



BAYVIEW

A POINT OF VIEW

5/25/2021

COVID-19 Updates

There has been an enormous amount of confusing conjecture surrounding source control (face mask), group activities, dining, and requirements in the past two (2) weeks. With the recent Centers for Disease Control (CDC) guidance dated May 13th, 2021, people have been scrambling to interpret the meaning as the guidance applies to individual situations and circumstances. The guidance specifically states:

“Fully vaccinated people no longer need to wear a mask or physically distance in any setting, EXCEPT where required by federal, state, local, tribal or territorial laws, rules and regulations, including local business and workplace guidance”.

The guidance also states “...recommendations apply to non-healthcare settings”. Bayview is defined or considered a Healthcare facility.

The executive team has been fielding many questions of how this guidance applies to the residents at Bayview. Difficulties of interpretation and implementation arise when considering many factors including, but not limited to:

- All levels of care: Independent, Assisted, Memory, and Skilled Nursing.
- COVID-19 variants and “break-through” exposures.
- Vaccinated versus Unvaccinated persons (questions arising on both staff and residents)

We must remember:

1. The close proximity of all care levels residing in a single building together demands extra attention for communal living.
2. Independent Living and regulated areas follow different guidance. While Independent Living residents more closely follow the Governor’s “Roadmap to Recovery” plan; regulated areas (Health Center, AL, MC) must follow the Department of Social and Health Services (DSHS) “Safe Start for Long-Term Care” requirements.
3. The CDC’s purpose for updating mask guidance was to provide a unified incentive for all people to become vaccinated. This “blanket incentive” disregarded state and county exposure and rates of infection data as well as a host of other issues including, but not limited to, the segregation of vaccinated and non-vaccinated people.

Bayview’s policy follows current State Department of Health data for King County as shown on the COVID-19 risk assessment dashboard – <https://coronavirus.wa.gov/what-you-need-know/roadmap-recovery-metrics> .

a.	Rates of infection above	350	per 100K people
b.	Rates of infection between	150 – 350	per 100K people
c.	Rates of infection between	75 – 150	per 100K people
d.	Rates of infection between	25 – 75	per 100K people
e.	Rates of infection below	25	per 100K people

- Each data point range listed above represents a time for potential change to Bayview’s pandemic policy.
- As community rates of infection decline, Bayview’s policy will become more liberal and a closer return to normalcy.
- If community rates of infection climb, Bayview’s policy may implement more restrictive temporary measures for the safety and health of our population.

Vaccinated versus Unvaccinated:

Many people have demanded vaccinations become compulsory at Bayview. While forced or compulsory vaccination may sound like a good idea, the notion of 100% compliance may never be achieved related to:

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- Medical contra-indications.
- Break-through exposure and infection.
- Allergies.
- Religious beliefs.
- Cultural issues.

Therefore, the Executive team has determined to continue to offer and educate residents and staff of the risk and benefits of vaccination.

- Bayview will continue to offer the ability to receive vaccination through our contracted pharmacy and strongly encourage everyone to get vaccinated.
- Bayview will respect people's freedom of choice to receive or not to receive vaccination.
- Bayview will not segregate vaccinated and unvaccinated people. Bayview considers people to be equal and err on the cautious side of exposure, assuming there are vaccinated AND unvaccinated persons present at any given time or place within the facility.
- Bayview will not disclose vaccination statuses of residents or staff without consent of the person(s) involved.
- Bayview will conduct business as if not all residents or staff are fully vaccinated. This affects such activities as:
 - Activities / group meetings.
 - Numbers of people allowed to attend group activities / meetings at one time.
 - Comingling of resident care levels.
 - Visitation
 - Communal dining
 - Use of source control in public spaces within Bayview.
 - Elevator capacity.
 - Testing strategy.
 - Screening strategy.

Our current practice continues to follow the core principles of infection control. This includes:

1. Proper use of source control.
2. Proper social distancing.
3. Proper hand hygiene and the use of Alcohol Based Hand Rubs (ABHR's).

All personnel inside of Bayview (Residents, Staff, Essential Contractors, Visitors, Vaccinated, and Unvaccinated) must properly wear a face mask while in public or common areas.

- Public areas include:
 - The dining room.
 - The common space on each floor.
 - Hallways throughout the facility.
 - The elevators.
 - The 10th floor.
 - The Laundry rooms.
 - The Library.
- Gaiters and facemasks with respirator valves are not authorized for use as these devices have been found to increase the risk of exposure.
- At one time, early in the pandemic, Bayview provided facemasks with respirator valves. These masks should be discarded. A new mask can be obtained by contacting Heather Smith (2313), Pamela Yeo (2127), Janice Pate (3354) or Joel Smith (3357).
- Facility supplied facemasks should always be worn with the filter placed inside of the mask. If you are out of filters or need a refresher of how to use the filter, please contact any of the above-mentioned team members.

