Overview

This Standard Operating Procedure chapter outlines activities and administrative procedures that support Residential Care Services regulatory work and staff.

The following procedures support:

- The Residential Care Services mission to promote and protect the rights, security, and wellbeing of individuals living in licensed or certified residential settings;
- The Department of Social and Health Services mission to transform lives; and
- The fifth goal of Results Washington, to create an efficient, effective, and accountable government by fostering a Lean culture that drives accountability and results for the people of Washington.

Not to be used directly in regulatory oversight of licensed or certified settings or services.

These procedures are specific to Residential Care Services and are not covered by DSHS Administrative Policies.

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Chapter Index

Part I: Administrative

A. Electronic Signatures

RCS Staff Requirements

The use of electronic records and electronic signatures can significantly reduce costs, simplify transactions, and speed up transaction time. State agencies are encouraged to use and accept electronic signatures to authenticate electronic transactions.

RCS staff must use the electronic signature process for all internal and external RCS documents. Manual printing and physically signing documents should be the exception.

All physically signed paper documents must be stored and maintained in hardcopy format until they are processed and verified within Perceptive Content. The disposal of the hardcopy will only occur after the Perceptive Content process has been completed.

AA3 Use of Electronic Signatures

AA3 use of supervisor or manager electronic signature to sign Statements of Deficiency and other documents requires:
1. Written authorization from the Field Manager to the AA3 that includes:
   a. Date/time
   b. Acknowledgement that the manager or supervisor reviewed the content and
   c. Approved for signature by the AA3; and
2. Application of authorized digital signature to the document (not signing on behalf of).

Saving Documents

Save RCS documents with electronic signatures in shared file folders, published spaces, RCS data bases, or Perceptive Content as follows:
1. Employee documents in secure, protected folders or Perceptive Content;
2. Internal documents with electronic signatures that pertain to RCS business operations in shared files or Perceptive Content; and
3. External letters or statements of deficiency with electronic signatures on internet and/or RCS or Centers for Medicare and Medicaid data systems or Perceptive Content as required.

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Creating a Digitized Signature

To sign a document using Adobe Acrobat Sign:

1. Ensure you have adobe acrobat reader installed on your computer (start a helpdesk ticket if needed).
2. Sign your name in black ink in the middle of a clean, blank sheet of white paper.
3. Scan or photograph your signature. If you choose to photograph your signature, make sure that the page is lit and that no shadows fall across the signature.
4. Email or scan the image to your computer. Adobe Acrobat Reader accepts JPG, JPEG, PNG, GIF, TIFF, TIF, and BMP files. The image does not need to be cropped, Adobe Acrobat Reader imports the photo or scanned signature, only if the photo or scan is clean.
5. Open the PDF.
6. From the menu, select "fill and sign." This opens a range of options displayed in the ribbon at the top of the page. Select "sign yourself."

7. Choose "Select Image."
8. Insert or apply digitized signature to the page.
9. Save and close.

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

B. Acceptance of Electronic Signatures from Outside of RCS (Under Construction)

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

C. Notice – Electronic Delivery (Under Construction)

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

D. Scanners (Under Construction)

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

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E. Shared Files

RCS Staff Requirements

Electronic file sharing simplifies administration, centralizes files for consistency, and keeps files organized and maintained. It is the electronic version of paper file sharing. Until the time that Perceptive Content is fully functional for all RCS documents, staff must use shared files to store and retrieve electronic documents relating to inspections, investigations, and certification work in LTC settings.

Shared File Saving

Saving shared files requires that RCS staff:
1. Follow the standard RCS document naming and saving conventions and folder structure for all shared files.
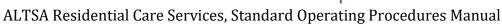2. Save electronic documents pertaining to RCS inspection, investigation, and certification work in shared files, not on personal drives or desktop.
   Note: Staff have the option to save working papers and documents to their desktop or personal files while conducting inspection, investigation, or certification work.
3. Save all RCS documents in shared files and remove the documents from the desktop or personal files once the inspection, investigation or certification is closed.

Shared File Management

Designated RCS staff must:
1. Conduct a monthly audit of two visits per staff person for the previous month.
   a. If a staff did not conduct two visits, the designated staff will note in the spreadsheet "Nothing to audit."
   b. If there are no documents in the Shared Drive for the two visits selected, check with the staff to ensure they did not have any visits in that month.
   c. If staff had documents stored somewhere other than the shared folder, remind them to move the documents to the shared folder.
2. Use the "E-doc Audit Spreadsheet" to track each unit's folder usage by recording the following information:
   a. Audit date;
   b. Brief description of any errors found; and
   c. The outcome of the audit in the notes section.
      For example, "completed according to procedure" or "event ID and document description interchanged."
3. Send e-mails to staff with the outcome of the audit using standard messaging that includes:
   a. Subject Line: E-doc Naming & Saving Review

b. No Error Message: On conducting an internal review of the electronic documents saved to the Shared Drive, no errors were found among the files you saved. The files use the correct document naming and saving standard and are saved in the correct folder. Thank you.

c. Error Message: On conducting an internal review of the electronic documents saved to the Shared Drive, the files you have saved include errors. Then, list the examples, using the following example:

EXAMPLE:

1) For facility XYZ intake #1234567, documents were in the correct folder, but they were not named according to the standard.

