



Iowa Center for Assisted Living AL/RCF Provider Reopening Plan Template Revised July 24, 2020

Beginning March 13, 2020, Iowa nursing home providers began implementing guidance from the Centers for Medicare and Medicaid Services (CMS) that directed restrictions to normal operations in attempt to mitigate the entry and spread of COVID-19. On March 18, 2020 the Department of Inspections and Appeals applied these same restrictions to all licensed health care facilities and assisted living programs in the state.

On June 4, IDPH and DIA issued official phased [reopening directions](#) to Iowa Long Term Care Facilities which are “specifically targeted at long-term care facilities (e.g., nursing homes).” The guidance further states, “Other facilities or congregate care settings, such as assisted living or residential care facilities, may choose to follow an independently developed framework for easing restrictions. Guidance from the Centers for Disease Control (CDC) for COVID-19 mitigation strategies for assisted living congregate settings is found at:

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.htm> .”

The guidance also contained a [FAQ document](#) that provides the following specific information regarding the phased reopening of Assisted Living programs:

1. Can Assisted Living Facilities develop their own customized reopening plan?

A: Yes. Assisted Living Facilities can develop and implement a plan that incorporates public health mitigation strategies appropriate for their facility (there is not a model plan that Assisted Living Facilities are required to follow).

2. Does the Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities issued June 4, 2020 negate the visitation restrictions imposed by DIA on March 18, 2020?

A: Yes.

3. The guidance issued for LTC facilities issued on June 4, 2020 states “The guidance below is specifically targeted at long-term care facilities (e.g., nursing homes). Other facilities or congregate care settings, such as assisted living or residential care facilities, may choose to follow an independently developed framework for easing restrictions.” Does that statement clearly allow

assisted living programs to adopt their own phased approaches to reopening visitation without any structured guidance from DIA?

A: Yes.

4. If programs are allowed to create their own approaches to the restoration of visitation, will DIA allow programs to determine when visitation restrictions need to be reinstated due to COVID cases within the AL program or within the community?

A: Yes.

5. Will programs be allowed to delay lifting of restrictions now due to the same circumstances?

A: Yes.

6. Will facilities be subject to adverse action by DIA for resident rights violations due to their reopening plans?

A: See Question 3. Also, the ALP should base their Phased Easing of Restrictions on the Phased Easing of Restrictions for LTC, the ALPs Infection Control Risk Assessment, and CDC Guidelines.

7. How will complaints be handled?

A: Currently, DIA will be conducting Remote Infection Control Surveys with the intent of conducting the onsite portion beginning July 6, 2020. Also, DIA is conducting onsite surveys for IJ level complaints. DIA will be announcing updates to their survey activity when the survey priorities change.

8. The Iowa reopening guidance provides a link to CDC guidance for assisted living facilities, will facilities be cited or otherwise face adverse action if they do not comply with each aspect of the CDC guidance?

A: See Questions 2 and 4. Further, ALPs are allowed to develop their own Phased Easing of Restrictions based on the needs of their own programs and tenants. However, they should base their Plan off of the Guidelines provided to LTC, CDC Guidelines, and their own Infection Control Risk Assessment.

9. Is the same type of testing available to Assisted Living Facilities through the State Hygienic Laboratory?

A: Baseline, phased, and sentinel testing is only available through the State Hygienic Laboratory for Long Term Care Facilities at this time. As testing capacity continues to expand, additional testing for Assisted Living Facilities may become available in the future. However, sick persons who meet SHL criteria can still use this resource.

https://idph.iowa.gov/Portals/1/userfiles/61/covid19/COVID%2019%20Testing%20Framework%2005_27_20.pdf

During the pandemic DIA has primarily used the nursing home pandemic operations blueprint to formulate assisted living and residential care facility (RCF) restrictions. The following phased guidance provided by ICAL is largely based upon many of those same principles as FAQ #8 cited above suggests. The plan is intended to provide guidance for ICAL members to support the normalization of assisted living and RCF operations to the extent possible; and most importantly, support the exercising of tenant rights, tenant dignity, and autonomy while balancing tenant safety and tenant choice.

This ICAL template is being provided for members to use as a guide to develop your own individual plans for phased reopening as an

example of best practice. As always if you choose to adopt this plan, modify it in some ways, or draft your own process, please remember that following your program policies and procedures will be key to avoiding regulatory scrutiny or sanctions. As you create your plans, make time to educate your staff about the model you create.

