



Iowa Center for Assisted Living

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

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Introduction

In January 2020, the global COVID-19 pandemic began its spread through the United States. While cases began showing up slowly throughout the country, the healthcare systems and their respective regulatory bodies began to react. Because assisted living and residential care facilities are subject only to state rules and regulations, providers in Iowa looked to the Department of Inspections and Appeals, Adult and Special Services Bureau (DIA) and Iowa Department of Public Health (IDPH) for direction regarding best practices to mitigate the spread of the virus and maintain a safe environment for tenants and residents.

In the early stages of the pandemic, both DIA and IDPH agreed that assisted living programs and residential care facilities could use the guidance given to nursing facilities (mostly from the Centers for Medicare and Medicaid Services) as a template on which to base their mitigation efforts. IDPH/DIA general guidance stated, “Other facilities or congregate care settings, such as assisted living or residential care facilities, may choose to follow an independently developed framework.” Although strict operational and infection control guidelines for nursing facilities were not required in these settings, many programs/facilities adopted similar practices.

In early 2021 after the release of the first COVID-19 vaccinations, the intensity of the pandemic began to shift, and assisted living programs and residential care facilities began to consider lifting restrictions. Understandably, COVID response policies began to vary from one program/facility to another.

DIA has consistently stated their approach to regulatory compliance would include evaluating the presence and implementation of policies guiding the program’s response to COVID-19. Therefore, ICAL has consistently advocated for members to create policies that best meet the needs of their program’s tenants, personnel, and other stakeholders using recommendations from the Centers for Disease Prevention and Control (CDC), state/local public health agencies, and other relevant agencies.

This document is meant to serve as a reference to assisted living programs and residential care facilities in their efforts to design and implement policies. As new recommendations are published, ICAL will continue to update members to inform their decision-making.

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

- [Additional Information for Community Congregate Living Settings \(e.g., Group Homes, Assisted Living\)](#)

- 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 for Healthcare Personnel During the Coronavirus Disease \(COVID-19\) Pandemic](#)
- To find recommendations about employee exposure to COVID-19 or infection with the virus, review the guidance found here: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)

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.) **Although ‘reopening plans’ are an idea of the past, this answer continues to support a customized approach to COVID-19 mitigation in assisted living programs and residential care facilities.**

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.

Note: Restricting visitors is no longer allowed in nursing facilities. Assisted living programs and residential care facilities should carefully weigh tenants rights if visitor restriction is considered.

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

A: Yes.

Note: Most assisted living programs and residential care facilities have returned to practices that support the premise of a community-living setting. Programs/facilities are encouraged to consider tenant rights and recommended best practices while contemplating restrictive policies.

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.

Note: Although COVID testing is not required in community-based settings (such as assisted living and residential care facility), providing opportunities for tenants and personnel to test is recommended by CDC.

7. Is testing available to assisted living facilities through the State Hygienic Laboratory?

A: Testing supplies are only available through the State Hygienic Laboratory for long-term care facilities at this time. CLIA-waived assisted living programs will continue to receive testing supplies from HHS (federal Health and Human Services) as long as the program is operational.

Note: HHS will continue to ship COVID-19 test kits to CLIA-waived programs in Iowa. To adjust or pause your shipments, please email: Binax.team@hhs.gov

ICAL visitation and clinical guidance template

This guidance is intended to support ICAL members in the normalization of living with the presence of COVID-19 in assisted living and RCF operations to the extent possible. 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 individual plans and as an example of best practice. ICAL members are reminded that following program policies and procedures will be key to avoiding regulatory scrutiny or sanctions. As your organization creates and changes individualized plans, take 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.

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 [Community Congregate Living Settings](#) encourages assisted living and residential care facilities to monitor [COVID-19 Community Levels](#) of the county in which the program is located. This information can 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 **6 months of age** in the United States. Programs should encourage tenants and staff to stay up to date with the COVID-19 vaccinations. Current CDC vaccination recommendations can be found at: [Stay Up to Date with COVID-19 Vaccines](#).