2) For facility XYZ intake #7654321, the documents were in the "Full" folder rather than the "Complaints" folder.

3) Please make the corrections by date and let me and your immediate supervisor know when corrections have been made. Thank you!

4. RCS staff must respond to an error message. If staff do not respond to an error message within a week, request for the immediate supervisor to follow up.

5. Refer staff to their supervisors for additional information about the naming and saving standard or the purpose of the audit.

Field Managers, Program Managers, and Supervisors must:

1. Ensure staff receive training in shared file naming, saving, and auditing.
2. Designate staff to conduct monthly Shared File Audits.
3. Provide training and mentoring to staff who are having difficulty following shared file system naming and saving conventions, and to staff who do not respond to an audit error message.

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

F. 9/80 Alternate Schedule Guidelines

RCS Staff Requirements

RCS recognizes flexibility is a critical driver of staff well-being and performance and is responsive to the changing professional and personal demographic of the multi-generational workforce. When effectively managed, it has been shown to increase productivity, increase employee engagement and retention, provide extended coverage and cross-training opportunities, and decrease unplanned absences. It promotes diversity and has a positive impact on workforce culture and employee morale. Implementation of a 9/80 work schedule must not impede services to the public, or internal or external clients, or impede the division from accomplishing its mission.

Request Criteria

All RCS full-time employees are eligible to request a 9/80 work schedule. Participating in a 9/80 schedule is not required. Requests will be approved subject to business and customer service needs.

Roles and Responsibilities

Employees choosing to apply for an alternative work schedule must:

1. Complete a DSHS 03-138 Work Schedule / Shift Change Notice form.
2. Email the completed form to their immediate supervisor, including the desired schedule.
3. Following approval, participants must:
   a. Comply with all DSHS and departmental policies.
   b. Adhere to the scheduled day off and the scheduled working hours.
   c. Provide advanced notice to immediate supervisor regarding any deviation from the agreed upon signed DSHS 03-138 Work Schedule / Shift Change Notice form.
   d. Have designated coverage on their scheduled flex day.
   e. Work with supervisor to ensure divisional business needs are met without incurring overtime.

Approving supervisors must:

1. Review the completed DSHS 03-138 form and schedule request submitted by the employee.
2. Meet with the employee to discuss and determine an agreeable schedule that ensures business needs and job responsibilities are met.
3. Complete DSHS 03-138 Work Schedule / Shift Change Notice with the 9/80 schedule details agreed upon in meeting with the employee. Both parties sign the form.
4. Forward the complete and signed form to the Regional Administrator/Office Chief/Director for review and approval.
5. Forward the approved form to human resources ALTSAHRSupport@dshs.wa.gov and designated timekeeper.
6. Place a copy of the approved form in the employee supervisory file.
7. Review the 9/80 schedule implementation with the employee periodically for meeting employee work life balance and business needs.

Regional Administrator/Office Chief/Director:

1. Must review the signed DSHS 03-138 form provided by the supervisor.
2. If necessary, meet with the supervisor for clarification or questions about the proposed schedule.
3. Sign the approved form and email to the supervisor and employee.

Flexible Work Schedule Termination

Approved flexible work schedule agreements must terminate upon transfer to a new division or work unit. Transferring employees wishing to continue a flexible work schedule must submit a new request.

Termination by the Department

1. The Department reserves the right to terminate the agreement at any time.
2. Supervisors can terminate 9/80 schedule for failure to comply with the 9/80 guidelines or if business and customer service needs are no longer being met.
3. Participants will receive seven (7) calendar day's written notice of any plans to terminate the agreement, unless it is for alleged misconduct or an emergency.
4. Upon termination, the employee will revert to their previous work schedule hours.

Termination by the Employee

1. Employees can request to amend the 9/80 or revert to 5-to-8-hour days by submitting the DSHS 03-138 Work Schedule / Shift Change Notice form.
2. Schedule changes will be made in accordance to pay period policy and will not be made in the middle of a pay period.