A communication plan with tenants and tenant representatives that keeps them informed about phase transitions will be essential to a successful reopening strategy. The communication plan should have a detailed summary of the different transition phases and gating criteria as well as the factors that require moving backwards within the phases. Tenant and tenant representatives should be informed each time an AL program or RCF changes a phase and the communication method can be done by email, website, or telephone.

Please note that while the guidance references assisted living programs and tenants, we intend it to be a blueprint for residential care facilities and tenants as well.

Phase 1-Restricted Phase

The Restricted Phase is designed for vigilant infection control during periods of heightened virus spread in the community and potential for healthcare system limitations, which may include factors such as staffing, hospital capacity, PPE availability, and testing. As of June 4, all Iowa assisted living programs are currently operating under a restricted phase of operations. The earliest an AL should consider entering Phase 2 would be June 18, 2020. Please note that we recommend that all requirements for moving between Phases 1 and 2 and Phases 2 & 3 be met in their entirety prior to advancing to the next Phase.

Consideration	Mitigation Steps
Visitation	<p>Visitation generally prohibited, except for:</p> <ul style="list-style-type: none"> • Closed-window visits via telephone with the visitor standing outside the closed facility window. • Outdoor visits, open-window visits, and dedicated chat box visits. Outdoor visits, open-window visits, and dedicated chat box visits are allowed only at facilities that are not in an outbreak status, and only for tenants that are asymptomatic and not confirmed COVID-19 positive. • Indoor compassionate care situations are restricted to end-of-life and psycho-social needs; these visits are under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control. Window visits, dedicated chat boxes, and outdoor visits are preferred. These limited and controlled visits may be included in the facility’s temporary visitation policy and are not mandated, but rather at the discretion of the facility.

Consideration	Mitigation Steps
	<p>Program responsibilities:</p> <ul style="list-style-type: none"> • AL should consider a supervised approach to ensure the visit complies with facility expectations. • All visitors must be screened immediately prior to visitation and additional precautions are required, including social distancing (visitors and tenants maintain six feet of separation) and hand hygiene must be used before and after visits. All visitors must wear a cloth face covering or facemask for the duration of their visit. The facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. Tenants are encouraged to wear a facemask or face covering for all visits. • All visits should be by appointment only, a limited number of visitors at the facility allowed at a time (inclusive of visitors in outdoor, chat box, and compassionate care visits), and a limit to the number of visitors to a resident at a time (e.g. no more than 2 visitors per resident). • Facilities should maintain a log of visitors in case an individual becomes ill and case investigation and contact tracing are necessary. • Visitation areas and contact surfaces (e.g. chairs, tables, etc) should be sanitized between uses. <p>AL should have policies in place for virtual visitation, whenever possible, to include:</p> <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. • Access to the Long-Term Care Ombudsman.
Essential/Non-Essential Healthcare Personnel	<p>Revised</p> <ul style="list-style-type: none"> • Restricted entry of non-essential healthcare personnel. Non-essential personnel, including where appropriate salon personnel (see phase two for considerations), may be allowed into the building following an infection control risk analysis by the program. • All personnel are screened upon entry and exit 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	<ul style="list-style-type: none"> • 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 : <ul style="list-style-type: none"> ○ 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.

Consideration	Mitigation Steps
	<ul style="list-style-type: none"> ○ Quarantine for 14 days upon return if asymptomatic and not in a positive COVID-19 status.
Communal Dining	<ul style="list-style-type: none"> • 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.
Screening	<p>Tenants Tenant screening each shift. It should be clearly documented in the facility policies when shift screenings should occur and how it is tracked. It is not required that tenants be woken up if asleep during an overnight shift as long as tenants are evaluated at least twice in a 24-hour period.</p> <p>Staff</p> <ul style="list-style-type: none"> • Staff screening at the beginning and end of each shift
Universal Source Control & PPE	<p>Universal Source Control Recommendation: All facility staff, regardless of their position should wear a cloth face covering or face mask while in the facility in common areas or in resident rooms. This can be done in accordance with COVID-19: Strategies for Optimizing the Supply of PPE</p> <ul style="list-style-type: none"> • Strict adherence to extended and reuse guidance • Strict adherence to meticulous hand hygiene • Discard face mask or wash face covering at the end of each shift <p>Personal Protective Equipment: All HCP wear appropriate PPE when interacting with residents who are suspected or confirmed to have an infectious disease, including COVID-19. Proper selection and use of PPE is based on the pathogen, the nature of the patient interaction, and potential exposure to blood, body fluid and/or infectious material.</p> <ul style="list-style-type: none"> • Isolation Precautions • Protecting Healthcare Personnel • Using Personal Protective Equipment
Dedicated Staff	<ul style="list-style-type: none"> • Dedicated staff should be used for managing care for tenants who are symptomatic or testing positive with COVID-19.

