

CHAPTER 21: Occupational Health and Safety

AL TSA Residential Care Services, Standard Operating Procedures Manual

Overview

Residential Care Services (RCS) is the Washington state regulatory oversight agency for long-term care (LTC) settings licensed or certified to provide residence, care and/or services to vulnerable adults or individuals with intellectual disabilities. As an employer of choice, RCS is vested in the wellbeing and safety of all staff working in DSHS offices, home offices, and field sites. These occupational health and safety procedures outline how staff are supported and protected in their work.

These procedures are not to be used directly in regulatory oversight of licensed or certified settings or services. These procedures are not covered by [DSHS Administrative Policies](#) as they are specific to Residential Care Services. These procedures will be reviewed for accuracy and compliance at least every five years.

Contacts

- RCS Policy Unit General Contact, RCSPolicy@dshs.wa.gov
- RCS Quality Improvement Unit General Contact, ImproveRCS@dshs.wa.gov

Chapter Index

Part I: [Occupational Health and Safety Guidelines](#)

A. [Ergonomics](#)

Part II: [Infection Prevention and Control \(IPC\)](#)

A. [PPE Management and Use](#)

- [PPE Training and Skills Checkoff](#)
- [PPE Management During Field Visits](#)
- [PPE Disposal](#)
- [Goggles](#)
 - [Reimbursement for Employee Purchased Prescription Goggles](#)
 - [Cleaning, Disinfecting, and Reusing Eye Protection](#)
- [PPE and Related Infection Prevention and Control Inventory](#)
- [Extra and Expired PPE and Other \(IPC\) Supply Inventory](#)

B. [RCS Mask Guidance](#)

- [Mask Wearing](#)
- [Mask Wearing During Respiratory Illness Season](#)
 1. [Decision Procedure](#)
 2. [RCS Mask Wearing During Respiratory Illness Season](#)
 3. [Voluntary Mask Wearing by RCS staff During Respiratory Illness Season](#)

C. [COVID-19](#)

- [COVID-19 Contact Tracing, Reporting, Exposure Notification and Return to Work Criteria](#)
- [COVID-19 Testing for Staff](#)

Part III: [Appendices](#)

A. [Glossary of Terms](#)

B. [Acronym List](#)

C. [Forms and Resources](#)

D. [Background, RCWs, and WACs](#)

E. [Change Log](#)

Part I: Occupational Health and Safety

A. Ergonomics

On hire, all staff must review Ergonomic Safety – Preventing Workplace Injury, Carrying and Using Electronic Equipment in the Field. Staff should learn and follow 4 Key steps to promote safety:

1. Set up Your Workstation Properly (Home or Office, Standing or Sitting).
2. Be Mindful of Posture.
3. Reduce Forces (Use Correct Posture and/or Supports for Carry & Lift Motion, Carry Laptop Close to Body to Reduce Strain).
4. Take Breaks & Stretch Frequently.

Home and Office workstations should be set up to support safe sitting, standing and keyboard use.

1. Hands to keyboard and mouse (straight, flat wrists).
2. Body to chair (well supported) in a neutral position.
3. Eyes to monitors (level head).
4. Feet to floor (well supported).

When carrying equipment staff should:

1. Carry Equipment at waist level.
2. Make sure to have a good grip. Carry the equipment with two hands.
3. Keep the equipment close to the body.
4. Avoid twisting, move your feet, not by twisting the spine.
5. Avoid overhead lifting.
6. Use carry devices when available (such as rolling bags).

Field work may include using non-standard tables, seating, or lack of supports for efficiency and comfort. Staff should request workspace and seating that supports safe use of electronic equipment and good body posture.

Any suspected workplace strain or injury should be immediately reported to a supervisor. Managers and supervisors follow [Administrative Policy 9.07 – DSHS Safety and Occupational Health Program](#) to ensure that all occupational illness or injury incidents are reported, tracked, investigated, and appropriate corrective measure are implemented using the web [Report of Work Related Incident/Close Call](#).

Staff can coordinate with their immediate supervisor to obtain a workstation assessment, ergonomic training, and self-help tools. See [Ergonomics \(wa.lcl\)](#) for more information.

