

Supplemental Guidance for Long-term Care Facility Visitors

According to the [Safe Start for Long-term Care Facilities \(LTCF\)](#), all LTCFs and agencies are required to provide accommodations to allow access for in person visitation for all residents and clients in accordance with CMS guidance outlined in revised [QSO-20-39-NH \(03/10/2021\)](#), with the exception of following the COVID-19 positivity rate determination. If State or LHI guidance is stricter, the stricter guidance must be followed. Facilities will use the current case rate determination as outline above in this document. Each facility must have a written visitation protocol in accordance with [revised QSO-20-39-NH](#) and it must be shared with visitors who agree to abide by the protocol.

[QSO-20-39-NH](#) requires LTCF to post instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene). [Appendix A](#) is an example of education that LTCFs may provide to visitors and should be customized to meet the facility's needs.

[Safe Start for Long-term Care Facilities \(LTCF\)](#) requires that facilities maintain a log of anyone entering the building which must be kept for 30 days. [Appendix B](#) is an example of a visitor log that LTCF may use to track visitors and should be customized to meet the facility's needs.

[QSO-20-39-NH](#) requires LTCF to screen all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status). Appendix C is an example of a screening tool that LTCFs may use to screen visitors (and others entering the building) and should be customized to meet the facility's needs.

Appendix A

Screening Tool

1. Are you experiencing any of the following symptoms of COVID-19 (please check for yes)?

- | | |
|--|---|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Cough | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Nausea or vomiting |
| | <input type="checkbox"/> Diarrhea |

If you have answered “yes” to any of the above, consider being assessed for COVID-19 and tested as appropriate. Please do not visit until you are well.

2. In the past 14 days, have you had close contact (within six feet for a cumulative 15 minutes over a 24-hour period) with anyone with COVID-19?

- Yes
 No

If you have answered “yes” to the above, please do not visit until 14 days have past since the last close contact with a person with COVID-19.

3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test that was not performed for surveillance?

- Yes
 No

If you answered “yes” to the above, please do not visit until you have received the results of your COVID-19 test and wait at least 10 days since your symptoms first appeared AND 24 hours with no fever without fever-reducing medication AND symptoms of COVID-19 are improving.

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

- Yes
 No

If you answered “yes” to the above, please do not visit until your 14-day self-monitor, self-isolate, or self-quarantine has ended.

Appendix C

Letter to Visitors

Dear Residents, Clients, Families, and Friends:

We are committed to keeping our residents and clients safe and we need your help. The virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in long-term care facilities and residential homes. Many of our residents and clients are in the high-risk group for COVID-19 and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. While the risk of COVID-19 is significantly decreased for both residents and visitors after being fully vaccinated, the risk is not eliminated. Though masking and distancing recommendations have been relaxed for the general public and for those who have been fully vaccinated, for the safety of your loved one and our community visitors must adhere to core infection prevention while inside the facility. Visiting outdoors is safer and preferred to indoor visitation.

Core Infection Prevention

- Visitors must be screened for symptoms of COVID-19 and close contact with someone with COVID-19 within the previous 14 days.
- Visitors and residents must use alcohol based hand rub or wash hands with soap and water before and after each visit.
- Visitors must wear a [well-fitting cloth mask or facemask](#) as source control. Resident should wear a [well-fitting cloth mask or facemask](#) as source control, if tolerated.
- Visitors should maintain a distance of six feet from residents, staff, and other visitors. If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing [well-fitting source control](#).
- Visitors should go directly to the visiting area and directly out of the facility when the visit has ended.
- Visitors not visit if they are unvaccinated and the resident is unvaccinated, per Governor's Proclamation.

Facilities must have a policy in place to manage visitation and visitor flow such that these core infection prevention principles are maintained. This may include limiting the number of visitors per resident at one time or limiting the total number of visitors in the facility at one time. The facility may schedule visits for a specified length of time to help ensure all resident are able to receive visitors.

Thank you for helping us keep our community and residents safe.

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share only accurate information to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions? Call our COVID-19 Information hotline: **1-800-525-0127**

Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and [observed state holidays](#), 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

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.