



**Safe and Limited Re-Opening of Long-Term Care Facilities Task Force Meeting**  
**August 25, 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.

Mary Mayhew opened the meeting with some positive statistics. "We've made incredible progress in our efforts to mitigate the virus. We've had a 51% reduction in the number of individuals who are currently hospitalized for COVID-19, a 29% reduction in the number of long-term care facility residents who are positive, and a 42% reduction in the number of staff who are positive. All of this has created a strong foundation for us to have this important conversation and arrive at a plan."

**Recommended Guidelines Presentation**

Summary

Mary Mayhew said the Task Force has focused on safely allowing essential caregivers to visit long-term care facilities; safely allowing compassionate care visits in long-term care facilities; and visitation options including indoor and outdoor visitation. She said essential caregivers provide health care services and/or assistance with activities of daily living to help maintain or improve the quality of care or quality of life of a facility resident. Care or service provided by the essential caregiver is included in the plan of care or service plan for the resident. Activities of daily living include bathing, dressing, and eating. She said compassionate care visitors are allowed on a limited basis as an exception to restricted visitation. They are intended to provide emotional support to help a resident face a difficult situation.

She said facility requirements for essential and compassionate care are to: establish policies and procedures for how to designate and utilize an essential caregiver and allow compassionate caregiver visits; identify those who provided essential caregivers before the pandemic or have asked to provide since, consult with resident or representative for concurrence; allow resident to designate at least one essential caregiver, and allow no more than five designated visitors per resident; set a limit on the total number of visitors allowed in the facility based on the ability of



staff to safely screen and monitor visitation; develop a schedule; provide infection prevention and control training; allow evening and weekend visits to accommodate work or childcare barriers; maintain visitor log for signing in and out; not allow resident visits if the resident is quarantined or if the resident is positive for COVID-19 or symptomatic, unless the visit is for compassionate care; and possibly restrict or revoke if the essential caregiver/compassionate caregiver fails to follow infection prevention and control requirements or other COVID-19 related rules of the facility after attempts to mitigate concerns.

She said essential and compassionate caregivers are required to: wear a surgical mask and other PPE as appropriate for the care provider; be trained on infection prevention and control, use of PPE, use of masks, hand sanitization and social distancing; sign acknowledgement and adhere to training; comply with facility COVID-19 testing expectations; inform the facility if they develop a fever or symptoms consistent with COVID-19 within 14 days of a visit; provide care or visit in the resident's room or in facility-designated areas within the building; and maintain social distance of at least 6 feet with staff and other residents.

She said facility requirements regarding general visitation are: 14 days with no new onset of resident COVID-19 cases; no staffing shortages; adequate PPE; adequate cleaning/disinfecting supplies; referral hospitals have capacity; schedule visitors by appointment only to maintain social distancing; notify residents, their representatives, and recurring visitors of any changes in the visitation policy; continue with visitor screening; educate visitors regarding infection control, PPE, use of masks, hand hygiene, social distancing and visitation policies; maintain a visitor log for signing in and out; visit spaces must be cleaned and disinfected between visitors and contain handwashing or sanitation stations; visitors should be 18 years or older; to allow residents to designate up to five visitors; to limit the number of visitors per resident to no more than two visitors per visit; to set a limit on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation; to limit the length of visits, days, hours, number of visits per week by one visitor; and to restrict visitation for any resident in isolation for suspected or confirmed COVID within the facility. She said for indoor visitors, facilities can create indoor spaces for residents in a room that is not accessible by other residents, or in the resident's private room if the resident is bedbound and for health reasons cannot leave their room.

She said facilities are strongly encouraged to provide outdoor visitation. Facilities can create outdoor visitation spaces for residents that are protected from weather elements, such as porches, courtyards, on patios, or other covered areas. Protection from the heat and sun is essential. Cooling devices may be required to maintain safe temperatures.

She said visitor requirements regarding general visitation are to: properly wear a face mask and other necessary PPE and perform hand hygiene; sign a consent form noting understanding; inform the facility if they develop a fever or symptoms consistent with COVID-19 within 14 days of a visit; and visit in the resident's room or in facility-designated areas.

She said indoor and outdoor visitation is prohibited until the facility achieves a continuous 14-day period without the onset of a resident COVID-19 case. Any facility that has a resident test



positive for COVID-19 must immediately cease all indoor and outdoor visitation. Essential caregivers and compassionate caregivers are still permitted.

She said beauty salons and barbers help improve resident morale and quality of life. Hair salons may resume providing services to residents with the following precautions in place. Criteria for facilities to resume beauty salon and barber services are: 14 days with no new onset of resident COVID-19 cases; barbers and hairdressers providing services must wear a surgical mask and follow the same requirements as visitors; residents receiving services must wear masks; 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; services may not be provided to any resident in isolation for suspected or confirmed COVID-19; and providers must properly clean and sanitize equipment between residents.

She said the Task Force would make the following recommendations to Governor DeSantis: allow visitation in long-term care facilities for essential caregivers and compassionate care visitors. These individuals provide important care and support to residents of long-term facilities; without their involvement these residents are at risk of unnecessary decline; encourage long-term care facilities to allow general resident visitation outdoors and allow indoor visitation if the facility meets certain indicators of low virus risk; and each visitation scenario must be accompanied by facility policies and procedures that support the safety of all residents and visitors including appropriate training and mandatory use of masks and other infection control protections, screening, and visitor scheduling and management.