Part II: [Infection Prevention and Control \(IPC\)](#)

A. [PPE Management and Use](#)

[PPE Training and Skills Checkoff](#)

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.

[PPE Management During Field Visits](#)

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 needed.
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.

CHAPTER 21: Occupational Health and Safety

AL TSA Residential Care Services, Standard Operating Procedures Manual

PPE Disposal

Licensors/Surveyors 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 Licensors/Surveyors must:
 - a. Dispose contaminated PPE in an appropriate receptacle and manner; and
 - b. Include the violation in a statement of deficiency consistent with the SOP for the setting.

Goggles

Reimbursement for Employee Purchased Prescription Goggles

1. Surveyor/Licensors 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 Licensors/Surveyor must complete an A-19 form according to the instructions provided [here](#).
 - a. 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

1. Surveyor/Licensors must:
 - a. Follow [CDC Strategies for Optimizing the Supply of Eye Protection](#) and Department of Health (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.
 - b. Remove, clean, and disinfect eye protection if it becomes visibly soiled or difficult to see through prior to putting it back on.
 - c. Use one clean and disinfected face shield or goggles.
 - d. 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).
 - e. Take care not to touch their eye protection.
 - f. Immediately perform hand hygiene if eye protection is touched or adjusted.
 - g. Leave resident/client care area eye protection is removed.
 - h. 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.
 - i. Reuse goggles and face shields if thoroughly cleaned by:

CHAPTER 21: Occupational Health and Safety

AL TSA Residential Care Services, Standard Operating Procedures Manual

- Following the recommended manufacturer instructions when available for cleaning and disinfecting eye protection for reuse, if manufacturer instructions are not available:
 - 1) Perform hand hygiene.
 - 2) Don a clean pair of gloves.
 - 3) Remove eye protection and place on a wipe or paper towel, remember not to touch face or the front of the goggles/eye protection.
 - 4) Sanitize and Dry by:
 - a) 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.
 - b) Follow contact time listed on the disinfectant label, ensure that the surface remains wet the whole time to ensure the product is effective.
 - c) Fully drying after the contact time is done by either air drying or using clean absorbent towels.
 - 5) Wipe Table.
 - 6) Remove gloves and perform hand hygiene.

PPE and Related Infection Prevention and Control Inventory

Designated staff in each RCS office will:

1. Keep PPE and supplies in stock to serve field staff who conduct inspections in long term care (LTC) settings.
 - a. Keep minimum of 30 days' supply to meet RCS staff need.
 - b. Anticipate increased need during times of increased communicable disease outbreaks and adjust inventory accordingly.
2. Monitor expiration dates of stock supplies.
 - a. Rotate supplies to use prior to expiration date.
 - b. Remove expired supplies from rotation.

Extra and Expired PPE and Other IPC Supply Inventory

1. Maintain supplies until expired, then surplus unopened supplies.
 - a. Surplus supplies through lease facilities & maintenance operations (LFMO).
 - b. Contact the local office building manager to assist with the surplus process.
 - c. If a non-profit organization is identified to receive expired PPE, give this information to LFMO. The LFMO staff will manage distribution.
2. Small amounts (2 boxes or less boxes) of expired PPE and testing supplies can be discarded.
 - a. Following manufacturer's specifications.
 - b. Special consideration may be required for supplies containing hazardous chemicals (such as cleaning supplies).

CHAPTER 21: Occupational Health and Safety

ALTSA Residential Care Services, Standard Operating Procedures Manual

- c. After checking with the manufacturer and the Federal Drug Administration (FDA) to determine that no extensions have been granted for continued use.
- d. No record of discarded supplies is required.

B. [RCS Mask Guidance](#)

[Mask Wearing](#)

1. Masks may be voluntarily worn any time.
2. If you voluntarily choose to wear a mask in LTC settings, you must wear a procedure or surgical mask or higher in keeping with Centers for Disease Control and Prevention (CDC) [healthcare personnel guidance](#).
3. Any mask worn should be worn correctly, covering mouth, nose, and chin.
4. If asked to wear a mask by a resident or client, LTC setting provider or staff, or peer, please do so.
5. All staff are expected support anyone who chooses to wear a mask in the field or office.
6. RCS may resume standard mask wearing in LTC settings during respiratory illness season.

