Safe and Limited Re-Opening of Long-Term Care Facilities Task Force Meeting
August 14, 2020
2:00 P.M.

Additional Materials:
Meeting Materials
Video

Members of the Task Force will work together to develop guidelines for safely allowing family members to visit their loved ones in Florida's long-term care facilities, where visitation has been prohibited since March due to the COVID-19 pandemic.

Task Force members are: Secretary Mary Mayhew, Agency for Health Care Administration; Secretary Richard Prudom, Department of Elder Affairs; Dr. Scott Rivkees, Florida Surgeon General; Mary Daniel, caregiver; Gail Matillo, President and CEO, Florida Senior Living Association; Emmett Reed, Executive Director, Florida Health Care Association; Michelle Branham, Vice President of Public Policy, Alzheimer's Association; and Molly McKinstry, Deputy Secretary for Health Quality Assurance, Agency for Health Care Administration;

DOH COVID-19 Long-Term Care Facilities Presentation

Summary
Dr. Scott Rivkees, Florida Surgeon General, said COVID-19 is primarily spread from person to person. A person can become infected by coming into close contact (about 6 feet for more than 15 minutes) with a person who has COVID-19. A person can become infected from respiratory droplets when an infected person coughs, sneezes or talks. A person may also be able to get it by touching a surface or object that has the virus on it, and then by touching his or her mouth, nose, or eyes.

DOH collaborated with CDC and trained and deployed 120 emergency medical services Assessment Teams. All 3,900 LTC facilities have been assessed. There are ongoing LTC follow-up assessments occurring daily to provide personal protective equipment, staffing, and educational/training support needs. DOH provided 2,760 infection prevention educational visits to LTC facilities to ensure patient safety and ensure LTC facility staff can care for COVID-19 positive patients. Incident Management teams performed resident and staff testing over 4,000 times in LTC facilities. Incident Management teams have provided staff augmentation for LTC facilities 1,474 times.

The CDC's COVID-19 Infection Control Assessment and Response (ICAR) Tool was created to keep COVID-19 out of the facility, identify infections as early as possible, prevent the spread of COVID-19 in the facility, assess and optimize personal protective equipment supplies, and identify and manage illness in residents with COVID-19. Core practices to remain in place as LTC facilities reopen are to: maintain at least one individual with training in infection prevention and control (IPC) to provide on-site management of COVID-19 prevention and response activities; report COVID-19 cases, facility staffing and supply information to the National

Healthcare Safety Network (NHSN) Long-Term Care Facility (LTCF) COVID-19 Module weekly; educate residents, health care personnel and visitors about COVID-19, current precautions being taken in the facility and actions they should take to protect themselves; implement source control measures (i.e., face coverings); have a plan for visitor restrictions; test residents and health care personnel for SARS-CoV-2; evaluate and manage health care personnel; provide supplies necessary to adhere to recommended IPC practices; and maintain space in the facility dedicated to monitor and care for residents with COVID-19.

Other states' practices include: no more than two people can visit an individual resident at one time; visits are pre-scheduled; visits take place in outdoor or restricted spaces; every visitor will pass through a temperature screening before being allowed access, and anyone showing a fever at or greater than 100.0 F or who is also showing symptoms of COVID-19 will not be allowed to visit the resident; guests are required to wear a face covering during the entirety of their visit, and must maintain at least six feet of distance between themselves and the resident as well as any healthcare professional present; a health care professional employee of the facility must be present for the entirety of the visit; and if a visitor develops symptoms of COVID-19 within 48 hours after the visit, they must alert the facility.

Centers for Medicare and Medicaid Services Nursing Home Visitation Recommendations

Summary

Molly McKinstry, Deputy Secretary for Health Quality Assurance, Agency for Health Care Administration, said to limit visits to compassionate care situations, more than end-of-life care. This is intended to help a resident deal with a traumatic situation or change that may cause stress. Visitors are screened and additional precautions are taken, including social distancing, and hand hygiene. All visitors wear a cloth face covering or facemask for the duration of their visit.

