Health Care Facilities: Frequently Asked Questions

What happens if all my staff call in sick?

Behavioral health facilities and agencies:

- Limit services to those only needed for the health and safety of residents.
- Let staff know some things will have to wait because other tasks are more important for them to focus on right now.
- Train staff to be backups for other key roles. Make sure staff are assigned duties within their scope of work.
- Look at options for hiring short-term help from a staffing agency.

What does the law say about the amount of staff required to provide care? Would we have to stop providing some care if staffing is too low?

Behavioral health facilities:

- Generally, WACs do not state staffing ratios, except for providing group therapy. You must have enough staff working within their scope of practice to provide for patient safety, which each facility’s policies and procedures guide would identify. If the WAC or RCW does state how much staff you must have then it must be followed.

Will DOH waive the rule requiring in-person patient assessments and allow individual/group therapy through telemedicine? (behavioral health agencies)

DOH does not have waivers or exemptions for Washington Administrative Code (WACs) or Revised Code of Washington (RCWs) at this time. Any waivers or exemptions that DOH determines is needed to protect the health and safety of individuals will be announced.

What guidance is there for hospital or residential treatment facility (RTF) visitation policies?

Inpatient Behavioral:

- RTFs must have an infection control program to prevent spread of disease among residents, visitors, and staff. The RTF should use these control practices along with their written infection control program that may allow short-term changes to their visitation policy.

Acute Care Hospitals:

- Hospitals must have an infection control program to prevent spread of disease among residents, visitors, and staff. The hospital should use these control practices along with their written infection control program that may allow short-term changes to their visitation policy.
General guidance includes:

- Educate and screen visitors. Educate all family members and other visitors about COVID-19 and the risks. Make sure visitors follow any rules you have for your facility. Screen visitors who are may be sick, have traveled recently to an area with COVID-19 spreading, or who have been in close contact with a person who has COVID-19 or is sick with a cold or flu-like illness. Please see our Example Visitor Announcement (PDF) that you can use to fit your location.
- If visitors have breathing problems while at the facility, they should be removed from others and sent home right away. Make sure your employees, visitors, and clients are aware of these rules.
- Visitors with signs of illness should stay out and not return until they are free of fever (oral thermometer temperature of 100.4 degrees F/37.8 degrees C or greater), signs of a fever, and any other symptoms for at least 24 hours, without use of fever-reducing or other medicines (such as cough medicine).
- Post signs at doors that tell clients, staff, volunteers, visitors, and others not to enter if they have signs of illness (such as fever or cough). Post materials in the languages used by the community you serve.
- Post signs all over the facility about proper hand washing, covering coughs and sneezes, and not touching their face with unwashed hands. Post materials in the languages used by the community you serve.
- Place alcohol-based hand gel at all doorways and key locations as possible. Also, use signs telling people where the nearest sink is to wash hands with soap and water.

What do we do with patients at a residential treatment facility showing flu-like symptoms?

- Screen new residents for symptoms of COVID-19 and ask if they have been near a person who they know has COVID-19. If they have signs ill being sick, ask them if they have traveled in the past 14 days before feeling sick.
- Residents showing symptoms of COVID-19 who are known to have been near a person with COVID-19 should be removed from others and you should contact your local health department right away.
- Use your normal infection control policies and procedures for residents with flu-like symptoms and no recent exposure or travel to an area with COVID-19 spread in the last 14 days.

Where do we send them for testing?

Find more information about COVID-19 testing here.

What if there a resident is confirmed to have COVID-19?

Follow the advice of your local health department regarding movement of residents.
What about social distancing in health care facilities and behavioral health agencies?

See if telehealth is allowed under WAC and RCW and in line with confidentiality rules. Some services, such as initial assessments, may not allow telehealth under WAC.

What about hosting large meetings (at a residential treatment facility)?

- Think about holding large meetings at another time if they are not needed to protect the health and safety of residents.
- Governor Inslee issued an emergency proclamation that limits large events to minimize public health risks. Although the declaration is specific to Snohomish, King and Pierce counties, facilities are urged to consider the risks state wide.

Who decides if quarantine is needed for the resident?

If a resident is found to have COVID-19 your local health department will decide if quarantine is needed and the where the location will be.

How can staff deal with anxiety and fear when others around them are ill?

- Educate clients and staff about COVID-19.
- Ways to reduce stigma during outbreaks can be found here.