Core Business Hours for 9/80 Alternate Schedule

Examples of 9/80 Schedules include:

9/80	M-F	1 hour lunch	7:00 – 5:00	9 hours	Day off to be determined
9/80	M-F	1 hour lunch	7:30 – 5:30	9 hours	Day off to be determined
9/80	M-F	1 hour lunch	8:00 – 6:00	9 hours	Day off to be determined
9/80	M-F	½ hour lunch	7:00 – 4:30	9 hours	Day off to be determined
9/80	M-F	½ hour lunch	7:30 – 5:00	9 hours	Day off to be determined
9/80	M-F	½ hour lunch	8:00 – 5:30	9 hours	Day off to be determined
9/80	M-F	½ hour lunch	8:30 – 6:00	9 hours	Day off to be determined

Emergency Response

Staff schedules may be subjected to division review and revisions to respond to emergencies and disasters. The appointing authority may assign or reassign any employee or group of employees to a flex-time schedule for business need or emergencies.

Holidays

Represented Staff:

- WFSE and SEIU members will follow their collective bargaining agreements.

Non-represented and Exempt Staff

- When a holiday falls on the employee's scheduled workday, that day will be considered the holiday.
- When a holiday falls on the employee's scheduled day off, the agency will treat the employee's workday before or after as the holiday.
- Employee may request an alternate day off as their holiday if the requested day off falls within the same pay period as the holiday. The supervisor may approve or disapprove the request.
- Paid holidays during the employee's regular work schedule are considered time worked.

Outlook and Phone Messaging

The below guidelines relate to employee communication within 9/80 work schedule: Employees on a 9/80 work schedule must:

- Have their Outlook calendar updated and clearly identify the scheduled day off.
- Activate their out of office reply during the designated day off and will include the name and contact number of the covering designee.
- Update their voicemail to clearly identify the scheduled day off, as well as the name and contact number of the covering designee.
- Share outlook calendars with the supervisor and others as deemed appropriate by the supervisor.

Annual Review

The supervisor and the employee must review and evaluate the 9/80 agreement annually, and as needed.

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

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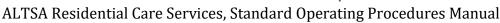
Part II: Occupational Health and Safety

A. Ergonomics (Under Construction)

Background

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

B. PPE Training and Skills Checkoff

RCS Staff Requirements

On hire and annually, Licensor/Surveyor/Investigator must:

1. Watch identified Don/Doff and Hand Hygiene Videos found on the RCS PPE Training and Skills Checkoff form;
2. Review CDC Graphic for Donning and Doffing PPE;
3. Complete the RCS PPE Training and Knowledge Post-test; and
4. Demonstrate the proper sequence and steps for hand hygiene and donning and doffing PPE.

Unit and Field Managers must:

1. At the time of hire and annually for each RCS employee expected to wear PPE during field visits:
   a. Observe, or designate another employee to observe, each employee successfully:
      i. Dons and doffs PPE consistent with the CDC standard PPE procedure; and
      ii. Performs hand hygiene using alcohol-based-hand-rub.
2. Document the employee performance on the RCS PPE Training and Skill Checkoff form;
3. File the form with other employee records; and
4. Ensure each employee who conducts field visits completes the training, knowledge test, and skills checkoff required under this chapter.

Quality Improvement Review
The review for the accuracy and compliance of this procedure will happen at least every five years.

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C. PPE Management

RCS Staff Requirements

No Coronavirus Disease (COVID) Positive or Suspected COVID Facilities or Homes

Licensor/Surveyor/Investigator must:

1. Wear a surgical mask, KN95, or N95 mask.
2. Have additional PPE available for use as needed.
3. Practice extended wear of mask and eye protection throughout the visit.
4. Use eye protection for close contact with all residents and RCS staff.
5. While in COVID suspected facilities or homes, RCS staff must wear full PPE and change as needed when moving in and out of resident rooms for observation of infection control practices or care provided to a resident with COVID symptoms only (pending test results, no confirmed positive test results).

COVID Positive Facilities or Homes

Licensor/Surveyor must:

1. Bring ample and appropriate PPE, hand sanitizer, and anti-fog spray for the purpose of the visit.
2. Estimate that there is enough PPE available for the changes required during the visit, including enough to:
   a. Take lunch off site, and
   b. Provide back-up PPE if visiting a reported COVID negative facility or home.
3. Use PPE distributed by RCS, unless using personally purchased prescription goggles. The procedure for reimbursement is described in the following section. The use of N95 Filtering Facepiece Respirator (FFR) in the field requires verification that the PPE supplies gathered includes your fitted FFR make and model.
4. If needed, apply an anti-fog spray on glasses or eye protection before donning.
5. Include a generous amount of hand sanitizer and disinfecting wipes or barriers to maintain clean hands and equipment during the visit.

