

Appendix D

Frequently Asked Questions re: Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities

Updated June 30, 2020

1. When does the 14 day clock begin for Phase 1.
A: The 14 day clock began the day the Long Term Care guidance was released, June 4, 2020.
2. Does a facility have to do testing even if there has never been a confirmed COVID-19 positive case in the facility?
A: Testing is not mandated at this time but it is expected that facilities, if choosing not to conduct comprehensive baseline testing, align with the below minimal efforts also outlined in Appendix A of the guidance.
 - If there were one or more positive cases previously in residents, at a minimum, all residents with shared hallways/unit or staff should have been tested. Offering testing to all residents when a positive case is recognized is advised.
 - All staff, including administrative, should be offered testing regardless of contact with residents that have tested positive for COVID-19. (This is recommended even for facilities with no COVID-19 positive cases.)
 - Staff declining testing should be treated as having a positive or unknown COVID-19 status and appropriate PPE should be used.
3. If a resident refuses testing for COVID-19, when should they be quarantined or required to wear PPE?
A: If the resident has symptoms of COVID-19 (without alternate diagnosis) and refuses testing, the facility should assume the resident to be infected and respond accordingly (this includes isolation of the resident).

If the resident does NOT have symptoms, is NOT a close contact of a case, and refuses testing for COVID-19, no additional measures are required of the resident.

If the resident does NOT have symptoms and IS a close contact of a case, the resident should be quarantined for 14 days after their last exposure to the case (regardless of whether testing is needed).

4. If staff refuse testing, should they wear appropriate PPE?

A: If staff are symptomatic and refuse testing, staff should be isolated in accordance with the following guidance

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

If staff do NOT have symptoms and were exposed to COVID-19, staff should be quarantined in accordance with the following guidance

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

If staff do not have symptoms and were NOT exposed to COVID-19, staff should use PPE in accordance with the following guidance

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html> without reuse or extended use strategies, while working with quarantine or isolated COVID-19 residents.

5. Is the IDPH going to determine sentinel surveillance sites? If yes, how will long term care facilities know they have been selected?

A: Yes, the Iowa Department of Public Health will be working with local public health agencies to target Long Term Care Facilities for sentinel surveillance. Public health will contact identified Long Term Care Facilities to request their participation in the sentinel surveillance program.

6. What is the Phase 2 and Phase 3 testing guidance for residents and staff?

A: In Phase 2 and 3, ongoing testing strategies are outlined in Appendix A and include testing for anyone meeting the below criteria:

- Are currently symptomatic.
- Have had close contact with an individual, either at work or in the community, that has tested positive for COVID-19.
- Staff that meet either of the above two bullets and decline testing should be treated as having a positive or unknown COVID-19 status and excluded or use recommended PPE as appropriate.

7. Phase 1 and Phase 2 guidance directs newly admitted or readmitted residents to be quarantined. Should dedicated staff be assigned to these quarantined residents?

A: The guidance for admissions and readmissions has not changed and can be found more in detail at

<https://idph.iowa.gov/Portals/1/userfiles/7/LTC%20Guidance%20with%20041320%20FINAL.pdf>.

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 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.
9. Should residents be cohorted in the following situations? Can symptomatic residents/ residents that test positive for COVID-19 be cohorted with newly admitted/readmitted residents and residents that leave the Long Term Care Facility for medically necessary appointments?
- a. Newly admitted or readmitted residents
A: Yes, these residents should be cohorted and quarantined for 14 days. Guidance is available at: www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
 - b. Residents that leave the Long Term Care Facility for any medically necessary appointments (i.e., dialysis)
A: Yes, these residents should be cohorted and quarantined for 14 days.
- *All four groups of residents should not be cohorted together. Ideally residents in the facility who develop symptoms consistent with COVID-19 would be moved to a single room pending results of SARS-CoV-2 testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing. Newly admitted and readmitted residents and residents that leave the Long Term Care Facility for medically necessary appointments can be cohorted together (preferably in private rooms).**
10. 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. Residents should use face masks in any group setting, including during Phase 1 – 3. Residents should not wear facemasks when eating or drinking.
11. Under Phase 1 group activities, it does not specify the number of residents that can participate, what is that number? Also, should residents be encouraged NOT to handle the same objects in Phase 1?
A: Group activities are generally not recommended in Phase 1. However, if a facility does choose to have group activities for COVID-19 negative or asymptomatic residents those should be limited to no more than 10 people. It is also recommended that residents avoid handling the same objects and practice frequent hand-washing.

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?

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.

13. Can employers make COVID-19 testing a condition of employment?

A: Requiring COVID-19 testing is a facility decision, which should be made in consultation with legal counsel.

14. What will the turn-around-time be for testing?

A: The State Hygienic Laboratory (state public health laboratory) understands that Long Term Care Facilities need quick turn-around-time and will do everything possible to provide it.

15. How should Long Term Care Facilities place an order for testing supplies needed for the phases of reopening?

A: No, facilities should use the online form to order supplies directly from the State Hygienic Lab at <http://www.shl.uiowa.edu/kitsquotesforms/clinicalkit.xml>.

The State Hygienic Lab will work to set up an account for each facility for ease of order and reporting. Additionally, facilities should reference http://www.shl.uiowa.edu/results/COVID-19_Electronic_Test_Request_Form_User_Guide.pdf for additional information and directions.

16. How should Long Term Care Facilities address concerns from residents' families who are comparing facility visitation restrictions with other facilities?

A: Long Term Care Facilities can share IDPH guidance with families. Long Term Care associations and providers may also want to consider assisting with creation of communications resources for their members.

17. How should Long Term Care Facilities monitor COVID-19 trends and positivity rates for their county?

A: County-specific COVID-19 trends and positivity rates are available at <https://coronavirus.iowa.gov/pages/case-counts>. For the information specific to the county of interest, the user will need to click that county on the map.

18. In Phase 2, how many residents should be seated at each table?

A: The guidance has been updated for Phase 2 and 3 to remove a number of residents at each table.

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.

20. Do all residents that leave the building for appointments still need to be cohorted and screened?

A: Yes, regardless of prior COVID status, all residents that leave the building for appointments should still be cohorted and screened upon return in accordance with the phased guidance.

21. Are facilities allowed to use plexiglass chat boxes for visits during Phase 1?

A. Yes. Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control, a plexiglass chat box visit is allowed. Note: these limited controlled visits may be included in the facility's temporary visitation policy and are not mandated; rather, these visits are allowed at the discretion of the facility. These visits should include screening all visitors for symptoms of COVID-19, practicing social distancing, performing hand hygiene (e.g., use alcohol-based hand rub upon entry), and both residents and visitors wear a cloth face covering or facemask for the duration of their visit. We recommend facilities limit the number of individuals visiting with any one resident (e.g., two visitors for one resident visit). (Updated 06/26/2020).

22. What if I am wearing a cloth face mask and I have to go into an isolation or quarantine room?

A: Do not wear cloth face masks in isolation or quarantine rooms. If you are wearing a cloth mask, it should be doffed and a new procedure or surgical mask should be donned in addition to the other required PPE for patient care. Remember, N-95 respirators are recommended for aerosol generating procedures.

23. If I'm working in non-isolation and non-quarantine rooms, can I wear the same face mask on multiple shifts since it is breathable, not soiled, or damaged?

A: No. A face mask should be used for a maximum of one shift in a clinical setting. Cloth masks should be laundered and face masks discarded. A face mask must be worn by a single wearer.

Assisted Living Facility Questions

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