Before reopening to visitors: there have been no new nursing home onset COVID-19 cases in the nursing home for 28 days (through phases one and two); the nursing home is not experiencing staff shortages; the nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents; the nursing home has adequate access to testing for COVID-19; and referral hospitals have bed capacity on wards and intensive care units.

In regard to visit considerations, facilities can create spaces for residents without COVID-19, including those who have fully recovered, to participate in outdoor visitation, such as in courtyards, on patios, or even in parking lots. Facilities will create safe spaces within their walls, such as see-through separation walls or other such areas so that residents may physically see their family members (if outside visitation is not conducted). They will continue with screening, wearing face covering/mask, hand hygiene, social distancing, spaces will be cleaned and disinfected. And they will limit number of individuals visiting with any one resident (two visitors for one resident).

Florida Health Care Association (FHCA) Recommendations on Long Term Care Facility Visitation

Summary
Emmett Reed, Executive Director, Florida Health Care Association, said the FHCA findings from a July poll shows that there is a decline in residents' mental and physical well-being from lack of family interaction. It also shows there is a lot of fear that opening centers will cause ore COVID-19 exposure. All facilities are conducting virtual visits and aren't allowing visitations inside the building; nearly 90% of facilities are conducting window visits; and a small number of facilities are conducting drive-by visitations and outside visitations.

Prior to resuming visitation, facilities should ensure they have: adequate staffing; adequate supplies of personal protective equipment and essential cleaning and disinfecting supplies to meet resident care needs/precautionary measures; adequate access to testing for COVID-19; referral hospitals have bed capacity on wards and intensive care units; and a COVID-19 containment and infection control strategy. Facilities tools for safe visitation are: allow the scheduling of visitors by appointment to maintain social distancing; ability to limit length of visits, days and hours of when visits are permitted, number of times throughout the day/week when residents can be visited, and number of visitors allowed during a single visit; require all visitors and residents to wear a mask, practice social distancing, and perform hand hygiene; and notify residents and their representatives of any change in visitation policy.

All facilities are permitted to conduct outside visitation for residents who are COVID Negative. In-facility visitation is limited to "compassionate care situations" and facilities that have had no new, facility onset COVID-19 cases for 28 days. All visitors will: be screened for signs and symptoms of COVID-19; wear a mask, practice social distancing, and perform hand hygiene; sign a consent form noting understanding of visitation policies; any visitor who enters the facility shall be subject to same testing requirements as staff and other contract vendors entering facility; and limit movement in the facility to designated areas.

Staff responsibilities are to: schedule family visits based on the amount of PPE and staffing that is available; conduct screening and testing (as needed) of visitors; educate visitors on and ensure that social distancing, facemask use, and visitation polices are followed by both residents and visitors; and disinfect the visitation area after each use, with that area containing hand washing or sanitizer stations.

Beauty salons and barbers help residents feel good about themselves and are thus critical for residents' quality of life. Hair salons should resume providing services to residents with the following precautions in place: the hairdresser/barber shall be screened prior to entry; masks are to be worn by residents and hairdresser/barber and waiting customers shall follow social distancing guidelines; only residents of the facility are allowed in hair salon for services; no services can be provided to outside guests; COVID-19 positive residents and any residents who are in 14-day observation/isolation unit due to recent admit or pending test results are excluded; and proper cleaning and sanitizing of equipment between residents shall be done.

Visitation will have a significant cost impact. Additional costs facilities will be expected to incur are: proper PPE; cleaning and disinfecting supplies; staff needed to disinfect indoor areas between visitors; testing kits; additional staff to monitor visitation conducted safely; and tents, fans and supplies to build safe visitation areas.