Dining services will continue as currently scheduled:

- Residents are strongly encouraged to eat in their apartments.
- If residents eat at an open table, there should be no more than four (4) people at the table.

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- Each person within a common household counts as 1 person. For example, two (2) people that live together counts as two (2) at the table of a maximum of four (4).
- The dining room is not open for visitors.
- There is no comingling of residents from different care levels on the first-floor dining room and 10th floor.

Group activities will continue as scheduled, with proper infection control protocols in place (mask wearing):

- Independent Living group activity capacity
 - Indoor group activity capacity: No more than 10 people with social distancing.
 - Outdoor group activity capacity: No more than 20 people with social distancing.
- Assisted Living and Skilled Nursing:
 - Groups consist of no more than four (4) people at a time, socially distanced in accordance with the Safe Start for LTC requirements.

Comingling between levels of care is not encouraged or recommended, however comingling may be allowed on a limited basis as long as infection control is being followed.

Some examples of comingling that are allowed:

- A vaccinated Assisted Living (AL) or Skilled Nursing (HC) Resident would like to participate in the Independent Living (IL) knitting club. Please contact Heather Smith x2313 (hsmith@bayviewseattle.org or 206-281-5759).
- A vaccinated AL or HC Resident would like to visit an IL Resident's apartment. This type of "visit" is treated as if the AL or HC resident was an outside visitor, and the AL or HC Resident must coordinate with the IL Resident to ensure daily visitation limits are not exceeded.
- An IL Resident may visit with AL or HC Residents through the scheduled visitation process. Please contact the appropriate care level manager to schedule Inter-facility visitation on AL, MC, or HC.
 - AL/MC - Pamela Yeo x2127 (pyeo@bayviewseattle.org or 206-281-5755)
 - HC- Janice Pate x3354 (jpate@bayviewseattle.org or 206-281-5778)
- An IL Resident may meet an AL or HC resident outside on the outdoor Terrace Level. These are not scheduled visits.

Some examples of comingling that are not allowed:

- An IL resident may not pick up an AL resident in Assisted Living or in Skilled Nursing to assist or escort outside of the Assisted Living or Skilled Nursing Unit unless proper assessments have been completed.
- AL or HC Residents are not allowed to dine on the 10th floor or in the main dining room related to current "Safe Start for Long-Term Care Recommendations and Requirements" guidance.

VISITATION:

INDEPENDENT LIVING:

Independent Living residents fall under the Governor's "Healthy Washington, Roadmap to Recovery" guidance.

- In-apartment visitation is allowed; however, we continue to strongly encourage outdoor visitation.
- Visitation in common areas inside Bayview is NOT allowed. Visitors must move directly from the screening area to the resident's apartment. Once visitation is over, the visitor must leave out the nearest exit.
- Reasons for no common area visits:
 - 96% of Bayview Residents, and 81% of Bayview employees were vaccinated. While these numbers, in comparison to other facilities with rates below 60%, are exceptional, there are still unvaccinated people in Bayview that could ignite widespread exposure and illness to all.
 - There is still a 1 in 20 chance a vaccinated person can be afflicted with COVID-19.
 - Bayview has already experienced "Break-Through" exposures where fully vaccinated people have tested positive for COVID-19.
- Limit apartment visitation to no more than two (2) visitors at a time per apartment for proper social distancing.
 - If the Resident is unvaccinated, one (1) visitor is vaccinated, and one (1) visitor is NOT vaccinated, the non-vaccinated visitor will NOT be allowed to visit.
- Limit apartment visitation to 1 visit a day to control the facility's overall viral exposure load.

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- Limit the duration of the apartment visit to one (1) hour to control the facility’s overall viral exposure load.
- Although it is not encouraged or recommended, fully vaccinated Residents AND fully vaccinated visitors *may* relax or loosen facemask use while inside the Resident’s apartment. However, facemask use is required at all times when outside of the residents’ apartment.
- Although it is not encouraged or recommended, the Resident may choose to have close contact. If chosen, the Resident and visitor should:
 - wear well-fitting facemasks,
 - should limit the duration of close contact as possible, and
 - should sanitize hands before and after the close contact.
- Visits should occur between the resident and family / visitor only and should not include other Bayview residents at the same time for the same exposure reasons listed above.