Consideration	Mitigation Steps
	<ul style="list-style-type: none"> • Plan to manage new/readmissions with an unknown COVID- 19 status • Plan to manage tenants who routinely attend outside medically necessary appointments (e.g., dialysis).
Group Activities	<ul style="list-style-type: none"> • Limit group activities, but some activities may be conducted in facilities not currently experiencing an outbreak (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask. These activities may be indoor or outdoor. Activities that require or encourage residents to handle the same object are prohibited. Limit the size of the group to no more than 10. • Facilities should maintain a record of participants, dates, and type of activity for reference in the event that someone becomes ill and case investigation and contact tracing are needed. • Engagement through technology is preferred to minimize opportunity for exposure. • Facilities should have policies in place to engage virtually, where possible, in activities that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing	<ul style="list-style-type: none"> • If symptoms of COVID or a positive case of COVID is identified in either a staff member or tenant, testing should be conducted according to IDPH recommendations.
Survey Activity	<ul style="list-style-type: none"> • Currently DIA is conducting Remote Infection Control Surveys. • DIA will start conducting on-site Infection Control Surveys in July. • On-site surveys for Immediate Jeopardy level complaints will continue. • DIA will announce updates to survey activity when the survey priorities change.

Phase 2-Initial Reopening

Program may decide to initiate Phase 2 upon alignment with the following metrics:

- Program is not currently experiencing an outbreak.
- Outbreak is defined as three COVID-19 positive tenants within the same 14 day period.
- Outbreaks are considered closed when it has been more than 28 days since the last identified resident case.
- 14 days since last positive or suspected case identified.
- 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 cohorting tenants with dedicated staff in the case of suspected or positive cases.
- A downward trend in number of cases or the % positivity over the past 14 days in the county.
- Programs may use discretion to be more restrictive in areas, where deemed appropriate through internal policies, even if they have moved to this Phase.

Consideration	Mitigation Steps
Visitation	<ul style="list-style-type: none"> • Visitation generally prohibited except for: • All visitation activities described in Phase1, in addition to the following expanded activities for Compassionate Care are allowed in Phase 2: • Compassionate Care visits shall be limited as follows: <ul style="list-style-type: none"> • By appointment only as coordinated by the AL 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 facility supervision of safe practices related to visitors. Note: each program 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 resident per week and per occurrence. • Preference should be given to outdoor, window, or dedicated chat box visits as described in Phase 1. <p>Program responsibilities:</p> <ul style="list-style-type: none"> • AL should consider a supervised approach to ensure the visit complies with facility expectations. • All visitors must be screened immediately prior to visitation and additional precautions are required, including social distancing (visitors and residents maintain six feet of separation) and hand hygiene must be used before and after visits. 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, to ensure universal source control. Residents are encouraged to wear a facemask or face covering for all visits. • All visits should be by appointment only, a limited number of visitors at the facility allowed at a time(inclusive of visitors in outdoor, chat box, and compassionate care visits), and a limit to the

Consideration	Mitigation Steps
	<p>number of visitors to a resident at a time (e.g. no more than 2 visitors per resident).</p> <ul style="list-style-type: none"> • Facilities should maintain a log of visitors in case an individual becomes ill and case investigation and contact tracing are necessary. • Visitation areas and contact surfaces (e.g. chairs, tables, etc.) should be sanitized between uses. <p>AL should have policies in place for virtual visitation, whenever possible, to include:</p> <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. • Access to the Long-Term Care Ombudsman.
Essential/Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> • Limited entry of non-essential healthcare personnel based on risk analysis by the AL infection control team, including the entry of barbers and beauticians. If barbers and beauticians are determined a low risk for entry, the following mitigation steps should be followed: <ul style="list-style-type: none"> • 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 facility. • 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 resident; 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. • All healthcare personnel are screened upon entry and exit, 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	<ul style="list-style-type: none"> • Telemedicine should be utilized whenever possible. • For medically necessary trips away from of the AL program : <ul style="list-style-type: none"> ○ 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. It