Reimbursement for Employee Purchased Prescription Goggles

1. Surveyor/Licensor responsibilities are to:
   a. Obtain Field Manager approval for the reimbursement;
   b. Contact prescriber and eye glass provider to obtain goggles that fit snugly, particularly from the corners of the eyes across the brow;
   c. Request prescriber confirmation, in writing, that the goggles fit snugly, particularly from the corners of the eyes across the brow; and

d. Provide the written prescriber confirmation and receipt to Field Manager, following the purchase of the prescription goggles.
2. Either the Field Manager or Licensor/Surveyor must complete an A-19 form according to the instructions provided here.
3. Field Manager must submit the A-19 form for employee reimbursement in a timely manner according to the required process.

Cleaning, Disinfecting, and Reusing Eye Protection

Surveyor/Licensor must:

1. Follow CDC Strategies for Optimizing the Supply of Eye Protection and DOH guidance for use, extended wear, and reuse of eye protection. The extended use of eye protection can be applied to disposable and reusable devices.
2. Remove, clean, and disinfect eye protection if it becomes visibly soiled or difficult to see through prior to putting it back on.
3. Use one clean and disinfected face shield or goggles.
4. Discard eye protection that is damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured, or if cleaning and disinfecting does not restore visibility).
5. Take care not to touch their eye protection.
6. Immediately perform hand hygiene if eye protection is touched or adjusted.
7. Leave resident/client care area eye protection is removed.
8. Change or clean and disinfect eye protection when changing N95 or facemask when moving between COVID positive residents and residents not known to have COVID.
9. Reuse goggles and face shields if thoroughly cleaned by:
    a. Following the recommended manufacturer instructions when available for cleaning and disinfecting eye protection for reuse, if manufacturer instructions are not available:
      i. Perform hand hygiene.
      ii. Don a clean pair of gloves.
      iii. Remove eye protection and place on a wipe or paper towel, remember not to touch face or the front of the goggles/eye protection.
      iv. Sanitize and Dry by:
        1. Carefully wipe the inside, followed by the outside of the face shield or goggles using a wipe or clean cloth saturated with an EPA approved cleaner from the Disinfectants for Coronavirus (COVID-19) list.
        2. Follow contact time listed on the disinfectant label, ensure that the surface remains wet the whole time to ensure the product is effective.
        3. Fully drying after the contact time is done by either air drying or using clean absorbent towels.
      v. Wipe Table.
      vi. Remove gloves and perform hand hygiene.

PPE Disposal

Licensor/Surveyor must:

1. Ask providers where to discard waste in their facility or home if containers are not visible in the work area. If the waste containers do not meet the 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, the Licensor/Surveyor must:

2. Dispose contaminated PPE in an appropriate receptacle and manner; and

3. Include the violation in a statement of deficiency consistent with the SOP for the setting.

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

D. COVID Log and Contact Tracing

Background

In January 2021, OSHA issued a COVID-19 Healthcare Emergency Temporary Standard (ETS) that became effective on June 21, 2021. The ETS established new requirements to protect workers from exposure to the coronavirus in all settings where the employee provides healthcare support services. RCS staff provide healthcare support services through onsite inspections in LTC settings.

The OSHA COVID-19 ETS protection requirements are adopted into the DSHS Roadmap to Recovery. In addition to worker protections steps, the OSHA ETS requires employers to establish and maintain a COVID-19 log. The log is to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work (see 29 CFR 1910.502 COVID-19 Emergency Temporary Standard – Healthcare and Associated Industries – paragraph (q)).

The COVID-19 log is intended to help the employer:
- Track and evaluate potential workplace exposure to other employees.
- Follow requirements for notifying employees who have been exposed to COVID-19 in the workplace.
- Remove employees from the workplace when necessary.
- Track how and when the disease entered the workplace.
- Determine whether the employer's policies and procedures have been effective in the prevention of COVID-19 in their workplace.

Reporting Positive COVID-19 Results

Employees must:
1. Report all positive COVID-19 tests to the Field Manager.
2. Discuss CDC recommendations and return-to-work guidance with the Field Manager to determine:
   a. If follow up testing is needed;
   b. Return to work date;
   c. Any exposures to others in the workplace; and
   d. Discuss reporting requirements.
3. If the COVID-19 illness or exposure is work related, complete an on-line form "Report of Work-Related Incident/Close Call" as required by 29 CFR 1904.4(a) via the online DSHS Report of Work-Related incident/injury tool (formerly DSHS Form 03-133). Records of COVID-19 cases are then kept in the RiskMaster database along with all the other work-related injuries and illnesses.

Licensor/Surveyor may also coordinate or seek guidance from their LHJ, DOH, or RCS IP.

