

IHA COVID Resources and Advocacy

April 14, 2020

The latest about COVID-19 from IHA

Governor grants hospitals more regulatory relief

In response to IHA's April 2 [letter](#) to the Iowa Department of Inspections and Appeals (DIA), Gov. Kim Reynolds issued a [proclamation](#) on April 10 granting additional regulatory relief to hospitals. The proclamation waives several of the rules in Chapter 51 of DIA's administrative rules covering hospitals, including:

- Certain credentialing requirements.
- Criminal background checks.
- Medical record reporting.
- Nursing processes and staffing requirements.
- Rules requiring licensing of medical staff.
- Segregation of patients.
- Verbal orders.

For a full list of the Chapter 51 rules waived by the governor, see sections 1 through 21 of the proclamation.

IDPH asks FEMA for hospital data-collection guidance and clarification

Since late March, hospitals have been asked to report similar sets of COVID-19 data to both state and federal entities. IDPH now is seeking clarification on this reporting process.

The Regional Medical Coordination Centers (RMCC) in Iowa have been developing and implementing a strategy to collect hospital capacity data similar to that outlined in a [letter](#) from Health and Human Services Secretary Alex Azar sent to hospitals on April 10. Secretary Azar's letter provided additional guidance and clarification from a [March 30](#) letter from Vice President Pence.

IDPH has initiated conversations with the Region VII Office in Kansas City to obtain approval from the FEMA Regional Administrator to relieve hospitals from reporting directly to the federal government. In addition, because COVID-19 test results are mandatorily reported, IDPH has asked for clarification on the test reporting guidance outlined in the April 10 letter. IHA and IDPH will remain in close contact to notify Iowa hospitals when this approval has been obtained.

Until FEMA approval is granted, IDPH recommends Iowa hospitals continue to report data through IHA and the RMCCs. It is not necessary for Iowa hospitals to report to the federal government now. If IDPH cannot obtain FEMA approval, additional guidance will be provided.

Governor waives construction standards for hospitals

As part of her April 10 proclamation, Gov. Kim Reynolds waived Rule 51.50, which sets minimum standards for construction of

hospitals, but only to the extent that DIA and the State Fire Marshal approve of the locations that hospitals use as alternative care sites.

The DIA has issued guidance to hospitals about obtaining expedited approval to use alternative sites to house patients. It's important for hospitals to consider using buildings or venues protected by existing fire safety systems (sprinkler or fire alarm systems). These options should be used first, if possible.

Hospitals requesting 1135 waivers for buildings that do not meet Life Safety Code requirements must provide the following information:

- A layout of the building that shows important features such as exits, doorways and firewalls, if applicable.
- Confirmation of fire extinguishers on-site and their locations.
- Fire safety and evacuation plans (including evacuation procedures) for the proposed site.
- Installed sprinkler or fire alarm systems (where installed, testing paperwork), if applicable.
- What will be used for emergency power (generator or battery backup systems)

All waiver requests – both those that meet and do not meet Life Safety Code requirements – should be sent to Deputy Building Code Commissioner [Ljerka Vasiljev](#).

In addition, hospitals must provide the following information to the Health Facilities Division's Hospital Program Coordinator [Christopher Dunn](#):

- Plans for:
 - Adequate space for patient, staff, equipment and patient privacy (include a floor plan, if available). Adequate access to bathroom/necessities.
 - Admission criteria, specific needs of at-risk populations, maintaining services for patients with chronic conditions requiring regular treatments (e.g., dialysis patients and expectant mothers) or significant changes in condition (MET call, code).
 - Coordination of communication and information (e.g., EMS, parent hospital, IDPH, DIA, long-term care, home care, ambulatory care and families).
 - Ensure staffing and adequate training for roles (i.e., operating room register nurses functioning as med/surg registered nurses).
 - If patient visits should be restricted or stopped if the threat is too high for patients and staff. Patients and families must be provided with information about stress responses, resilience and mental health counseling.
 - Nutritional support, pharmaceutical security, pharmacy overseeing medicines/orders/medicines not on-site, provision of laboratory and radiology services, environmental services, contaminated waste and decontamination area (e.g., eyewash and shower) and a management plan for decedents.
 - Supplies and materials on hand before opening the site – adhering to infection control practices – and a continued process for maintaining supplies, materials and hand hygiene supplies.
- Access to gasses and suction.
- Bed increase above CON related to COVID alternate site.
- Connection to generator backup.
- Location and type of space (e.g., hospital or non-hospital).
- Security-controlled access plan.
- SFM review/approval of space.
- Type of service provided (e.g., COVID-19 positive, COVID-19 negative).

CareLearning COVID-19 course updated

CareLearning, a not-for-profit, internet-based education delivery and management solution for hospitals and IHA partner, has updated its COVID-19 course to reflect new information from the CDC. The update includes:

- Additional emphasis on social distancing.
- Difference between quarantine and isolation.
- Donning/doffing personal protective equipment.

- How to care for someone at home.
- New information about pets and animals.
- Recommendations for cloth face covers.
- Recommendations for delaying, rescheduling and postponing visits, admissions and cases.
- Risk of asymptomatic people spreading the virus.
- Stress and coping.
- What to do after being tested.

This course is available to careLearning users in two ways:

- As part of the Health and Safety Compliance Series. If you have already registered your employees for this course, they will get this update. If you are not using this course for your organization but wish to, please email [Jen Nutt](#) at IHA.
- As the course "COVID-19: Coronavirus Disease 2019" in the Course Center in the Private Course Library. To update your private course, use the slides and test questions/answers provided in the Private Course Library. You can search for the course using the keyword "covid."

Users also have free access to all the courses in the Health and Safety Compliance Series, which includes education on standard and transmission-based precautions and hand hygiene, and to the CE Package, which includes respiratory-care education.

Click [here](#) for more information about careLearning.

Sen. Ernst signs on to paycheck protection program letter

Sen. Joni Ernst has joined several of her colleagues in signing on to a bipartisan letter urging the Senate to ensure publicly owned hospitals and similar care providers are eligible for the relief provided in the Paycheck Protection Program included in the CARES Act. Click [here](#) to read the full letter.

CEO update call

The next hospital CEO call is scheduled for 1 pm Wednesday, April 15. Click [here](#) to register.

IHA COVID-19 resource webpage

For current information about COVID-19, visit IHA's [resource page](#).

Previous IHA Updates on COVID-19

- [April 10 Update](#)
- [April 9 Update](#)
- [April 8 Update](#)
- [April 7 Update](#)
- [April 6 Update](#)
- [April 3 Update](#)
- [April 2, Update](#)
- [April 1 Update](#)
- [March 31 Update](#)
- [March 30 Update](#)
- [March 27 Update](#)
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Iowa Hospital Association
100 E. Grand Ave., Suite 100
Des Moines, Iowa 50309-1800

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