



Iowa Center for Assisted Living
AL/RCF Provider Reopening Plan Side by Side Comparison
UPDATED 7-24-2020

This document is intended to assist the reader in understanding current IHCA guidance in each phase of reopening by topic. The guidance has been reformatted for ease of reviewing by topic.

Topic	Phase One	Phase Two	Phase Three	ICAL Notes
Visitation	<p>Revisions add new visitation options for Phase 1</p> <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. <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 	<p>Revisions add new visitation options:</p> <ul style="list-style-type: none"> • Visitation generally prohibited except for: • All visitation activities described in Phase 1, 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>	<p>Revisions add new visitation options:</p> <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. ○ 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 	

	<p>encouraged to wear a facemask or face covering for all visits.</p> <ul style="list-style-type: none"> 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. 	<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 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.All <p>Note: During Phase 2 of the reopening process, limited visitation is at the discretion of each AL based on their temporary visitation policy and capacity for implementation.</p>	<p>universal source control (e.g., face masks), monitoring for visitor compliance with safe visitation practices, and disinfection of area between visits.</p> <ul style="list-style-type: none"> AL's may limit the number of visitors for each tenant per week and per occurrence. Preference should be given to outdoor visitation opportunities. <ul style="list-style-type: none"> 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"> Restricted entry of non-essential healthcare personnel. Non-essential personnel, including when appropriate salon personnel (see phase two for considerations), may be allowed into the building following an infection control risk analysis by the program. Essential 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 	<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 facility and must wear a mask for the duration of time in the facility. 	<ul style="list-style-type: none"> Limited entry of non-essential healthcare personnel to include barbers and beauticians when the following mitigation steps are taken: <ul style="list-style-type: none"> Salons may open so long as the beautician or barber is properly screened when entering the facility 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 	

	<p>a face mask for the duration of their visit.</p> <p>FAQ # 12 Under Phases 1 and 2, it references a risk assessment analysis. Are there specific elements that IDPH and DIA want to see included in the risk assessment analysis for non-essential healthcare providers?</p> <p>A: It is recommended that infection control risk assessments for COVID-19 should be informed using CDC and CMS guidance on infection control practices (tools already leveraged by facilities). At minimum, facilities should consider virus activity in the community, appropriate screening of non-essential healthcare providers, access to PPE for recommended use, access to testing, and the ability to follow adequate hygiene measures.</p>	<ul style="list-style-type: none"> The beautician or barber must remain in the salon area and avoid common areas of the facility. Salons must limit the number of residents 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. Residents must wear a face mask during their salon visit. <p>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.</p>	<p>facility.</p> <ul style="list-style-type: none"> Salons must limit the number of residents 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. Residents must wear a face mask during their salon visit. <p>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.</p>	
<p>Non-Medically Necessary Trips</p>	<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. Quarantine for 14 days upon return if asymptomatic and not in a positive COVID-19 status. 	<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 residents 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 	<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 residents 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 	

		<p>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. 	<p>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 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 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. <p>If staff assistance is required, appropriate hand hygiene must occur between tenants.</p> <p>FAQ # 11 Should residents wear masks when in the dining area and when not eating or drinking? A: Communal dining is not recommended in Phase 1 and limited in Phase 2. Tenants should use face masks in any group setting, including during Phase 1 – 3. Tenants should not wear facemasks when eating or drinking.</p>	<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. <p>If staff assistance is required, appropriate hand hygiene must occur between tenants.</p>	<ul style="list-style-type: none"> 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	<p>Tenants</p> <p>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 residents 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> <p>Staff screening at the beginning and end of each shift</p>	<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 residents be woken up if asleep during an overnight shift as long as residents 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 	<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 	

<p>Universal Source Control & PPE</p>	<p>This section is revised.</p> <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 <p>FAQ #8 Please define isolation and quarantine? A: Isolation refers to keeping persons who are sick away from others until they recover. Quarantine refers to keeping persons who may have had an exposure but are not yet sick away from others so that if they were to become sick, they could not infect anyone else. Both isolated and quarantined residents should be placed in a private room and cohorted with dedicated staff.</p>	<p>This section is revised.</p> <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 	<p>This section is revised.</p> <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 	
<p>Dedicated Staff</p>	<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 • Plan to manage tenants who routinely attend outside medically necessary appointments (e.g., dialysis). 	<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). 	<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). 	
<p>Group Activities</p>	<p>This section revised.</p> <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 	<p>This section revised.</p> <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 	<p>This section revised.</p> <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 	<p>No Change in any Phase</p>

	<p>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.</p> <ul style="list-style-type: none"> 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.). 	<p>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.</p> <ul style="list-style-type: none"> 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.). 	<p>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.</p> <ul style="list-style-type: none"> 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. 	<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. 	<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. 	No Change in any Phase
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. 	<ul style="list-style-type: none"> Currently DIA is conducting Remote Infection Control Surveys. Target date to start conducting on-site Infection Control Surveys is July 6 On-site surveys for Immediate Jeopardy level complaints will continue. DIA will announce updates to survey activity when the survey priorities change. 	<ul style="list-style-type: none"> Currently DIA is conducting Remote Infection Control Surveys. Target date to start conducting on-site Infection Control Surveys is July 6 On-site surveys for Immediate Jeopardy level complaints will continue. DIA will announce updates to survey activity when the survey priorities change. 	No Change in any Phase
Phase Regression	<p>N/A</p> <p>FAQ #19 Does the threshold for regression of phases include new admissions already diagnosed with COVID at the time of admission? A: The criteria for Phase regression does not include admissions of residents already diagnosed with COVID-19 or admissions of residents with an unknown COVID-19 status that are identified as COVID-19 positive during their 14 day quarantine status. All admissions should be appropriately quarantined and cohorted with dedicated staff.</p>	<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 residents 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. 	<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 Iowa Coronavirus 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 residents 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. 	Same for both Phase 2 and 3.

Key

HIGHLIGHTING= Highlighted to show difference in steps (not necessarily every difference just most significant)

Green Text = ICAL Notes

Blue Text = DIA/IDPH FAQ's and answers

*** **FAQ #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