[Mask Wearing During Respiratory Illness Season RCS Procedure](#)

The respiratory illness season includes risk of infection from viruses spread through droplets or through the air, such as flu, Respiratory Syncytial Virus (RSV), and COVID-19. Respiratory illness season is generally Fall and Winter, waning in Spring (October to March). RCS may elect to resume standard mask wearing in LTC settings on-site visits during respiratory illness season.

1. [RCS Mask Wearing Decision Procedure:](#)

In August of each year, RCS leadership will consider the following factors to determine mask wearing guidance during Respiratory Illness season or events:

- RCS staff pattern of going from building to building for onsite visits, encountering different populations of residents, clients, and staff, sometimes in the same day.
- How the use of masks benefits of staff, residents, clients, family, visitors, and providers' well-being.
- Current Department of Health (DOH), or Centers for Disease Control and Prevention (CDC) Respiratory Illness Prevention Mask Guidance, or other Nationally recognized infection control expert bodies that identify factors to consider when deciding whether to wear masks.
- Setting Specific conditions:
 - Vulnerability of residents and clients living in LTC settings.
 - Quality of ventilation in the setting.
 - Ability of people to physically distance in the setting.
 - Suspected or confirmed outbreak of COVID-19 in the setting.
- Respiratory illness trends and anticipated activity during Respiratory Illness season.

If mask wearing is implemented during Respiratory Illness season, RCS leadership will reevaluate mask wearing in March and will set the end date for mask wearing based on virus patterns and public health recommendations.

CHAPTER 21: Occupational Health and Safety

AL TSA Residential Care Services, Standard Operating Procedures Manual

Mask wearing reimplementation and ending in LTC settings during Respiratory Illness season will be communicated to staff through RCS communication procedures and communication tools. Communication will include a reminder of mask wearing procedures.

2. [RCS Mask Wearing During Respiratory Illness Season:](#)

- RCS staff must wear a procedure or surgical mask or higher in keeping with Centers for Disease Control and Prevention (CDC) [healthcare personnel guidance](#).
- Any mask worn should be worn correctly, covering mouth, nose, and chin.
- When required during Respiratory illness season or events, masks are donned before entering a building and worn throughout the visit.
- RCS staff may practice extended wear, wearing the same mask throughout the visit, changing the mask if it becomes soiled, wet or is removed for any reason.
- RCS Staff could choose not to wear masks when they are in well-defined areas that are restricted from resident/client access (e.g., staff meeting rooms). If masks are removed:
 - The door will be kept closed.
 - RCS staff should don a mask when LTC setting staff or residents or clients enter or are interviewed in the room.

3. [Voluntary RCS Mask Wearing During Respiratory Illness Season:](#)

- Masks can be worn voluntarily outside of LTC settings, such as in the office or when meeting others any time.
- RCS staff are expected to support peers who voluntarily choose to wear a mask in the office or when meeting in person.

C. COVID-19

COVID-19 Contact Tracing, Reporting, Exposure Notification and Return to Work Criteria

1. COVID Contact Tracing

From January 2020 to May 2023, the Federal Government declared a public health emergency (PHE) related to the novel SARS-Co-V2 virus (COVID-19). During the PHE, employers were required to send workplace and close contact notification. Once the PHE ended, employer requirements for COVID-19 notification ended. Due to the serious nature of COVID-19 illness and risk to employees, after the end of the PHE, RCS will continue to conduct contact tracing and will notify those exposed to an employee diagnosed with COVID-19.

2. Reporting Positive COVID-19 Results

- a. **Employees must:** If the COVID-19 illness or exposure is work related, report this to your supervisor and complete the on-line [DSHS Report of Work-Related Incident/Injury](#) form. Records of work related COVID-19 cases are kept in the Risk Master database along with all the other work-related injuries and illnesses.
- b. **Employees may:**
 - i. Report positive COVID-19 tests to the Field Manager.
 - ii. If reported, discuss CDC recommendations and return-to-work guidance with the Field Manager to determine:
 - 1) Follow up testing needed;
 - 2) Return to work date;
 - 3) Any exposures to others in the workplace.
 - iii. Coordinate or seek guidance from their Local Health Jurisdiction (LHJ), DOH, or RCS Infection Preventionist (IP).

