

IOWA'S PHASED EASING OF LTC RESTRICTIONS

THE PATH TO REGAIN HOME

On June 4, 2020, the Iowa Department of Public Health and the Iowa Department of Inspections and Appeals released [guidance](#) for the Phased Easing of Restrictions in Long-Term Care (LTC) Communities. The guidance utilizes a three-phased approach, consistent with federal guidance, to strike a balance between the need to maintain mitigation efforts that minimize exposure to COVID-19 and the need to maintain the quality of life and dignity necessary for the psychosocial well-being of residents. (Note: Assisted Living will have variations of the following phases).

Phase 1

- Heightened virus spread in the community and potential healthcare system limitations (hospital capacity, staffing, PPE).
- Due to heightened risk, most stringent restrictions designed for vigilant infection control.

Phase 3

- Sustained lack of community activity and downward trend with county for past 28 days. Healthcare system remains stable and adequate (hospital capacity, staffing, PPE, testing).
- Additional easing of restrictions to accommodate limited visitation for all residents and modified communal activities and dining.

Phase 2

- No community activity within last 14 days and a downward trend of cases within county. Healthcare system is stable and adequate (hospital capacity, staffing, PPE, testing).
- Modest easing of restrictions to accommodate visitation in instances of significant changes of condition and limited communal activities and dining.

❖ **Detection of COVID-19 community spread within a LTC provider results in return to Phase 1.**

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	Phase 1	Phase 2	Phase 3
Visitors & Entry	<ul style="list-style-type: none"> In-person visitation prohibited except for compassionate care (end of life) Virtual Visitation available to communicate with friends, family, and the spiritual community Restricted entry of non-essential healthcare personnel Anyone entering must be screened before entry and take additional precautions regarding appropriate PPE use, determined by task 	<ul style="list-style-type: none"> In-person visitation limited to compassionate care (end of life) and significant changes in condition Virtual Visitation available to communicate with friends, family, and the spiritual community Low risk non-essential healthcare personnel based on risk analysis of infection control team Anyone entering must be screened before entry and take additional precautions regarding appropriate PPE use, determined by task 	<ul style="list-style-type: none"> Limited visitation available for all residents Virtual Visitation remains available to communicate with friends, family, and the spiritual community Additional non-essential healthcare personnel based on risk analysis of infection control team Anyone entering must be screened before entry and take additional precautions regarding appropriate PPE use, determined by task
Dining	<ul style="list-style-type: none"> Communal dining not recommended but in cases where the health and safety of an individual is compromised by quarantine precautions, there shall be no more than 10 individuals in the dining area at one time, and residents must always remain socially distanced Communal dining prohibited for suspected or confirmed COVID-19 cases 	<ul style="list-style-type: none"> Communal dining limited to 50 percent capacity of dining room but not less than 10 people Residents may eat in same room with social distancing. Tables must be spaced at least 6 feet apart with limited number of people. 	<ul style="list-style-type: none"> Modified communal dining with social distancing. (limited number of people at tables to ensure space of at least 6 feet).
Activities & Travel	<ul style="list-style-type: none"> Group activities should be restricted with preference for engagement through technology Non-medically necessary trips should be avoided; telemedicine should be utilized whenever possible Quarantine for 14 days upon return from off-campus trip 	<ul style="list-style-type: none"> Group activities limited to 10 people or less with social distancing and use of face covering Non-medically necessary trips should be avoided; telemedicine should be utilized whenever possible Quarantine for 14 days upon return from off-campus trip 	<ul style="list-style-type: none"> Group activities may occur with social distancing and use of face covering Limited non-medically necessary trips with use of face covering; residents with high risk conditions should continue to avoid Observe for 14 days upon return from off-campus trip
Salons & Barbers	<ul style="list-style-type: none"> Salon and Barbers prohibited as non-essential personnel 	<ul style="list-style-type: none"> Barbers and beauticians determined to be low risk for entry through risk analysis may provide services with additional precautions like screening before entry, staged appointments, limit residents in salon to maintain social distancing, use of facemasks, and extra sanitation efforts 	<ul style="list-style-type: none"> Barbers and beauticians may provide services with additional precautions like screening before entry, staged appointments, limit residents in salon to maintain social distancing, use of facemasks, and extra sanitation efforts