If a RTF’s client family member has COVID-19 or has been exposed to the disease, what do I do?

If a potential admit has been exposed to someone with COVID-19 follow advice of your local health department. This may include a delay taking people in.

What if a visitor is confirmed to have COVID-19 after a visit? How do I protect staff and clients?

Your local health department will guide you through the steps to take if exposure to COVID-19 happens.

Should we limit the age of people who enter our facility to protect high risk people?

People of all ages are at risk for COVID-19 so there is not a need to limit certain groups. People who are older or who have certain health conditions are at higher risk for severe illness.

Where do we get information on isolation rooms if we need construction?

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.
The CDC website has guidance on isolation rooms. Contact DOH’s Construction Review Services for help to design and build AII rooms compliant with the hospital licensing rules and national standards.

**Is a different level of protection needed for presumed positive cases vs. person under investigation?**

Refer to CDC's website for guidance on placement of patients using precautions.

**What can In-Home Services ask clients/patients if they find out other family members have traveled where COVID-19 is active? What if they do not want to answer?**

Yes, you can ask people about travel who are in your care. If they have been close to a person who has traveled where COVID-19 is spreading, tell your local health department and they may do testing and suggest quarantine. If the client does not want to tell you, your agency can make a decision based on the risks known.

**If the government tells people to stay at home, what does this mean for in-home care agencies?**

If this happens, you should follow their emergency preparedness plan and let local care partners know about in-home care clients who are at high risk to get worse.

**If stable, healthy clients/patients who get In-Home Services have flu-like illness, should agencies stop with care in those homes?**

Contact your local health department about clients/patients with flu-like symptoms and COVID-19 testing help. If a client does have COVID-19, local health will decide if and when to quarantine. If quarantine is at home, staff should use strict infection control practices to limit risks and may want to provide only basic needs.

**Can DOH extend the deadline to get a certified home care aide credential by 60 days due to COVID-19?**

The 200 day certification deadline in statute does not allow extensions. The Governor will have to act to extend this.

**Should we start having all In-Home Services staff use PPE for all clients to protect them as many are elderly and/or compromised?**

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You should keep using their standard infection control plans and use PPE as needed. Workers that show flu-like symptoms should not provide direct care until testing states they are cleared to return to work. You may choose to use stricter infection control practices for better protection.

**Should In-Home Services agencies have a "pandemic safety plan?" If so, what should that look like if it’s different?**

Per WAC 246-335-415(10), agencies should have made and plan to use emergency preparedness plans that address service delivery when natural disasters, man-made incidents, or public health emergencies occur that prevent normal agency operation. If needed, this plan could be changed for a pandemic.

**Do we have to isolate staff exposed to a person with COVID-19 even if they were wearing PPE?**

Contact your local health department about staff exposed to COVID-19 and follow any testing and quarantine advice.

**Do we isolate In-Home Services clients/patients if they have been exposed to a person with COVID-19? What about isolation in an in-home setting?**

Contact your local health department about exposure and testing. If a client does have COVID-19 local health will decide if quarantine is needed, and where it should be.

**If an In-Home Services staff or client shows flu-like symptoms, who should agencies report to?**

Contact your local health department about staff with flu-like symptoms and follow any testing and quarantine advice.

**What if our In-Home Services staff becomes ill, who can agencies call to help? What if staff refuse to work with clients who may have been exposed?**

Agencies should support workers who fear working due to flu-like symptoms or sickness. Work with other local agencies or partners to fill positions short-term to keep services going. You may want to tell clients that some services may need to change if there are not enough staff at this time.

**Clients and family members call us with concerns and questions. What should we tell them so they are not worried?**

Agencies should help callers remain calm, learn about what you are doing, and practice strict infection control practices. Clients and family members can visit DOH’s [2019 Novel Coronavirus Outbreak (COVID-19)](https://www.doh.wa.gov).

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Do In-Home Services staff (i.e. CNA's and HCA's) need new training for COVID-19?

Agencies should have an emergency preparedness plan and may need to change it for COVID-19. Tell staff about important P&Ps, review DOH’s [2019 Novel Coronavirus Outbreak (COVID-19) webpage](#), and talk with staff more often.

[2019 Novel Coronavirus Outbreak (COVID-19) webpage](#) for more information. You may want to tell clients that some services may need to change if there are not enough staff at this time.