**Iowa Assisted Living/RCF Phased Easing of Restrictions Plan Template**

**(June 10, 2020)**

Beginning March 18, 2020, Iowa Assisted Living and Residential Care providers were directed by DIA to implement guidance from the Centers for Medicare and Medicaid Services (CMS) that directed nursing homes to restrict normal operations in attempt to mitigate the entry and spread of COVID-19. This guidance has been further supported by additional Iowa agencies, such as, the Department of Inspections and Appeals (DIA), the Iowa Department of Public Health (IDPH), and by the Governor’s office.

On June 9, IDPH clarified in an [FAQ document](https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/LTC%20Reopening%20Guidance%20Frequently%20Asked%20Questions_FINAL_06092020.pdf) that AL programs may deviate from the restrictions imposed on March 18 and develop their own plan based on the state’s guidance for the [phased easing of restrictions for LTC](https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/LTC%20Reopening%20Phases%20and%20Testing_Updated%206092020.pdf), the program’s own Infection Control Risk Assessment, and CDC Guidance for [assisted living](https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html) and [congregate housing](https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html). **This customizable template is based on the state’s guidance and the CDC and is intended as a starting point for programs to customize based on their own risk assessment and unique tenant population and physical layout**. It is based on the joint recommendations from LAI & IHCA to the Governor’s office, IDPH, and DIA.

Phase 1-Restricted Phase

The Restricted Phase is designed for vigilant infection control during periods of heighted virus spread in the community and potential for healthcare system limitations, which may include factors such as staffing, hospital capacity, PPE, and testing. As of June 4, all Iowa assisted living programs are currently operating under a restricted phase of operations.

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| Consideration | Mitigation Steps |
| Visitation | Visitation generally prohibited, except for:* Compassionate care situations restricted to end-of-life and psycho- social needs; and
* Under limited controlled conditions coordinated by the AL in consideration of social distancing and universal source control (e.g., window visits). Note: these limited controlled visits may be included in the AL’s temporary visitation policy and are not mandated; but rather at the discretion of the AL.
* Compassionate care visitors are screened upon entry and additional precautions are taken, including social distancing, and hand hygiene. All visitors must wear a cloth face covering or facemask for the duration of their visit. The AL must provide a face mask to the visitor, in the event they do not have one.
* ALs should also have policies in place for virtual visitation whenever possible to ensure access with friends, family, and their spiritual advisor.
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| Consideration | Mitigation Steps |
| Essential/Non-Essential Healthcare Personnel | * Restricted entry of non-essential healthcare personnel.
* Essential healthcare personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE as determined by the task; and at a minimum

wearing a face mask for the duration of their visit. |
| Non-Medically Necessary Trips | * Telemedicine should be utilized whenever possible.
* Non-medically necessary trips outside the building should be avoided.
* For medically necessary trips away from the AL program:
	+ The tenant must wear a cloth face covering or facemask; and
	+ The AL program must share the tenant’s COVID-19 status with the transportation service and entity with whom the tenant has the appointment.
	+ Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required.
	+ Transportation equipment shall be sanitized between transports.
	+ Quarantine for 14 days upon return.
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| Communal Dining | * Communal dining not recommended but must be limited (for COVID-19 negative or asymptomatic tenants only),
* Tenants may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).
* No more than 10 individuals in a dining area at one time.
* If staff assistance is required, appropriate hand hygiene must occur between tenants.
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| Screening | Tenant* Tenant screening each shift. It is not required to wake a sleeping tenant if asleep during an overnight shift so long as evaluated at least twice in a 24-hour period.

Staff* Staff screening at the beginning and end of each shift
 |
| Universal Source Control & PPE | * All AL staff, regardless of their position, wear a cloth face covering or face mask while in the AL.
* All AL staff and essential healthcare personnel wear appropriate PPE when they are interacting with tenants, to the extent PPE is available, and in accordance with CDC PPE optimization strategies.
* Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel), and remain in effect for the duration of the Pandemic.
* New admissions should self-quarantine to their unit for 14 days.
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| Dedicated Staff | * Dedicated staff should be used for managing care for tenants who are symptomatic or testing positive with COVID-19.
* Plan to manage new/readmissions with an unknown COVID- 19 status and tenants who routinely attend outside medically necessary appointments (e.g., dialysis).
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| Group Activities | * Restrict group activities, but some activities may be conducted (for
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| Consideration | Mitigation Steps |
|  | COVID-19 negative or asymptomatic tenants only) with social distancing, hand hygiene, and use of a cloth face covering or facemask.* Engagement through technology is preferred to minimize opportunity for exposure.
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| Testing | * Staff and tenants shall be tested if any symptoms are detected or if a positive case of COVID-19 has been identified.
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# Phase 2-Initial Reopening