ASSISTED LIVING:

Assisted Living residents fall under the Department of Social and Health Services “Safe Start for Long-Term Care Recommendations and Requirements” guidance which differs from the Governor’s “Healthy Washington, Roadmap to Recovery” guidance.

- Outside visitation is still considered “Best Practice” and should continue as previously scheduled including the 30-minute time frame, and monitors.
- Current guidance allows for inside facility visits in designated areas only. In-apartment visitation will be allowed as the King County infection rate improves or in specialized, and as individualized Compassionate Care Visits (CCV) allow. For more information about CCV visitation on Assisted Living, please contact Pamela Yeo x2127 (pyeo@bayviewseattle.org or 206-281-5755).
- Designated indoor visitation areas for Assisted Living are:
 - The TV lounge.
 - The Dining room.
- Maintain indoor visitors to two (2) people at a time.
- Indoor visitors do not need to be designated by the resident.
- Indoor visits do not need to be monitored, but visitors and / or the Resident should know how to contact staff in the event of a concern or need.
- Visitors need to be escorted to and from the designated Assisted Living visitation area to control and limit exposure to others as outlined in 1 and 2 above.
- Maintain visitation to the schedule of designated areas. To schedule your indoor Assisted Living visit, please contact Pamela Yeo as listed above.
- Maintain the duration of the visit to 45-minutes.
- Maintain the frequency of visitation to one (1) visit per week.
- Designated areas must be sanitized before and after each visit.
- Residents may choose to have close contact, including touch. If chosen, the Resident and visitor must:
 - Must wear well-fitting facemasks during any touching.
 - Sanitize hands prior to and immediately after the close contact.
- Current guidance does NOT allow for loosening of facemask use in Assisted Living. The Executive Team continuously monitors the King County rate of infection for any adjustments to this requirement.
- After-hours visitation is allowed on a person-centered, individualized basis.

SKILLED NURSING RESIDENTS:

Skilled Nursing Resident (or Health Center Residents) fall under the Department of Social and Health Services (DSHS) “Safe Start for Long-Term Care Recommendations and Requirements” guidance which differs from the Governor’s “Healthy Washington, Roadmap to Recovery” guidance.

- Visitation will resume on May 24th, 2021 for the Skilled Nursing Unit.
- The “outbreak” on the Health Center will clear on June 7th, 2021 if there are no further noted positive exposures, or new signs or symptoms of infection.
- Outside visitation is still considered “Best Practice” and should continue as previously scheduled including the 30-minute time frame, and monitors.

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- Current guidance allows for inside facility visits in designated areas only. In-room visitation will be allowed as the King County Infection rate improves, as resident privacy allows, or in specialized, and as individualized Compassionate Care Visits (CCV) allows. For more information on Skilled Nursing CCV visitation, please contact Janice Pate x3354 (jpate@bayviewseattle.org or 206-281-5778).
- Designated indoor visitation areas for Skilled Nursing are:
 - The “Fish Tank” area.
 - The Dining room.
- Maintain indoor visitors to two (2) people at a time.
- Indoor visitors do not need to be designated by the resident.
- Indoor visits do not need to be monitored, but visitors and / or the Resident should know how to contact staff in the event of a concern or need.
- Visitors need to be escorted to and from the designated Skilled Nursing visitation area to control and limit exposure to others as outlined in 1 and 2 above.
- Maintain visitation to the schedule of designated areas. To schedule your indoor Skilled Nursing / Health Center visit, please contact Janice Pate as listed above.
- Maintain the duration of the visit to 45-minutes.
- Maintain the frequency of visitation to one (1) visit per week.
- Designated areas must be sanitized before and after each visit.
- Residents may choose to have close contact, including touch. If chosen, the Resident and visitor must:
 - Must wear well-fitting facemasks during any touching.
 - Sanitize hands prior to and immediately after the close contact.
- Current guidance does NOT allow for loosening of facemask use in Skilled Nursing. The Executive Team continuously monitors the King County rate of infection for any adjustments to this requirement.
- After-hours visitation is allowed on a person-centered, individualized basis.

DOROTHY’S PLACE MEMORY CARE RESIDENTS:

Dorothy’s Place Memory Care Residents fall under the Department of Social and Health Services (DSHS) “Safe Start for Long-Term Care Recommendations and Requirements” guidance which differs from the Governor’s “Healthy Washington, Roadmap to Recovery” guidance.