Mary Daniel said her goal is to get people back to their loved ones. She said Alzheimer's-related deaths are way up in Florida and it is not due to COVID, but rather to loneliness. She said she is begging the Task Force for urgency. She said, "Our goal is the essential caregiver status. We believe that designation is responsible and a good way to get started with limited visits of limited people."

Mary Mahew said her goal was urgency too and she wanted to have another meeting next Tuesday. She said the main issue that the Task Force needs to tackle regarding essential caregivers and compassionate caregivers is, "are we going to require it versus have it be optional to the facility."

Gail Matillo said she would like to see visitation be optional for facilities and have the communities make the decision on how they would like to open visitation.

Michelle Branham said the Alzheimer's Association had thought about reopening visitation in a phased approach to start with a few communities and see how they hold up regarding COVID cases.

Dr. Scott Rivkees said, "By wearing masks, social distancing, proper hygiene, and screening, you could mitigate the risk of transmission even if somebody happened to be positive."

Mary Daniel said, "That's what we are doing right now. I believe that point-of-care testing is our end answer. We need to get that at all of our facilities." She also said, "Why am I allowed to touch my husband as a dishwasher, but I'm not allowed to touch him as his wife? That makes no sense at all. The problem with not making visitation mandatory for these facilities is that it then makes it a business decision, not a compassionate decision."

Key Requirements for Essential and Compassionate Caregivers

Summary

Mary Mayhew said that essential caregivers and compassionate caregivers need to be included in the care plan. Mary Daniel agreed. She said other states have said caregivers must have been in to see the resident at least twice a week prior to the lockdown, showing that they did have records of being essential caregivers. "There are a lot of caregivers who don't like that idea, and there are a lot of caregivers who don't like the idea of an essential caregiver being only one person. But I think that is a fair place to start."

Mary Mayhew said there have been a lot of admissions since March where family members would not have had an opportunity to demonstrate that they are essential caregivers. She asked for ideas that would support broader access for those family members.

Michelle Branham said that consistent access to PPE for staff, residents, and visiting caregivers would be critical to a successful reopening. Emmett Reed suggested some sort of training program for family members to make sure they are properly prepared to enter the care facility. Mary Mayhew asked if such training should be required or simply recommended. Emmett Reed said that since long-term care facilities are as different as the areas of the state, making a "blanket requirement" might backfire and result in COVID-19 spreading through those facilities. "If something's working, other facilities will follow that lead to do it well and do it right," he said.

Gail Matillo agreed that any guidelines should be voluntary, not mandatory. She suggested that residents could get involved in the process of choosing their essential caregivers, and she said outside visitation could be put in place "immediately." Mary Mayhew said the virus is less transmissible outdoors than indoors, so outside visitation is one component that could complement the broader effort.

Mary Mayhew said she wants the Task Force to build on, expand, and create parameters for caregivers. "I'm not necessarily supportive of solely limiting it to individuals who were on record prior to the restriction, but I do think it needs to be in a plan of care that this caregiver is responsible for providing specific things, like feeding or bathing a resident."

Molly McKinstry said there seemed to be four categories of caregivers: essential caregivers; compassionate caregivers who are limited, not routine; visitors that are non-contact, such as window visits; and routine visitors not limited to compassionate care, which could be outside visits.

Mary Mayhew said that for the essential caregiver and the compassionate caregiver, the Task Force needs to define who should be authorized, what does that authorization involve in terms of documentation, and what training is expected. "This is very doable," she said. "My commitment on behalf of the Governor and Agency is that we create a sense of urgency around building out the essential caregiver and the compassionate caregiver as recommendations to present to the Governor."

Mary Daniel said, "We don't want to go in recklessly. I will do whatever I have to do, and wear whatever I have to wear to get back to my husband. We are hurting. We are desperate."

Mary Mahew said, "We will work on developing a document based on this feedback. We will also seek to frame out the next phase and what can be considered and what the criteria are. We are going to keep moving this forward so we can get final recommendations quickly to the Governor."

** Please contact your lead lobbyist if you have any questions or require any additional detail from this report.