ICAL Assisted Living Outbreak Checklist
7-12-2021

Introduction

Assisted living programs in Iowa, while regulated by DIA, are not subject to CMS oversight. On June 4, 2020, both IDPH and DIA indicated that assisted living programs may develop and adopt their own COVID response and visitation plans. However, DIA has primarily used the nursing home pandemic operations blueprint to formulate assisted living and RCF restrictions and response. The following ICAL guidance is largely based upon many of those same principles. It is intended, if you choose, to serve as a template for assisted living and RCF response to outbreaks in your programs.

1. Determining outbreak status

IDPH Definition of Outbreak Status

The Iowa Department of Public Health defines "outbreak" as "**three resident cases within the same fourteen (14) day period."** ICAL believes that this definition would be appropriate for AL's and RCF's as well. Positive tenant cases of this number should trigger active engagement with state and local public health partners for the provision of technical support from local county health departments and IDPH staff.

2. Notifications and Reporting

☐ Once identifying a positive COVID test among your staff or tenants, either POC antigen or PCR, ICAL recommends notifying tenants and families. If you are conducting confirmatory PCR testing on a suspected "false positive" antigen test, you may delay notification of tenants and families unless there are three or more suspected cases within 72 hours of each other.

☐ Report positive staff cases to local (county) public health for contact tracing purposes. DIA has requested, but not required, that AL programs report positive COVID cases to their DIA program coordinator.

☐ Consider discontinuing beauty and barber shop services and provide notice to contractors, tenants, and families.

3. Screening and Testing

☐ Screen and carefully assess all tenants every shift if possible, without disrupting tenant sleep patterns. Once outbreak status ends, the facility may return to screening residents one time daily.

☐ Screen all employees at the beginning of their shifts. Ill staff members should be sent home immediately.

☐ Consider conducting testing on all tenants every 3-7 days until no new cases of COVID have been identified among staff or tenants for at least 14 days. AL programs with CLIA certificates of waiver may request POC antigen testing supplies from the State Hygienic Lab if you have not already received any. Programs without CLIA waivers should reach out to your local public health contacts to request help with testing.

☐ It would be recommended to test employees on the same schedule you are testing tenants, until no positive cases have been identified for at least 14 days.

☐ All point of care antigen testing must be reported within 24 hours according to current CLIA requirements to the IDPH REDCap portal. PCR tests which are processed through the State Hygienic Lab or another lab facility do not need to be reported.

4. Infection Control, PPE, and Cleaning and Disinfecting

☐ Ensure that all employees receive training and competency validation on hand hygiene, use of PPE and environmental cleaning and disinfection and ensure this training is documented

☐ Implement the use of eye protection in addition to face masks for the care of all tenants.

☐ Use N95 masks for **all** nebulizer treatments throughout the facility while in outbreak status.

☐ Implement the use of CDC recommended transmission based precautions for tenants in quarantine and isolation as described in Optimizing Personal Protective Equipment (PPE) Supplies.

☐ Use an EPA-registered disinfectant from List N found on the EPA Coronavirus Resource page.

☐ Establish regular, more frequent cleaning schedules and protocols for all tenant care areas and public spaces. Clean and disinfect frequently touched surfaces (e.g. door handles, doorknobs, and other handles, such as nightstands, call lights, remote control devices, computer keyboards, telephones) as recommended in this guidance.

☐ Stop communal dining and all group activities for the duration of the outbreak.

5. Cohorting & Staff Assignments

☐ Isolate all symptomatic tenants in their units.

☐ Re-evaluate how you will provide care to these three cohort groups:

- isolation for COVID positive tenants
- quarantine for asymptomatic tenants who have had a COVID exposure and for all new admissions
- tenants who are currently healthy and have had no known exposure.

☐ Dedicated staff caring for COVID positive tenants should not be providing care for quarantined or healthy tenants.