Knowing vaccination status of tenants and staff (including contracted staff) could allow programs additional information to make sound decisions regarding infection control practices. Although not required, programs/facilities can monitor vaccination statuses of tenants/residents and staff. If program policy identifies a requirement for vaccination, programs are encouraged to maintain documentation of tenant and staff vaccinations. If shared with the program/facility, 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 and have shared staff may need to adjust their policies to reflect how they will maintain compliance with the rule. The CMS COVID-19 vaccination mandate does require vaccination for any staff who may be shared from the assisted living program with an adjoining nursing facility. More information about vaccination mandates can be found in the [IHCA/ICAL/ICHC Vaccination Mandate Guidance Summary](#).

Note: The Centers for Medicare and Medicaid Services (CMS) has announced their intent to end the requirement for healthcare personnel to be vaccinated with the primary series of COVID vaccines. Because detailed information has not yet been published to provide additional guidance to providers, nursing facilities continue to be expected to adhere to the rule. When more information becomes available, ICAL publish updated guidance.

2) Practices to reduce the spread of COVID-19

Masking:

Tenants, staff, and visitors are welcome to wear a mask at any time while in common areas inside the program and in public. Masks should be well-fitting and cover the nose, mouth, and chin.

CDC [COVID-19 by County](#) 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 and considered appropriate.

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

Active symptom screening upon entry into an assisted living program is no longer recommended by CDC. However, programs should consider signage or other means of communication to provide directives to those individuals who may have been exposed or recently (within the past 10 days) tested positive for COVID-19. Communication could direct them to delay their visit or provide a point of contact to assist in decision-making about entry.

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. Programs may choose to provide testing for asymptomatic or symptomatic tenants or personnel.

Testing can be accomplished with point of care tests, PCR tests, or off-site testing (testing stations, physician offices, etc.).

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). **HHS will continue to ship COVID-19 test kits to CLIA-waived programs in Iowa. To adjust or pause your shipments, please email: Binax.team@hhs.gov**

Reporting Individual COVID-19 Test Results

Reporting of COVID-19 test results is no longer required.

3) Responding to exposures and positive cases

Providing quarantine for tenants who have been exposed

With 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 could include a response protocol for tenants and personnel who experience exposures to individuals who are COVID-19 positive. Based upon the CDC's guidance for the public, the following protocol is suggested:

- Wear a mask for 10 days.
- Monitor for symptoms (fever > 100.4 degrees, cough, shortness of breath, etc.).
- Test for COVID-19 (if symptoms appear) **according to test kit instructions**
- If the individual becomes symptomatic at any time, immediately respond as if they are infected with COVID-19.

Caring for a Tenant Confirmed to Have COVID-19

Assisted living programs and residential care facilities are encouraged to use infection prevention guidance for the public found at [Isolation and Precautions for People with COVID-19](#) to inform their individual policies.

Tenants confirmed with COVID-19 infection should remain in their apartments for at least 5 days despite the severity of symptoms and contact their physician for guidance. Tenants should wear a mask while program staff or other individuals are in their apartment. 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 adhere 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. CDC suggests that healthcare personnel 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 the employee has a negative test on day six or seven, they can return to work on day eight.

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 can generally be provided safely with the consideration of the COVID-19 Community Level and infection control basics. Programs should consider options to minimize the risk of having large gatherings when there are positive cases of COVID in the tenant or staff population. For example, asking all tenants, staff, and visitors to wear a mask while the gathering is taking place and offering options for hand hygiene. Programs are encouraged to ask visitors to spend time with tenants in isolation for COVID in their apartments instead of attending the gathering or other communal event.

Questions related to this guidance can be directed to IHCA/ICAL's Brenda Irlbeck, VP of Quality Improvement and Regulatory Affairs, at brenda@iowahealthcare.org.