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Washington State
Department of Social
& Health Services

Transforming lives

Contact Tracing and Reporting

Field/Program Manager must:

1. Follow CDC Guidance for follow up testing recommendations and return to work criteria.
2. Follow RCS testing procedures if a false positive test is suspected.
3. Follow DSHS COVID-19 Response Guidance for Non-24/7 Office Locations.
4. Determine action when an employee at work is sick or has been in "close contact" with someone who was COVID-19 positive.
5. Contact the Building or Facilities Manager to implement local office cleaning and disinfecting if needed and follow DSHS guidance.
6. Complete the DSHS COVID-19 Supervisor Screen & Tracing Tool if an employee arrives at work ill, becomes ill at work, or has had close contact with someone who is currently sick with confirmed or suspected COVID-19 or had symptoms of COVID-19 while at work.
7. Conduct contact tracing for close contacts by text or email with "You may have been exposed to COVID-19 on date. If you are up to date on vaccines (fully vaccinated and boosted), you do not need to isolate or quarantine or be restricted from work unless showing symptoms of COVID-19. If you are not up to date on vaccines (fully vaccinated, but not boosted), you should not come to the office for 10 days. You may return to the office in 7 days with a negative test result within 48 hours before returning to work. Please complete a self-test today and in 5-7 days following exposure. You should wear a mask in public indoor settings for 14 days or until you receive a second negative test result in 5-7 days. Please monitor yourself daily for COVID-19 symptoms. If any symptoms appear, test again and isolate until test results return."
8. Keep contact tracing forms on file for at least 28 days to align with the retention of other screening process records.
9. Keep the identity of the COVID-19 positive person or other identifying information confidential. Do not reveal, allude to, or confirm the identity of the COVID-19 positive person, even if explicitly asked by a contact.
10. If an employee in the workplace is found to be COVID-19 positive or potentially infectious, coordinate with the IP to send a standard notification message to employees working in the same well-defined portion of the workplace that an individual diagnosed with COVID-19 visited as follows "We have been notified that an individual who was present in our workplace on date has been diagnosed with COVID-19. We are separately notifying people who appear to have had close contact with the individual, but we want to alert everyone working in the same well-defined portion of the workplace to the possibility of exposure. If you experience symptoms of COVID-19, such as fever, chills, cough, difficulty breathing, new loss of taste or smell, or other symptoms, please contact your Field Manager and consider consulting with your healthcare provider about COVID-19 testing. As always, RCS will protect all employee medical information."
11. Provide written notification to Unions of the COVID-19 exposure or potential exposure by copying designated union representatives in the notification emails for both contacts and exposures.
12. Document COVID-19 log information within 24 hours and send to the IP via secure email to RCSReporting@dshs.wa.gov after:

a. A case of COVID-19 is confirmed, even if the employee   did not have any symptoms, such as fever or chills, cough, or congestion and if the case was not caused by an exposure in the workplace.

b. The employee has a confirmed positive test for COVID-19 or has been diagnosed with COVID-19 by a licensed healthcare provider within 24 hours. Do not record incidences for employees who work exclusively from home and thus could not expose others in the workplace.

c. Include the following information in the log:
    i.   The employee's name;
    ii. One form of employee contact information;
    iii. The employee's occupation;
    iv. The employee's work location;
    v.   The date of the employee's last day at the workplace;
    vi. If applicable, the date of the employee's positive COVID-19 diagnosis; and
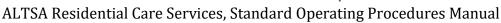   vii. If applicable, the date the employee first had one or more COVID-19 symptoms (if any were experienced).

COVID-19 Log Management

IP must:

1. Provide education and consultation to RCS staff, including Field Managers and Regional Administrators regarding CDC guidance, contact tracing, and DSHS reporting policy as needed on a case-by-case basis through communication avenues (e.g., training, support calls, huddles, Weekly Update, and program or unit meetings).
2. Monitor and receive COVID-19 positive results from RCSReporting@dshs.wa.gov email.
3. Enter the information received in the RCS tracking log.
4. Maintain and preserve an accurate, complete, and confidential RCS COVID-19 log for while the ETS is in effect.
5. Disclose and make COVID-19 log information available on request as required by OSHA's ETS or other federal law.
6. Provide reports on COVID-19 positive workplace data to RCS leadership, DSHS Emergency Command leadership, or others when requested.

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

Change Log

E. COVID-19 Testing for Staff

Background

Adults living in congregate or LTC settings are at elevated risk of being affected by respiratory and other pathogens, such as SARS-CoV-2. A strong IPC program is critical to protect residents, HCP and RCS staff. Workplace-based testing for SARS-CoV-2, the virus that causes COVID-19, identifies workers with SARS-CoV-2 infection, and thus helps prevent or reduce further transmission, particularly in areas with high community transmission.