AL’s may initiate Phase 2 Reopening upon attestation of compliance with the following metrics:

* 14 days since last positive or suspected case identified. (Clock starts June 4, 2020)
* Adequate staffing levels.
* Adequate supply of PPE to adhere fully to CDC guidance for proper PPE use for infection control as described at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.
* Ability of local hospital to accept referrals/transfers.
* Capable of providing dedicated staff for any suspected or positive tenant cases.
* Number of cases in county have remained stable or declined over the last 14 days.

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| Consideration | Mitigation Steps |
| Visitation | * Visitation limited to compassionate care situations to include end-of- life and tenants with significant changes in condition including psycho-social or medical issues.
* Compassionate Care visits shall be limited as follows:
	+ By appointment only as coordinated by the assisted living program based on their ability to manage infection control practices and proper social distancing.
	+ Only in designated areas to ensure safe distancing, proper hand hygiene, universal source control, and overall AL supervision of safe practices related to visitors. Note: each AL must determine their capacity to manage limited visits, based on considerations, such as, staff availability to screen visitors, availability of supplies to support universal source control (e.g., face masks), monitoring for visitor compliance with safe visitation practices, and disinfection of area between visits.
	+ AL’s may limit the number of visitors for each tenant per week and per occurrence.
	+ Preference should be given to outdoor visitation opportunities like parking lot visits with distancing.
* All Visitors are screened upon entry.
* Visitors unable to pass the screening or comply with infection
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| Consideration | Mitigation Steps |
|  | control practices like masks should refrain from visiting.* Types of visitation from Phase 1 may continue under limited controlled conditions coordinated by the AL in consideration of social distancing and universal source control (e.g., window visits).
* ALs should also have policies in place for virtual visitation whenever possible to ensure access with friends, family, and their spiritual advisor.
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| Essential/Non-Essential Healthcare Personnel | * Limited entry of non-essential healthcare personnel based on risk analysis by the AL infection control team.
* All healthcare personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE as determined by the task; and at a minimum wearing a face mask for the duration of their visit.
 |
| Medically Necessary and Non-Medically Necessary Trips | * Telemedicine should be utilized whenever possible.
* For medically necessary trips away from of the AL program:
	+ The tenant must wear a cloth face covering or facemask; and
	+ The AL program must share the tenant’s COVID-19 status with the transportation service and entity with whom the tenant has the appointment.
	+ Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required.
	+ Transportation equipment shall be sanitized between transports.
* Non-medically necessary trips outside the building should be limited and discouraged but allowed. Any tenant living in the program should wear a cloth face mask while out of the building as should anyone accompanying them. To prevent potential harm to others in the program, tenant must also agree to current tenant screening policies practiced by the AL and restrictions to their unit if there are any signs or symptoms of COVID identified.
* AL tenants leaving the building for any reason should refrain from any communal dining or group activities and must wear a face mask

when leaving their unit. |
| Communal Dining | * Communal dining limited.
* Tenants may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).
* A limited number of individuals in a dining area at one time, not to exceed 50 percent of capacity unless that would be less than 10 people.
* If staff assistance is required, appropriate hand hygiene must occur between tenants.
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| Consideration | Mitigation Steps |
|  Screening | Tenant* Tenants screening each shift. It is not required to wake a sleeping tenant if asleep during an overnight shift so long as evaluated at least twice in a 24-hour period.