- Outside visitation is still considered “Best Practice” and should continue as previously scheduled including the 30-minute time frame, and monitors.
- Current guidance eliminates the “Essential Support Person” and allows for inside facility visits in designated areas only. In-room visitation will be allowed as the King County Infection rate improves, as resident privacy allows, or in specialized, and as individualized Compassionate Care Visits (CCV) allows. For more information on Skilled Nursing CCV visitation, please contact Pamela Yeo x2127 (pyeo@bayviewseattle.org or 206-281-5755).
- The designated indoor visitation area for Dorothy’s Place Memory Care is:
 - The Living room.
- Maintain indoor visitors to two (2) people at a time.
- Indoor visitors do not need to be designated by the resident.
- Indoor visits are monitored, but monitors should allow for as much privacy as possible.
- Visitors need to be escorted to and from the designated Dorothy’s Place Memory Care visitation area to control and limit exposure to others as outlined in 1 and 2 above.
- Maintain visitation to the schedule of designated areas. To schedule your indoor Dorothy’s Place Memory Care visit, please contact Pamela Yeo as listed above.
- Maintain the duration of the visit to 45-minutes.
- Maintain the frequency of visitation to one (1) visit per week.
- Designated areas must be sanitized before and after each visit.
- Vaccinated Residents may choose to have close contact, including touch. If chosen, the Resident and visitor must:
 - Must wear well-fitting facemasks during any touching.
 - Sanitize hands prior to and immediately after the close contact.

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- Visitors should continue to wear Personal Protective Equipment (PPE) including gowns, gloves, and eye protection during any touching.
- Current guidance does NOT allow for loosening of facemask use in Memory Care. The Executive Team continuously monitors the King County rate of infection for any adjustments to this requirement.
- After-hours visitation is allowed on a person-centered, individualized basis.

CHILDREN:

- Children, considered ages two (2) through seventeen (17) are allowed to visit as one (1) of the two (2) visitors as long as the Resident is fully vaccinated AND the child can follow the core principles of infection control including:
 - Proper facemask use.
 - Proper social distancing.
 - Proper hand hygiene.
 - Controlled movement and behavior.
- Infants, considered ages zero (0) to two (2) years of age, are allowed and are not counted as part of the total visitation count.
- Residents must be fully vaccinated to have infant and child visitation.
- Children 12 and older who are fully vaccinated may visit with residents.
- Ensure strict adherence to the core principles of infection control if the fully vaccinated Resident chooses to hold the infant.

Elevator Capacity:

The Tower elevator project work has been completed. Employees are still encouraged to utilize the stairs as much as possible to reduce the elevator wait times. Remember:

Elevators pose a large threat of exposure related to:

- The inability to properly social distance,
- The enclosed, small space,
- The limitation or lack of air flow.

For this reason, elevator capacity has not changed.

- North Elevator: NO MORE THAN FOUR (4) people at 1 time. Each person should stand in one of the corners, as far away from others within the elevator car.
- Small Tower Elevator: NO MORE THAN TWO (2) people at 1 time. Each person should stand on either side of the elevator car.
- Large Tower Elevator: NO MORE THAN FOUR (4) people at 1 time. Each person should stand in one of the corners, as far away from others within the elevator car.
- Elevator capacity limitations include ALL EMPLOYEES at Bayview.
- If you witness more than the recommended capacity of employees or residents with an elevator care, please contact any supervisor, an Executive Team member, Dawn Gramstad, Director of Human Resources (dgramstad@bayviewseattle.org – x3114) or Joel Smith (jsmith@bayviewseattle.org – x3357).

As a reminder:

- Residents and employees who are new to Bayview and / or did not receive or have not received the COVID-19 vaccination may now request to get vaccinated.
- Mercury Pharmacy has developed plans for on-going vaccination clinics with Bayview.
- In order for a clinic to occur, there must be a minimum of 10 people ready for vaccination to occur on-site, at Bayview.
- A facility vaccination van trip to Mercury Pharmacy is scheduled to occur on May 28th, 2021, departing Bayview at 9:00am. Please contact Janice Pate x3354 (jpate@bayviewseattle.org or 206-281-5778) at your earliest convenience to be placed on our vaccination waiting list. Groups of less than 10 unvaccinated people may travel to Mercury Pharmacy to receive vaccination.

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With the recent outbreak on the Health Center, we are reminded of the dangers of COVID-19 exposure and we are not out of the woods yet.

Let's remove any confusion for ourselves regarding source control.
Let's remain steadfast in our resolve to mitigate the risk of exposure.
Let's all be proud of the work we have accomplished and continue to achieve to reduce our risk of exposure as much as possible.
Let's all look forward to a better day when COVID-19 becomes an after-thought.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel G. Smith" with "GHA" written below it.

Joel G. Smith, Health Services Administrator
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