Iowa Center for Assisted Living AL/RCF Provider Visitation and Clinical Guidance

Revised June 13, 2022

Table of Contents

Click on desired topic to skip to section of guidance.

Introduction

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 (DIA) applied these same restrictions to all licensed health care facilities and assisted living programs in the state. Both state agencies indicated then that the nursing home guidance could serve as a template for use in assisted living programs as well. Nursing home guidance has gone through several revisions since the beginning of the pandemic. The Iowa Department of Public Health (IDPH)/DIA guidance continues to state, "Other facilities or congregate care settings, such as assisted living or residential care facilities, may choose to follow an independently developed framework."

Guidance from the Centers for Disease Control and Prevention (CDC) for COVID-19 mitigation strategies for assisted living congregate settings is found at:

- Retirement Communities and Independent Living: Guidance and Strategies to Prevent the Spread of COVID-19
- In circumstances when health care is being delivered (e.g., by home health agency, staff providing care for a resident with SARS-CoV-2 infection), assisted living communities may consider following the infection prevention and control recommendations at Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
- Interim Infection Prevention and Control Recommendations for Health Care Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities (Note: This link was last updated on May 29, 2020 and is no longer being updated.)
- COVID-19 Guidance for Shared or Congregate Housing (Note: This link was last updated on December 31, 2020 and is no longer being updated.)

DIA FAQs - Assisted living COVID-19 visitation guidance

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. The guidance issued by CMS is specific to long-term care facilities (nursing homes). IDPH and DIA have indicated that "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 visitation policies without any structured guidance

from DIA?
A: Yes.

3. 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-19 cases within the assisted living program or within the community?
A: Yes.

4. Will programs be allowed to delay lifting of restrictions now due to the same circumstances?
A: Yes.

5. Will facilities be subject to adverse action by DIA for resident rights violations due to their reopening plans?
A: See Question 2. The assisted living program should base their plan on the assisted living program's infection control plan and CDC guidelines with consideration given to CMS's nursing home guidance. It cannot be more restrictive than what CMS is requiring of nursing homes.

6. The Iowa Visitation and Testing 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. While assisted living programs can develop their own plan based on the needs of their own programs and tenants, they should base their plan on guidelines provided to nursing facilities, CDC guidance and their own infection control plans.

7. Is testing available to assisted living facilities through the State Hygienic Laboratory?
A: Outbreak 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 State Hygienic Laboratory criteria can still use this resource.

ICAL visitation and clinical guidance template

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 guidance provided by ICAL is largely based upon many of those same principles. 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.

ICAL provides this template for members to use as a guide to develop your own individual plans and as an example of best practice. ICAL members are reminded that following your program policies and procedures will be key to avoiding regulatory scrutiny or sanctions. As your organizations creates individualized plans, make time to educate staff about the model and its expectations. Whatever plan your organization adopts, a communication plan with tenants, tenant

representatives, and program staff that keeps them informed about any changes to facility policy will be essential. **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.**

Recommended clinical guidance resources

While much of the guidance from the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) is specific to nursing facilities, ICAL believes the guidance has value to help assisted living programs move to less restrictive practices and urges assisted living providers to use it as a reference when drafting or revising your organization's COVID-19 policies and procedures. Assisted living members who wish to review current guidance for nursing facilities should review the IHCA Clinical Guidance Summary.

The CDC's guidance for Retirement and Shared Housing encourages assisted living and residential care facilities to monitor COVID-19 Community Levels of the county in which the program is located. This information should be used to assist in guiding the organization's approach to implementing infection control practices and maintaining a healthy environment for tenants, caregivers, visitors, and families. Although not required, programs are encouraged to tailor their approach according to the COVID-19 Community Levels, with increased mitigation efforts for higher rates of community COVID-19 transmission.

The following sections are recommended topics to be addressed in your organization's COVID-19 response plan.

1) COVID-19 Vaccinations

Vaccination for COVID-19 is recommended by CDC for everyone over the age of 5 in the United States. Programs should encourage tenants and staff to stay up to date with the COVID-19 vaccinations. CDC published the Interim COVID-19 Immunization Schedule to outline recommendations for all age groups and vaccine types. As an additional resource, the Summary Document for Interim Clinical Considerations should be considered regarding vaccinations.