During the COVID-19 pandemic, ALTSA provided SARS-CoV2 tests for RCS employees whose workplace includes visits to DSHS contracted, certified, or licensed facilities, homes, and agencies for regulatory functions, consultations, and training. The COVID-19 testing is provided by ALTSA for asymptomatic surveillance, post-exposure testing and confirmation of SARS-Co-V-2 infection is symptomatic. Human resources operations representatives will communicate with COVID-19 positive employees about the correct category of sick leave to use.

Test specimens are self-collected by the employee following test manufacturer directions. Two types of COVID-19 tests are available:

- PCR (polymerase chain reaction) test: specimens are collected by the employee and mailed to an external laboratory where the test is processed, and the results are available in 48-72 hours or more. DSHS provides Everlywell PCR home test kits.
- Rapid Antigen test: specimens are collected and read by the employee. Rapid Antigen test results are available in 10-20 minutes. DSHS provides a variety of rapid antigen tests from different manufacturers.

Staff who have recovered from SARS-CoV-2 infection in the prior 90 days must be retested using a rapid antigen test rather than PCR for any testing.

COVID-19 is a notifiable condition and laboratories are required to notify public health authorities at their LHJ of suspected or confirmed cases of COVID-19. Everlywell reports test results to the LHJ automatically.

RCS Staff Requirements

RCS staff that tests positive for COVID-19 after using a Rapid Antigen test must:

1. Report positive COVID-19 test results to the LHJ in the county where they live. That contact information is found here.
2. Promptly share this information with their immediate supervisor.
3. Isolate at home for the period required by the CDC.
4. Work with Field Manager to follow the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 to determine a return to work date and actions.

5. Gain the approval of the Field Manager to work from home during isolation.
6. Complete the Report of Work-Related Incident/Close Call online form.

Everlywell Surveillance Testing

Licensor/Surveyor must:

1. Watch How to collect your COVID-19 Test Home Collection Kit DTC sample to learn the testing workflow and are equipped with all the information necessary accurately and completely collect the test specimen.
2. Register their PCR test kit with a valid personal or work email address via the Everlywell site before collecting and returning their sample.
3. Follow the instructions provided in the collection kit box when collecting a sample. The registration and labeling steps MUST be completed for samples to be processed by the lab.
4. Submit specimen to Everlywell for processing within 24 hours of collection.
    a. Regional offices have rooms dedicated for employees to collect the sample, package the sample, and leave for pick up at the office.
    b. If an employee prefers to test at home, use either UPS or FedEx for return shipping.
5. If a verified positive COVID-19 result occurs, notify their immediate supervisor, and follow CDC guidance for isolation, quarantine, and return-to-work.
6. If staff suspect a false positive Everlywell PCR test result (no symptoms and no known or suspected exposure), staff may obtain another PCR test from a local health department or providers office or a public testing site and retest 24 hours after the first test.
    a. If the second PCR test is positive, it is considered a verified positive result, and if it is negative, obtain another PCR or NAAT test 24 hours later.
        i. If the final test result is positive, it is considered a verified positive result, and if it is negative, consider the original positive result a false positive.
        ii. Two negative PCR or NAAT COVID-19 tests at least 24 hours apart are required to consider the first test a false positive.
7. Until follow up testing is completed, staff must continue isolation and quarantine measures.
8. Assist with identifying contacts in the workplace.

Regional Administrator (Field Offices) or Field Manager (SL and ICF/IID) must:

1. If your staff is positive for COVID-19, contact the employee to review CDC recommendations and return-to-work guidance and:
    a. Decide if follow up testing is needed;
    b. Set the return-to-work date;
    c. Identify any exposures to others in the workplace;
    d. Review reporting requirements and confirm they have been followed per the licensor/surveyor responsibilities above; and
    e. Conduct contact tracing as needed following the COVID tracking and contact tracing procedure.

Quality Improvement Review

The review for the accuracy and compliance of this procedure will happen at least every five years.