Staff* Staff screening at the beginning and end of their shift
 |
| Universal Source Control & PPE | * All AL staff, regardless of their position, wear a cloth face covering or face mask while in the AL.
* All AL staff and essential healthcare personnel wear appropriate PPE when they are interacting with tenants, to the extent PPE is available, and in accordance with CDC PPE optimization strategies.
* Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel), and remain in effect for the duration of the Pandemic.
* New admissions should self-quarantine to their unit for 14 days.
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| Dedicated Staff | * Dedicated staff should be used for managing care for tenants who are symptomatic or testing positive with COVID-19.
* Plan to manage new/readmissions with an unknown COVID- 19 status and tenants who routinely attend outside medically necessary appointments (e.g., dialysis).
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| Group Activities | * Limit group activities.
* Small group activities may occur with social distancing, hand hygiene, and use of a cloth face covering or facemask and no more than 10 people.
* AL’s must restrict activities that encourage multiple tenants to handle the same object(s) (e.g., ball toss).
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| Salons | * Salons may open so long as the beautician or barber is properly screened when entering the AL and must wear a mask for the duration of time in the AL.
* The beautician or barber must remain in the salon area and avoid common areas of the AL.
* Salons must limit the number of tenants in the salon at one time to accommodate ongoing social distancing.
* Staged appointments should be utilized to maintain distancing and allow for infection control.
* Salons must properly sanitize equipment and salon chairs between each tenant; and the beautician or barber must perform proper hand hygiene.
* No hand-held dryers.
* Salons must routinely sanitize high-touch areas
* Tenants must wear a face mask during their salon visit.
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| Consideration | Mitigation Steps |
| Phase Regression | * AL’s will continue to monitor for the presence of COVID-19 in their buildings. This will occur through tenant screening each shift, and staff screening before and after each shift, and leveraging the data points requested by Iowa Department of Public Health.
* The AL will continue to progress through the different phases of reopening until a pattern (2 or more) of tenants or staff are confirmed positive for COVID-19, at which time, the AL will return to the Restricted Phase.
* If the AL must return to the Phase 1 Restricted Phase; and after 14 days have passed with no additional tenants or staff testing positive for COVID-19, the AL has demonstrated the ability to mitigate the spread of COVID-19 and may return to Phase 2 of the reopening process.
* If **no** pattern of confirmed positive COVID-19 tenants or staff occurs; and after 14 days in Phase 2; the AL may progress to Phase 3 of the reopening plan.
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# Phase 3 Expanded Reopening

AL’s may initiate Phase 3 Reopening upon attestation of compliance with the following metrics:

* No new onset for the last 14 days as defined as “nursing home onset[1](#_bookmark1).”
* Adequate staffing levels.
* Adequate supply of PPE to adhere fully to CDC guidance for proper PPE use for infection control as described at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.
* Ability of local hospital to accept referrals/transfers.
* Capable of providing dedicated staff for any suspected or positive tenant cases.
* Number of cases in county have remained stable or declined over the last 14 days.

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| Consideration | Mitigation Steps |
| Visitation | * All tenants should have the ability to have limited visitation.
* Each AL should develop a limited visitation policy which addresses the following, at minimum:
	+ Visitation schedule, hours, and location
	+ Number of visitors and visits.
	+ Infection control practices including proper hand hygiene, universal source control, and overall AL supervision of safe practices related to visitors and social distancing.
	+ Use of PPE
	+ AL programs have the discretion to enact the following visitor restrictions to ensure the safety of all tenants:
		- Visitation shall occur only during scheduled visitation hours or by appointment for emergencies

1 “new, nursing home onset” refers to COVID-19 cases that originated in the nursing home, and no cases where the nursing home admitted individuals from a hospital with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admissions. |

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| Consideration | Mitigation Steps |
|  | * + - Visits should occur only in tenant units or outdoors to ensure safe distancing, proper hand hygiene, universal source control, and overall AL supervision of safe practices related to visitors. Note: each AL must determine their capacity to manage limited visits, based on considerations, such as, staff availability to screen visitors, availability of supplies to support universal source control (e.g., face masks), monitoring for visitor compliance with safe visitation practices, and disinfection of area between visits.
		- AL’s may limit the number of visitors for each tenant per week and per occurrence.
		- Preference should be given to outdoor visitation opportunities like parking lot visits with distancing.
* All Visitors are screened upon entry.
* Visitors unable to pass the screening or comply with infection control practices like masks should refrain from visiting.
* Types of visitation from the Restricted Phase may continue under limited controlled conditions coordinated by the AL in consideration of social distancing and universal source control (e.g., window visits) or virtual visits.
 |
| Essential/Non-Essential Healthcare Personnel | * Limited entry of non-essential healthcare personnel based on risk analysis by the AL infection control team.
* Essential and limited non-essential healthcare personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE as determined by the task; and at a minimum wearing a face mask for the duration of their visit.
 |
| Medically Necessary and Non-Medically Necessary Trips | * Telemedicine should be utilized whenever possible.
* For medically necessary trips away from of the AL program:
	+ The tenant must wear a cloth face covering or facemask; and
	+ The AL program must share the tenant’s COVID-19 status with the transportation service and entity with whom the tenant has the appointment.
	+ Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required.
	+ Transportation equipment shall be sanitized between transports.
* Non-medically necessary trips outside the building should be limited and discouraged but allowed. Any tenant living in the program should wear a cloth face mask while out of the building as should anyone accompanying them. To prevent potential harm to others in the program, tenant must also agree to current tenant screening policies practiced by the AL and restrictions to their unit if there are any signs or symptoms of COVID identified.
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| Consideration | Mitigation Steps |
|  | * AL tenants leaving the building for any reason should consider refraining from any communal dining or group activities for a period of time based upon potential exposure and risk of facility outings in consultation with program staff. Must wear a face mask when leaving their unit.
 |
| Communal Dining | * Modified Communal dining
* Tenants may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).
* If staff assistance is required, appropriate hand hygiene must occur between tenants.
* May reopen communal areas of the facility other than dining rooms where appropriate social distancing may be maintained. Tenants should be instructed to wear cloth face masks when in hallways and using communal areas.
 |
| Screening | Tenant* Tenants screening daily Staff
* Staff screening at the beginning and end of their shift
 |
| Universal Source Control & PPE | * All AL staff, regardless of their position, wear a cloth face covering or face mask while in the AL.