Knowing vaccination status of tenants and staff (including contracted staff) could allow programs additional information to make sound decisions regarding infection control practices. If program policy identifies different mitigation strategies based upon vaccination status, programs are encouraged to maintain documentation of tenant and staff vaccinations. Vaccination documentation for staff should be maintained in a confidential health file. Vaccination documentation for tenants should be kept in the tenant medical record per program policy.

The CMS COVID-19 vaccination mandate does not apply to assisted living programs or residential care facilities. However, organizations are free to decide if a policy requiring vaccinations is appropriate for them. Although vaccination mandates do not affect free-standing assisted living programs, those who are located on a campus with a skilled nursing facility may

need to adjust their policies to reflect differences in practice. More information about vaccination mandates can be found in the IHCA/ICAL/ICHC Vaccination Mandate Guidance Summary.

2) Practices to Reduce the Spread of COVID

Masking:
The CDC encourages mask use for tenants, staff, and visitors while in common areas inside the program and in public. Masks should be well-fitting and cover the nose, mouth, and chin.

CDC Use and Care of Masks provides the following recommendations for mask use, based upon COVID-19 Community Levels:

- Low
    - Masks can be worn based upon personal preferences.
- Medium
    - Masks should be worn by those who are immunocompromised or at high risk for severe illness.
    - For anyone who lives with, has social interactions with, or cares for a person who is at high risk for severe illness, masking is recommended.
- High
    - Tenants and staff should wear well-fitting masks while indoors or in public, regardless of vaccination status or individual risk.

Social Distancing:
In general, interacting with groups of people, especially within close proximity and for longer durations, increases the risk of spreading COVID-19. Therefore, tenants, visitors, and staff should be encouraged to maintain a distance of at least six feet when possible.

Hand Hygiene:
Tenants, visitors, and staff should demonstrate healthy hand hygiene practices, including washing their hands with soap and water or using alcohol-based hand rub. Programs are encouraged to provide adequate supplies of alcohol-based hand rub in common areas and around high-touch areas.

Communication/Promotion of Healthy Everyday Practices:
Communication with tenants, staff, visitors, and other individuals about the program's policies and expectations is key to a successful COVID-19 plan. Programs are encouraged to post signage in highly visible locations to share messages about behaviors that help prevent the spread of COVID-19. This infographic is an example.

Screening Individuals Who Enter the program:
CDC recommends that anyone with symptoms of COVID-19 should not enter the assisted living program. Additionally, visitors and staff should be advised to quarantine according to current CDC recommendations (discussed in the quarantine and isolation section). Therefore, programs

are encouraged to integrate screening protocols into their policies for visitors and staff prior to entering the building. Many options exist to effectively screen those who enter the program (kiosks, logs, screening personnel, etc.).

Improve Air Quality and Ensure Adequate Ventilation
To increase the delivery of clean air and dilute potential contaminants in the building's air supply, programs could consider the following interventions:

- Increase outdoor air flow by opening windows when weather conditions allow. Do not open windows if doing so poses a health or safety risk to tenants.
- Install/utilize fans or HEPA air filters, particularly in higher risk areas, such as common areas.
- Improve the air filtration in the central air system to highest possible option without diminishing design airflow.
- Consult your HVAC partner to identify additional remedies.

Promote and Disinfection
Cleaning of high touch surfaces and shared objects routinely is key in reducing the spread of all bacteria and viruses. If there a case of COVID-19 in the tenant or staff population, disinfection is recommended, using a disinfectant from the Environmental Protection Agency's List N.

Testing of tenants and staff

Programs may choose to integrate a test protocol for tenants and personnel into their program's policy. Additionally, programs may choose to offer testing to visitors. Testing should be done at a frequency that is *not more than what is recommended* by CMS for nursing facilities in QSO-20-38-NH. Testing can be accomplished with point of care tests, PCR tests, or off-site testing (testing stations, physician offices, etc.).