Part III: Appendices

A. Definitions, Abbreviations, and Acronyms

9/80 Schedule – Eight 9-hour days, one 8-hour day, and one day off in a 2-week period. For Example: four 9-hour days each week, and one 8-hour workday every other week with one day off every other week.
AA3 – Administrative Assistant 3
Agency – State agency
Alternative Work Schedules – the period on either side of the core business hours during the pay period where employees can very their arrival and departure time.
ALTSA – Aging and Long-Term Support Administration
BMP, GIF, JPEG, JPG, PNG, TIF, TIFF – different file formats (and their extensions)
CBA – Collective Bargaining Agreement
CDC – Centers for Disease Control and Prevention
Close contact – within six feet of a person with a laboratory-confirmed case of COVID, or a person who is COVID positive, for a total of 15 minutes or more.
Core Business Hours – hours during which all full-time employees must be on duty when scheduled to work eight hours or more, unless in an approved leave status. RCS core hours are Monday thru Friday, 8:00 AM to 5:00 PM.
COVID – Coronavirus Disease
DOH – Department of Health
DSHS – Department of Social and Health Services
ECM – Enterprise Control Management
EPA – Environmental Protection Agency
ETS – Emergency Temporary Standard
Extended wear of eye protection – the practice of wearing the same eye protection for repeated close contact encounters with different patients, without removing eye protection between patient encounters.
Flexible Work Schedule – schedule that allows full-time employees to eliminate at least one workday every two weeks by working longer hours during the remaining days, resulting in less commute trips, or allows the employees flexibility in starting and ending times outside the agency's normal work hours.
Flextime – daily work schedule which contains a core time of required hours during which an employee subject to the schedule is required to be present for work and designated hours before and after the core time during which an employee, with the approval of his or her agency, may elect a time of arrival to work and departure from work.
HCP – Healthcare personnel
HRMS – Human Resources Management System

ICF/IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities

IP – Infection Preventionist

IPC – Infection Prevention and Control

KN95 and N95 – respirators and surgical masks are examples of personal protective equipment that are used to protect the wearer from the particles or from liquid contaminating the face.

LHJ – Local Health Jurisdiction

LTC – Long-Term Care

MSD – Management Service Division

NAAT – Nucleic Acid Amplification Test

OCIO – Office of the Chief Information Officer

OSHA – Occupational Safety and Health Administration

Pay Period – stretch of time over which employee work hours are compiled for inclusion in a paycheck.

PCR – Polymerase Chain Reaction

PDF – Portable Document Format

PPE – Personal Protective Equipment

RCS – Residential Care Services

RCW – Revised Code of Washington

RPP – Respiratory Protection Program

SARS-CoV-2 – Severe Acute Respiratory Syndrome Coronavirus 2

SEIU – Service Employees International Union

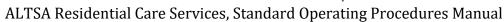**SL** – Supported Living

WAC – Washington Administrative Code

WFSE – Washington Federation of State Employees

Work Schedule Change Request – request by an employee to change their current work hours.

Work Schedule – schedule that is assigned to an employee in the HRMS and notates the planned start and end times that an employee is expected to work on specific days of the week. (Hours an employee is scheduled to work within the workweek)

Workweek – fixed regular recurring period of 168 hours beginning at a time determined by the appointing authority and continuing for seven consecutive 24-hour periods. The workweek may begin on any day and at any hour of the day.
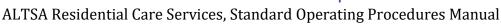
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B. Forms and Resources

9/80 Alternate Schedule Guidelines

- DSHS 03-138 Work Schedule / Shift Change Notice form
- SHR Supporting Working Parents and Caregivers PDF

PPE Training and Skills Checkoff

- Personal Protective Equipment (PPE) Training and Skills Checkoff
- Personal Protective Equipment (PPE) Training and Knowledge Post-test

C. Background, RCWs, and WACs

Electronic Signatures (Part I, A)

RCW 1.80.010(10) defines an electronic signature as an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record. RCW 1.80.060(4) states that if a law requires a signature, an electronic signature satisfies the law.

There are four major signing requirements that electronic signatures must satisfy to be valid. Those requirements are:
- The parties must intend to sign;
- The parties must consent to doing business electronically;
- There must be a connection between the electronic signature and the associated record; and
- The electronic signature records created for each transaction must be capable of retention and accurate reproduction for reference by all parties entitled to retain the contract or document.

Although signatures are desired to show an intent (agreement, approval, or acknowledgment), internal RCS documents are not legally required to have a signature. Signatures reinforce the significance of the undertaking and gives the transaction a formal tone.

External RCS documents (letters, statements of deficiency, provider communication) are also not legally required to have a signature, however signatures are requested to identify the signer and show the authority and integrity of the document or message. RCS staff must use digitized signatures for external documents to meet.

RCS staff must use digitized electronic signature for external documents and have the choice of either using a digitized electronic signature or Adobe Acrobat Sign for internal documents. These processes meet the four major signing requirements by establishing the intent to sign by inserting or applying the drawn or digital signature to a document or letter in the signature space. The signature becomes associated with the record when applied or embedded. The digital signature is an authentic signature specific to the individual. The integrity of the signed record is maintained when the electronic document is saved according to standard document naming and saving procedures. This includes saving documents in RCS data systems or Perceptive Content, which is part of the DSHS Enterprise Content Management system.

Related RCWs, WACs, and Policies:
- RCW 1.80.060, Legal recognition of electronic records, electronic signatures, and electronic contracts.
- RCW 1.80.070, Provision of information in writing—Presentation of records.