Consideration	Mitigation Steps
	<p>is recommended tenants with high-risk co-morbidities continue to avoid non-medically necessary trips outside the building. It is encouraged that these decisions be made collaboratively by the tenant, and their representative in consultation with the tenant's physician.</p> <ul style="list-style-type: none"> • 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. • Tenants leaving the building for any reason should be observed for 14 days upon return. Depending upon the level of potential exposure encountered during on outing, a tenant may need to refrain from communal dining and group activities for a period of time as determined by the program.
Communal Dining	<ul style="list-style-type: none"> • 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.
Screening	<p>Tenant</p> <ul style="list-style-type: none"> • Tenant screening each shift. It should be clearly documented in the facility policies when shift screenings should occur and how it is tracked. It is not required that tenants awakened if asleep during an overnight shift as long as tenants are evaluated at least twice in a 24-hour period. <p>Staff</p> <ul style="list-style-type: none"> • Staff screening at the beginning and end of their shift
Universal Source Control & PPE	<p>Universal Source Control Recommendation: All facility staff, regardless of their position should wear a cloth face covering or face mask while in the facility in common areas or in resident rooms. This can be done in accordance with COVID-19: Strategies for Optimizing the Supply of PPE.</p> <ul style="list-style-type: none"> • Strict adherence to extended and reuse guidance • Strict adherence to meticulous hand hygiene • Discard face mask or wash face covering at the end of each shift <p>Personal Protective Equipment:</p>

Consideration	Mitigation Steps
	<p>All HCP wear appropriate PPE when interacting with residents who are suspected or confirmed to have an infectious disease, including COVID-19.</p> <p>Proper selection and use of PPE is based on the pathogen, the nature of the patient interaction, and potential exposure to blood, body fluid and/or infectious material.</p> <ul style="list-style-type: none"> • Isolation Precautions • Protecting Healthcare Personnel • Using Personal Protective Equipment
Dedicated Staff	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Limit group activities, but some activities may be conducted in facilities not currently experiencing an outbreak (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask. These activities may be indoor or outdoor. Activities that require or encourage residents to handle the same object are prohibited. Limit the size of the group to no more than ten. • Facilities should maintain a record of participants, dates, and type of activity for reference in the event that someone becomes ill and case investigation and contact tracing are needed. • Engagement through technology is preferred to minimize opportunity for exposure. • Facilities should have policies in place to engage virtually, where possible, in activities that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing	<ul style="list-style-type: none"> • If symptoms of COVID or a positive case of COVID is identified in either a staff member or tenant, testing should be conducted according to IDPH recommendations.
Phase Regression	<ul style="list-style-type: none"> • 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 assessing the level of community virus activity via the Iowa Coronavirus website. • 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 Phase 1. • If the facility must return to Phase 1, and 14 days have passed with no additional tenants or staff testing positive for COVID-19, the facility has demonstrated the ability to mitigate the spread of COVID-

Consideration	Mitigation Steps
	19 and may return to Phase 2 of the reopening process.
Survey	<ul style="list-style-type: none"> • Currently DIA is conducting Remote Infection Control Surveys. • DIA will start conducting on-site Infection Control Surveys in July. May conduct complaints investigations when in the program. • On-site surveys for Immediate Jeopardy level complaints will continue. Surveys for allegations of actual harm will begin. • DIA will announce updates to survey activity when the survey priorities change.

Phase 3 - Expanded Reopening

AL's may initiate Phase 3 Reopening upon alignment with the following metrics:

- 14 days since entering Phase 2, and without a COVID-19 positive or suspected case identified.
- 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 cohorting tenants with dedicated staff in the case of suspected or positive cases.
- A downward trend in number of cases or the % positivity over the past 14 days in the county.
- Facilities may use discretion to be more restrictive in certain areas, where deemed appropriate through internal policies, even if they have moved to this Phase.

Consideration	Mitigation Steps
Visitation -	<ul style="list-style-type: none"> • All tenants should have the ability to have limited visitation. • Each AL should develop a limited visitation policy which addresses the following, at minimum: <ul style="list-style-type: none"> ○ 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.