3. Contact Tracing, Exposure Notification and Return to Work Criteria

Field/Program Manager must:

- a. Complete the RCS COVID-19 Contact Tracing and Notification Tool if an employee arrives at work ill, becomes ill at work, or who is currently sick with confirmed or suspected COVID-19 or having symptoms of illness that are not attributed to other medical conditions. Notify close contacts by email using standard messaging outlined in the Contact Tracing tool.
- b. Keep contact tracing forms on file for at least 28 days.
- c. Keep the identity of the COVID-19 positive employee 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.
- d. Follow CDC Guidance for testing recommendations and return to work criteria.

[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 Infection, Prevention and Control (IPC) program is critical to protect residents, Healthcare Personnel (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, AL TSA 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 AL TSA 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.

- 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.

1. RCS Staff Requirements

RCS staff who test positive for COVID-19 must:

- a. Isolate at home for the period required by the CDC.
- b. 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.
- c. Gain the approval of the Field Manager to work from home during isolation.
- d. If the staff contracted COVID-19 from the workplace, complete the [Report of Work-Related Incident/Close Call](#) online form.

CHAPTER 21: Occupational Health and Safety

AL TSA Residential Care Services, Standard Operating Procedures Manual

RCS staff who test positive for COVID-19 may:

- a. Report positive COVID-19 test results to the LHJ in the county where they live. That contact information is found [here](#).
- b. Share this information with their immediate supervisor and/or any peers who may have been exposed to COVID-19.

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

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

Part III: [Appendices](#)

A. [Glossary of Terms](#)

Agency – State agency

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.

Department – This term refers to the Washington state Department of Social and Health Services (DSHS).

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.

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.

CHAPTER 21: Occupational Health and Safety

ALTSA Residential Care Services, Standard Operating Procedures Manual

B. Acronym List

AA3	Administrative Assistant 3
AFH	Adult Family Homes
ALF	Assisted Living Facilities
ALTSA	Aging and Long-Term Support Administration
CCRSS	Certified Community Residential Services and Supports
CDC	Centers for Disease Control and Prevention
COVID	Coronavirus Disease
DOH	Department of Health
DSHS	Department of Social and Health Services
EPA	Environmental Protection Agency
ESF	Enhanced Services Facilities
ETS	Emergency Temporary Standard
FFR	Filtering Facepiece Respirator
FM	Field Manager
HCP	Healthcare Personnel
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
IP	Infection Preventionist
IPC	Infection Prevention and Control
LHJ	Local Health Jurisdiction
LTC	Long-Term Care
NAAT	Nucleic Acid Amplification Test
NF	Nursing Facility
NH	Nursing Homes
OSHA	Occupational Safety and Health Administration
PCR	Polymerase Chain Reaction
PHE	Public Health Emergency
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
SL	Supported Living
SOP	Standard Operating Procedures
WAC	Washington Administrative Code

CHAPTER 21: Occupational Health and Safety

ALTSA Residential Care Services, Standard Operating Procedures Manual

C. [Forms and Resources](#)

PPE Training and Skills Checkoff

- [Personal Protective Equipment \(PPE\) Training and Skills Checkoff](#)
- [Personal Protective Equipment \(PPE\) Training and Knowledge Post-test](#)

[Back to top](#)

[Change Log](#)

D. [Background, RCWs, and WACs](#)

PPE Training and Skills Checkoff (Part I, 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 AL TSA 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 AL TSA 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 AL TSA Infection Control Essentials Webinar and corresponding post-test. In 2022, selected videos on PPE Donning, Doffing, and Hand Hygiene replaced the AL TSA Infection Control Essentials Webinar and post-test.

PPE Management (Part I, 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.

CHAPTER 21: Occupational Health and Safety

ALTSA Residential Care Services, Standard Operating Procedures Manual

E. [Change Log](#)

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
10/13/2023	Full Chapter	Establishment of Chapter	Establishment of Chapter	MB R23-084

[Back to top](#)