Testing in assisted living programs can include routine testing of asymptomatic tenants and staff as well as symptomatic testing.

- **Testing supplies**

All programs that have been granted a CLIA waiver have been receiving rapid (antigen) test kits from the U.S. Department of Health and Human Services (HHS). These allocations are not meant to fulfill all supply needs, but to support the bulk of testing.

Programs are no longer able to obtain rapid testing supplies from the Iowa State Hygienic Lab (SHL) due to supply shortages and the ending of the state of emergency. However, the SHL will continue to offer PCR test kits to programs in the state. These test kits can be ordered here.

- **Reporting individual COVID-19 test results**

Throughout the pandemic, all entities (including assisted living programs) conducting COVID-19 testing have been required to report test results. This includes individual tests for tenants, staff, volunteers, visitors, contracted employees, and all other people tested via point-of care test

systems in the program. This reporting requirement was initially achieved largely through the use of the IDPH application RedCap. Some programs have transitioned to reporting individual test results through the National Health Care Safety Network (NHSN) system. Assisted living programs can choose to use the reporting mechanism that best meets their needs. Both RedCap and NHSN remain acceptable means of reporting. Members are reminded that reporting individual test results to NHSN requires Level 3 access to the system.

As of Wednesday, Feb. 16, 2022, the Iowa Department of Public Health's COVID-19 Mandatory Reporting Order requires reporting of ONLY positive test results. Therefore, participating entities will be required to report only positive test results to RedCap or NHSN from that date forward.

Programs participating in point of care testing should continue to record all test results, both positive and negative, within their organization's tracking processes.

Note: If a program is sending COVID-19 tests to an outside laboratory for processing, such as the State Hygienic Lab, the outside laboratory is responsible for reporting testing outcomes.

3) Responding to Exposures and Positive Cases

Providing quarantine for tenants who have been exposed

With recent easing of infection control expectations for the public, visitation restrictions lifted, and a return to more routine movement within the community, the risk of exposure to COVID-19 is more commonplace. Programs should include a quarantine protocol for tenants who experience exposures to individuals who are COVID-19 positive. Based upon the CDC's guidance for the public, the following quarantine protocol is suggested:

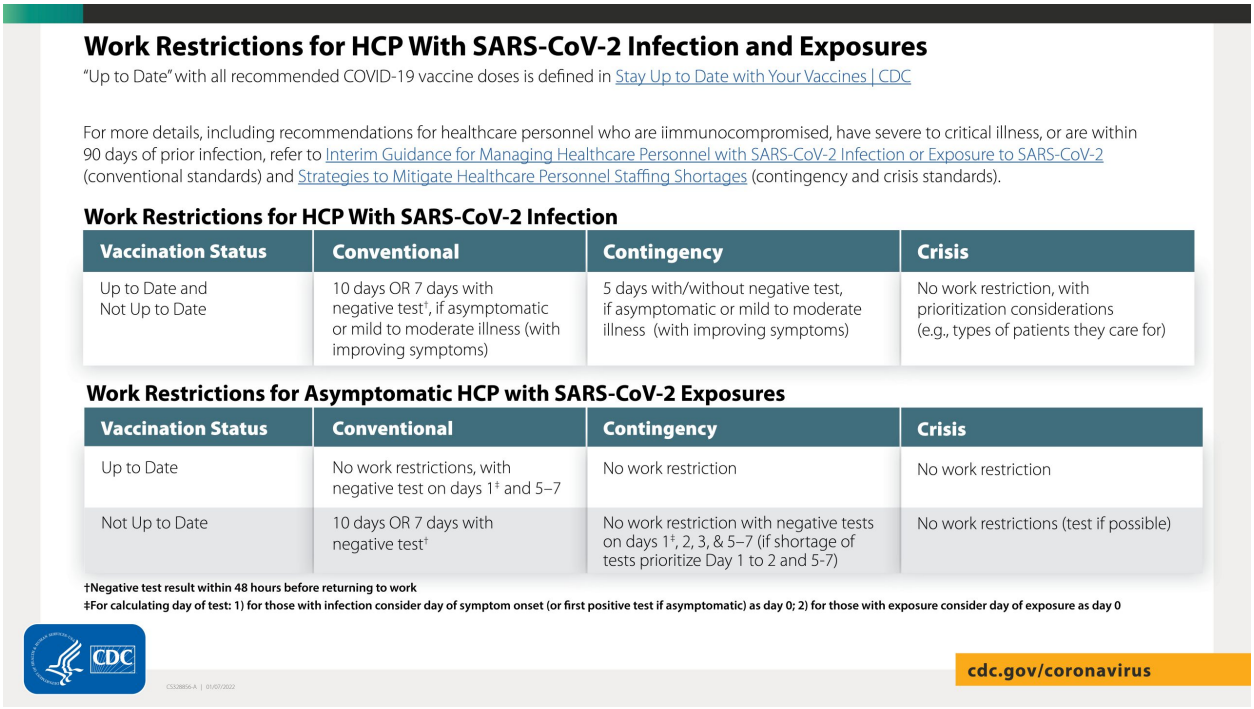
- Exposed and NOT up to date with COVID vaccinations
    - Wear a mask around others for 10 days.
    - Quarantine for 5 full days. Get tested at least 5 days after exposure.
    - Do not travel.
    - Monitor for symptoms for at least 10 days.
    - Isolate and test immediately if symptoms develop.
- Exposed and up to date with COVID vaccinations
    - No quarantine necessary unless symptoms develop.
    - If possible, wear a mask around others for 10 days.
    - Get tested 5 days after exposure.
- Exposed, but confirmed with COVID-19 infection within the past 90 days
    - No quarantine necessary unless symptoms develop.
    - If possible, wear a mask around others for 10 days.
    - Testing within 90 days after confirmed infection is not recommended.

Assisted living programs should consider including these quarantine criteria into their screening protocols for visitors and staff.

Caring for a Tenant Confirmed to Have COVID-19
Tenants confirmed with COVID-19 infection should remain in their apartments for 10 days and contact their physician for guidance. Programs should minimize the number of staff entering the apartment as much as possible. Staff entering the positive tenant's apartment should wear personal protective equipment (gown, gloves, eye protection, N95 respirator) while caring for the tenant. Programs should ensure adherence to established infection control policies regarding transmission-based precautions.

Return to work guidelines for health care personnel after exposure or infection
Programs should identify how they will manage staff who have been exposed or those who have tested positive for COVID-19 in their policy. Staff who have been infected with COVID-19 can generally return to work after 10 days (day 0 being the date of positive test or the start of symptoms). If they have a negative test on days six or seven, they can return to work on day eight. If programs are experiencing staffing issues, other options can be identified in the organization's policy, based upon CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages. The program should define what conventional, contingency, and crisis staffing is in their operation and how the guidance will apply to each type of staffing pattern.

The following illustration is from the CDC's Return to Work Guidance (for Healthcare Personnel) and is suggested for use in assisted living programs:



Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in Stay Up to Date with Your Vaccines | CDC

For more details, including recommendations for healthcare personnel who are iimmunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test†, if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1‡ and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test†	No work restriction with negative tests on days 1‡, 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

†Negative test result within 48 hours before returning to work
‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CDC

cdc.gov/coronavirus

4) Communal dining, activities and beauty shop

Programs should continue to host communal dining, activities, and offer beauty shop services. These social experiences are important to the mental and social health of tenants and should continue when the program is able to do so in a safe manner (with masking, social distancing, hand hygiene, etc.). When no positive COVID-19 cases are present in the staff or tenant population, it is the safest practice for everyone to wear source control while in in communal areas of the program, particularly when the COVID-19 Community Level is medium or high, there are tenants who are not up to date with COVID-19 vaccinations, or social distancing cannot be achieved. This might require limiting the number of attendees at communal activities or dining services. Programs should consider the risk of their specific population and the physical make-up of their building when determining if it is safe to continue offering communal dining and activities when there are positive cases in the tenant population.