Consideration	Mitigation Steps
	<ul style="list-style-type: none"> ○ Use of PPE ○ AL programs may use discretion to enact the following visitor restrictions to ensure the safety of all tenants: <ul style="list-style-type: none"> • Visitation shall occur only during scheduled visitation hours or by appointment for emergencies • 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. • 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 Phase 1 and Phase 2 may continue under limited controlled conditions coordinated by the AL in consideration of social distancing and universal source control (e.g., window visits).
Essential/Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> • Limited entry of non-essential healthcare personnel based on risk analysis by the AL infection control team, including the entry of barbers and beauticians. If barbers and beauticians are determined a low risk for entry, the following mitigation steps should be followed: <ul style="list-style-type: none"> • 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 facility. • 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 resident; 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. • All healthcare personnel are screened upon entry and exit, and additional precautions are taken,

Consideration	Mitigation Steps
	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	<ul style="list-style-type: none"> • Telemedicine should be utilized whenever possible. • For medically necessary trips away from of the AL program : <ul style="list-style-type: none"> ○ 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. It is recommended tenants with high-risk co-morbidities continue to avoid non-medically necessary trips outside the building. It is encouraged that these decisions be made collaboratively by the tenant, and their representative in consultation with the tenant’s physician. • 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. • Tenants leaving the building for any reason should be observed for 14 days upon return. Depending upon the potential exposure encountered during on outing, a tenant may need to refrain from communal dining and group activities for a period of time as determined by the program.
Communal Dining	<p>Modified Communal dining</p> <ul style="list-style-type: none"> • 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	<p>Tenants</p> <ul style="list-style-type: none"> • Tenants screening daily. It should be clearly documented in the facility policies when daily screening should occur and how it is tracked. <p>Staff</p> <ul style="list-style-type: none"> • Staff screening at the beginning and end of their shift

Consideration	Mitigation Steps
Universal Source Control & PPE	<p>Universal Source Control Recommendation: All facility staff, regardless of their position should wear a cloth face covering or face mask while in the facility in common areas or in resident rooms. This can be done in accordance with COVID-19: Strategies for Optimizing the Supply of PPE</p> <ul style="list-style-type: none"> • Strict adherence to extended and reuse guidance • Strict adherence to meticulous hand hygiene • Discard face mask or wash face covering at the end of each shift <p>Personal Protective Equipment: All HCP wear appropriate PPE when interacting with residents who are suspected or confirmed to have an infectious disease, including COVID-19. Proper selection and use of PPE is based on the pathogen, the nature of the patient interaction, and potential exposure to blood, body fluid and/or infectious material.</p> <ul style="list-style-type: none"> • Isolation Precautions • Protecting Healthcare Personnel • Using Personal Protective Equipment
Dedicated Staff	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Limit group activities, but some activities may be conducted in facilities not currently experiencing an outbreak (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask. These activities may be indoor or outdoor. Activities that require or encourage residents to handle the same object are prohibited. Limit the size of the group to no more than ten. • Programs should maintain a record of participants, dates, and type of activity for reference in the event that someone becomes ill and case investigation and contact tracing are needed. • Engagement through technology is preferred to minimize opportunity for exposure.

Consideration	Mitigation Steps
	<ul style="list-style-type: none"> Programs should have policies in place to engage virtually, where possible, in activities that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing	<ul style="list-style-type: none"> If symptoms of COVID or a positive case of COVID is identified in either a staff member or tenant, testing should be conducted according to IDPH recommendations.
Phase Regression	<ul style="list-style-type: none"> 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 assessing the level of community virus activity via the IDPH website. 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 Phase 1. If the facility must return to Phase 1, and 14 days have passed with no additional tenants or staff testing positive for COVID-19, the facility has demonstrated the ability to mitigate the spread of COVID-19 and may return to Phase 2 of the reopening process.
Survey	<ul style="list-style-type: none"> Currently DIA is conducting Remote Infection Control Surveys. On-site Infection Control Surveys will continue. On-site surveys for Immediate Jeopardy and Actual Harm level complaints will continue. DIA will announce updates to survey activity when the survey priorities change.

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 tenants 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

Centers for Disease Control and Prevention. (2020, May 19). *Preparing for COVID-19 in Nursing Homes*. Retrieved May 21, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

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