☐ Bundle tenant care activities to minimize the number of health care worker entries into isolation and quarantine rooms.

☐ Identify staff members who work in other healthcare facilities. Staff should not work in other health care facilities while your facility is in outbreak status unless it is absolutely necessary. Exceptions may need to be made for hospice or home health agency staff.

6. Outbreak Crisis Staffing

☐ Keep record of all attempts you have made to ensure appropriate staffing levels.

☐ Fully vaccinated health care workers with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions should still be considered for fully vaccinated workers who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.

☐ Attempt to reduce workload by moving tenants out of quarantine. Guidance regarding shortening the length of quarantine required for COVID exposed individuals who are not vaccinated can be found here. The key points are:

- **Ten days** - Quarantine can end after day 10 without testing and if no symptoms have been reported during daily monitoring.
- **Seven days** - Quarantine can end after day seven if there is a negative test which occurs no earlier than day five and no symptoms have been reported.
- In all cases, a shorter quarantine time can only be used if the following criteria are met:
    - No clinical evidence of COVID-19 via daily symptom monitoring during the entire time of quarantine;
    - Daily symptom monitoring continues through day 14; and
    - The individual has been counseled regarding the need to adhere strictly through day 14 to all recommended non-pharmaceutical interventions (masks etc.). Residents and staff should be told to self-isolate immediately and contact their health care provider if they develop any symptoms.

☐ Before shifting to "Crisis Capacity Staffing" patterns which may allow asymptomatic COVID positive staff to work in the facility as described in the CDC document Strategies to Mitigate Healthcare Personnel Staffing Shortages, you must attempt to implement the strategies found in the IDPH LTC Staffing Guidance.

☐ Follow the information provided in the IDPH LTC Staffing Guidance issued on 11-3-2020 to leverage existing staff or find alternative staffing as soon as possible. ***Please note the table at the end of the document that provides direction for the type of assistance various government agencies can provide and when it is appropriate to contact each. Here is a summary:***

- Local Public Health – Contact for infection control assistance and contact tracing for employees.
- IPDH – Contact for assistance with infection control issues and questions. Should tenant transfers be necessary, IDPH can aid in locating facilities who may have empty beds. IDPH is **not** able to help with staffing shortages.

- County Emergency Manager – Contact for PPE shortages. May also be able to provide a current I-SERV list of professionals who may be able to work in staff shortage situations.
- DIA - If your facility has exhausted all staffing options as listed in the IDPH guidance and is unable to staff a shift, you should contact DIA at 515-725-1727.

7. Visitation

☐ Continue compassionate care visits, ensuring proper screening of visitors.

☐ Consult ICAL Visitation and Clinical Guidance 3-18-2021 for restrictions needed with facility outbreak situations.

☐ Outdoor visits may continue with proper screening of visitors, wearing of PPE and proper social distancing for any tenants not in quarantine or isolation.

8. Memory Care Unit Considerations

☐ If possible, attempt to get tenants to wear facemasks when out of their rooms.

☐ Implement a supervised handwashing schedule for all tenants.

☐ As much as possible help tenants cover coughs and sneezes. Make tissues readily available in several locations.

☐ Try to provide structured activities in tenant units rather than common areas.

☐ Consider using all recommended PPE for all tenant encounters in the memory care unit, which includes face mask, eye protection, gloves, and gowns. N95 masks should be used for any nebulizer treatments.

☐ If possible, establish a smaller COVID positive area within your memory care unit to create some separation. Given the structure of most assisted livings, this may not be an option.

☐ Any COVID positive tenant residing in a memory care unit should be evaluated for transfer out of the secured unit for isolation with other facility COVID positive tenants to protect healthy unit tenants. However, the benefit of such a transfer should be evaluated based upon the tenant's need for a secured area and the likely distress or potential harm a transfer may cause to that individual tenant.

9. Other IDPH References

Memory Care Unit Mitigation Measures Checklist 10.30.20