All AL staff and essential healthcare personnel wear appropriate PPE when they are interacting with tenants, to the extent PPE is available, and in accordance with CDC PPE optimization strategies.* Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel), and remain in effect for the duration of the Pandemic.
* New admissions should self-quarantine to their unit for 14 days.
 |
| Dedicated Staff | * Dedicated staff should be used for managing care for tenants who are symptomatic or testing positive with COVID-19.
* Plan to manage new/readmissions with an unknown COVID- 19 status and tenants who routinely attend outside medically necessary appointments (e.g., dialysis).
 |
| Group Activities | * Limit large group activities
* Expanded small group activities may occur with social distancing, hand hygiene, and use of a cloth face covering or facemask.
* AL’s must restrict activities that encourage multiple tenants to handle the same object(s) (e.g., ball toss).
* May reopen communal areas of the facility other than dining rooms where appropriate social distancing may be maintained. Tenants

should be instructed to wear cloth face masks when in hallways and using communal areas. |

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| Consideration | Mitigation Steps |
| Salons | * Salons may open so long as the beautician or barber is properly screened when entering the AL and must wear a mask for the duration of time in the AL.
* The beautician or barber must remain in the salon area and avoid common areas of the AL.
* Salons must limit the number of tenants in the salon at one time to accommodate ongoing social distancing.
* Staged appointments should be utilized to maintain distancing and allow for infection control.
* Salons must properly sanitize equipment and salon chairs between each tenant; and the beautician or barber must perform proper hand hygiene.
* No hand-held dryers.
* Salons must routinely sanitize high-touch areas
* Tenants must wear a face mask during their salon visit.
 |
| Phase Regression | * An AL will continue to monitor for the presence of COVID-19 in their buildings. This will occur through tenant screening daily and staff screening before and after each shift and leveraging the data points requested by the CDC as reported through the AL SN system.
* The AL will remain in Phase 3 of reopening until the Pandemic has been lifted; OR until a pattern (2 or more) of tenants or staff are confirmed positive for COVID-19, at which time, the AL will return to the Restricted Phase. If the AL must return to the Restricted Phase; and after 14 days have passed with no additional tenants or staff testing positive for COVID- 19, the AL has demonstrated the ability to mitigate the spread of COVID-19 and may return to Phase 3 of the reopening process.
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NOTE ON STAFFING:

Many senior care communities that include AL programs that attached to SNF’s or are a part of a CCRC or senior living campus have commonly shared kitchen facilities. During pandemic conditions AL’s should not routinely share direct care, dietary or environmental services staff who may have contact with residents or tenants in other segments of the senior living operations. If there are identified cases of COVID-19 in other service delivery areas of the campus, there should be no sharing of staff between those care systems.

**References**

Iowa Department of Public Health. (2020, June 9). *Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities.* <https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/LTC%20Reopening%20Phases%20and%20Testing_Updated%206092020.pdf>

Iowa Department of Public Health. (2020, June 9). *Frequently Asked Questions re: Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities.* <https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/LTC%20Reopening%20Guidance%20Frequently%20Asked%20Questions_FINAL_06092020.pdf><https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

Centers for Disease Control and Prevention. (2020, May 29). *Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities.* Retrieved June 10, 2020 from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

Centers for Disease Control and Prevention. (2020, April 25). *COVID-19 Guidance for Shared or Congregate Housing*. <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>