there are no limitations on residents leaving the home. It is recommended that you explain the possible risks of leaving the home, including exposing oneself, all other residents, family and staff. Alternatives to family visits can be accomplished through facilitating telephone or video chat methods. Likewise, should a resident need something at a local pharmacy or grocery store, you may consider running errands or working with the resident’s family to run errands in an effort to minimize the resident’s need to leave.

If a resident chooses to leave, it is recommended that they be screened upon return, and continually screened for symptoms following the facility’s protocol. If a resident works outside the home, he should wash his hands, shower/bathe, and change clothes upon returning to the home.

# CAN WE CONTINUE COMMUNAL DINING AND MEALS?

**How do I manage communal dining/meals?**

Cancel communal dining and all group activities, such as internal and external group activities. Deliver meals to resident rooms. In instances where feeding assistance is provided, observe the social distancing guidelines to stay at least 6 feet from others. CDC advises that, in facilities with an outbreak, residents leaving rooms should wear a facemask, perform hand hygiene, limit movement in the facility, and stay at least 6 feet from others.

# CAN THE LOCAL HEALTH JURISDICTION IMPOSE MORE STRINGENT EXPECTATIONS?

Your local health jurisdiction can impose additional criteria for the adult family home to minimize the spread of COVID-19. Examples of enhanced limitations may include strict isolation of all residents to their rooms/apartments, additional vital sign monitoring, and/or daily phone contact with the local health department.

# WHAT LAWS AND REGULATIONS HAVE BEEN REPEALED?

In an effort to allow maximum flexibility in responding to this outbreak, state agencies are working tirelessly to repeal laws and regulations that will make it difficult for providers to meet the needs of their patients during this national emergency, including:

* Repeal of caregiver training and certification requirements in [Chapter 388-112A](https://app.leg.wa.gov/wac/default.aspx?cite=388-112A)
* Repeal of TB testing of staff upon hire; WAC 388-76-10265, -10285, and -10290(1).
* Elimination of certain Resident’s Rights provisions (related to visitors, etc.)
* Relaxed eligibility and financial screening requirements for Medicaid residents
* Repeals of continuing education requirements for licensed and certified staff members.

WHAT ARE “HIGH-RISK EMPLOYEE” PROTECTIONS AND WHAT IS REQUIRED OF EMPLOYERS?

On April 13, Governor Inslee signed proclamation [20-46](https://www.governor.wa.gov/sites/default/files/proclamations/20-46%20-%20COVID-19%20High%20Risk%20Employees.pdf) to provide protections for “[high-risk employees](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html)” during the COVID-19 state of emergency. High-risk employees are those aged 65+ and/or with underlying health conditions that make the virus more dangerous such as immune disorders, diabetes and other health challenges.

* Employers must exhaust all available options for alternative work assignments to protect high-risk employees.
* If alternative work is not an option, the employee may use any available employer-granted accrued leave or unemployment insurance.
* If the employee exhausts all PTO during the period of leave, the employer must maintain all employer-related health insurance benefits.
* Employers cannot take adverse action against the employee for exercising their rights under this proclamation.

Worker safety protections remain in effect until 11:59 PM on June 12, 2020, unless extended beyond by the Legislature.

# HOW DOES THIS AFFECT DIRECT CARE WORKERS: BACKGROUND CHECKS, TRAINING, LICENSING AND CERTIFICATION?

**Repealed WAC 388-112A:** The Legislature has waived all of WAC 388-112A until May 9, 2020 and likely beyond, based on legislative work. This includes home care aide training and certification, orientation/safety training, specialty training (dementia, mental health, and developmental disabilities), CPR/First Aid, and continuing education requirements. It is expected that any staff hired during this time will receive orientation to the home and to his/her job, and a state background check.

**Fingerprints and FBI Criminal Background Checks:** State Background Checks through the [BCCU](https://www.dshs.wa.gov/ffa/background-check-central-unit) are still required. There is a process for [priority checks](https://www.dshs.wa.gov/ffa/background-check-central-unit/bccu-priority-requests). Fingerprint checks for owners, managers, caregivers, and nurses have been waived during this time; state background checks are still required upon hire and every 24 months.

# The team at the Adult Family Home Council continues to post updated information and resources on our website [here](https://www.adultfamilyhomecouncil.org/covid-19-updates-best-resources/). We encourage you to check back often for updates. AFHC will continue to send COVID-19 updates to share breaking information.