- [RCW 1.80.080](), Attribution and effect of electronic record and electronic signature.
- [RCW 1.80.110](), Retention of electronic records—Originals.
- [RCW 1.80.160](), Creation and retention of electronic records and conversion of written records by governmental agencies.
- [RCW 1.80.170](), Acceptance and distribution of electronic records by governmental agencies.

Acceptance of Electronic Signatures from Outside of RCS (Under Construction) (Part I, B)

Notice – Electronic Delivery (Under Construction) (Part I, C)
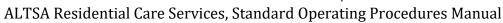
Scanners (Under Construction) (Part I, D)

Shared Files (Part I, E)

File sharing allows staff to retrieve the same file for view or modification. MSD staff are the RCS file sharing system administrators. RCS staff have a varying amount of access to these shared files and the permissions set by MSD are based on the type of file being accessed.

The best practices for shared files include:
- Having a well-planned folder structure;
- Naming files and folders based on search intent; and
- Documenting and following a process to backup shared files.

File sharing standards protect and preserve electronic data and these procedures give direction and awareness to staff using shared files.

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9/80 Alternate Schedule (Part I, F)

Background

These guidelines establish administrative procedures and supports employee requests for 9/80 alternative work schedules. The 9/80 process allows staff and supervisors to consider alternate schedules without impairing service to the public while meeting core business needs. For represented employees, the CBA supersede specific provisions of agency guidelines with which it conflicts.

The 9/80 schedule is a collaborative arrangement between supervisor and employee to provide flexibility in meeting employees needs and division goals.

The purpose of these guidelines is to:
- Encourage the implementation of the 9/80 schedule for recruitment and retention;
- Ensure consistency and structure for application; and
- Provide schedules to address specific division needs whenever possible.

Related RCWs, WACs, and Policies

- MB R22-011, 9/80 Alternate Schedule Guidelines
- RCW 42.04.060, Business Hours
- RCW 42.56.070, Public Records Act
- RCW 42.52.160, Use of persons, money, or property for private gain
- RCW 41.04.390, Flexible-time work schedules
- WAC 357-28-225, Are employers required to develop flexible time schedules?
- WAC 357-28-230, Can an employer assign or reassign an employee to a flex-time schedule?
- WAC 357-28-235, Can an employee request assignment to a flex-time schedule?
- WAC 357-28-240, Must employers assign an overtime eligibility designation to each position?
- Executive Order 16-07, Building a Modern Workforce
- Administrative Policy No. 14.18, E-Mail & Voice Mail Greetings and Responses
- Administrative Policy No. 18.28, Compensation
- DSHS Administrative Policy No. 18.87, Modern and Mobile Workplace Policy

Each division/unit will establish core working hours in guidance with RCW 41.04.390, Flexible-time work schedules.

RCW 41.04.390 (3), Flexible-time work schedules states that the appointing authority may assign or reassign any employee or group of employees to a flex-time schedule for business need or emergencies.

Ergonomics (Under Construction) (Part II, A)

PPE Training and Skills Checkoff (Part II, B)

Background

The 2020 COVID-19 outbreak led to the requirement of wearing and using PPE to protect the health and safety of RCS staff. As a result, the ALTSA Infection Control Essentials Webinar began teaching RCS staff the requirements for using and wearing PPE, the knowledge check for those requirements was completed via the ALTSA Infection Control Essentials Webinar post-test. The following year, on-site visits resumed, and RCS staff attended PPE refresher training, the knowledge check for the refresher training was completed by unit managers. Following that, the education and knowledge check continued via the 2020 ALTSA Infection Control Essentials Webinar and corresponding post-test.
In 2022, selected videos on PPE Donning, Doffing, and Hand Hygiene replaced the ALTSA Infection Control Essentials Webinar and post-test.

PPE Management (Part II, C)

Background

In 2020, the COVID-19 viral spread resulted in outbreaks of infectious illness in licensed long-term care facilities and homes. The facilities and homes that RCS staff visits may be experiencing active or suspected COVID-19 infections. The potential exposure to COVID-19 is a workplace hazard that requires PPE and respiratory protection.

In March of 2020, RCS distributed PPE that included N95 FFR to staff and developed an RPP procedure that is following State and Federal law. The SOP Chapter 28, Respiratory Protection Program, includes specific requirements, training, and fit testing procedures for N95 respirators.

COVID Log and Contact Tracing (Part II, D)

COVID-19 Testing for Staff (Part II, E)

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D. Change Log

Eff. Date	Chapter/ Section #	Description of the Change	Reason for Change	Communication and Training Plan
2/17/2023	Full Chapter	Chapter development	Information to all RCS staff	MB R23-016

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