#### Member Questions and Discussion

Emmett Reed asked if a facility has a designated wing for COVID-positive residents, would those residents be considered part of the 14-day no-COVID requirement for visitation? Mary Mayhew said the data she provided from the Emergency Status System pertains to facilities that report no new coronavirus cases for 14 days. She said the trigger to allow visitation is “no new onset of cases within a 14-day period,” so if a facility accepts a COVID-positive individual, that “would not count against its 14 days.”

Dr. Scott Rivkees asked about the number of designated visitors per resident, because the more people entering a facility, the greater the risk of COVID-19 infection in that facility. “This would be a living document, so perhaps we should start with only one or two visitors per resident and see how things go before moving along to five,” he said. Michelle Branham agreed.

Mary Daniel said she had “mixed feelings” about limiting the number of visitors to five, which she considered “a large number.” She said the re-opening of Florida’s long-term care facilities must be done safely, “because so much is riding on it.” She suggested limiting the number to two or three, “and if we see that two or three work, then we’ll be able to go to four and five, and eventually we won’t need a limit. But I like the idea of a controlled environment in the beginning, because I want this to work so badly.”



Emmett Reed said he agreed with the smaller number. “One of the criteria for allowing visitation is making sure the facility has the appropriate staffing, so starting slowly and getting the staff used to the new requirements might be the way to go,” he said.

Mary Mayhew asked for member input on the need for an overall cap on the number of essential caregivers per resident. Mary Daniel said she thought the limit should be two or three, but there should be considerations made for residents facing end-of-life circumstances. Mary Mayhew said the current Emergency Order creates an exemption from the prohibition of visiting for family members, friends, visiting residents, and hospice caregivers in end-of-life situations, so those situations did not need to be addressed by the Task Force.

Richard Prudom suggested a list of five designated caregivers, of which any one or two could be there at any one time.

Mary Mayhew said the Task Force “may want to get more prescriptive than that, in terms of how many could be in the building at one time to visit one resident.” She said the value of limiting the number is “simply the level of care that individuals would exercise in their day-to-day activities, knowing that in a day or two they’re going to be back in the facility and limiting residents’ exposure to visitors.”

Michelle Branham said she thought there should be only one essential caregiver per resident at a time. “Two could be on the list and could schedule their visits between themselves, and the risk of exposure would be spread between those two,” she said.

Mary Mayhew said there would be a time limit – of 60 days or 90 days, for example – to whatever recommendations are implemented, so there would be an opportunity to amend the decision, based on experience.

Dr. Scott Rivkees said, “Whereas I’m sympathetic to more individuals wanting to visit, the more different individuals that come in, the more of a chance we’re going to have to introduce COVID, so having a list with two to begin with and having the opportunity to expand that list would decrease the risk.”

Task Force members agreed that two essential caregivers per resident would be designated, and only one would visit at a time to provide scheduled essential care.

Mary Mayhew said the compassionate care designation was designed to cast a wider net for concerns and challenges residents could be facing.

Mary Daniel recommended the same limit on compassionate caregivers – two on the list and only one visiting at a time. Task Force members agreed with that recommendation.

Dr. Scott Rivkees said he agrees with the designation of “surgical masks” because “there can be variability in terms of how cloth masks can filter respiratory particles.”

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Mary Daniel said she agrees that caregivers should follow the same guidelines that staff follows. “One of my concerns is that they are going to require us to wear PPE that they themselves are not wearing. We certainly want to do whatever they’re doing, but we don’t want to have extra requirements,” she said. Mary Mayhew suggested the language “equivalent to CDC guidelines as applied to staff.”

Mary Mayhew said that training is “readily available” online for staff, and suggested that caregivers could access that same online training. She asked for suggestions on how facilities could verify that a caregiver actually completes any required training. Emmett Reed said that would be difficult without a centralized location for verification. Gail Matillo said that perhaps facility staff could make sure caregivers were doing things correctly.

Dr. Scott Rivkees said that even with online training it can be difficult to understand all of the nuances. He suggested several designated infection control specialists at each facility to review training with visitors to supplement their online training.

As for general visitation requirements, Dr. Scott Rivkees asked if the Task Force should include both residents and staff in the facility requirement to allow visitation after 14 days with no new onset of COVID-19 cases? Mary Mayhew said the answer depends on what the Task Force is trying to guard against. “What does the word ‘onset’ speak to? When I think onset, I think of an infection acquired within the facility, as opposed to a staff member who may have been in a restaurant or otherwise exposed outside of the facility.”

Mary Daniel said there is “a big distinction” between a resident in the building and a staff member. “If a staff member tests positive, he or she will no longer be allowed into the building, so that person shouldn’t count against the 14 days,” she said.

Michelle Branham said that staff members would have been inside the building, so there would be potential for spread. She said there should be no distinction between staff and resident COVID-19 cases.

Mary Daniel asked how would “no staffing shortages” be defined? Gail Matillo said, “I do not think that any of our communities would be short staffed.”

Dr. Scott Rivkees said he does not think facilities should require visitor testing “with the PPE and strategies that we have in place.” He also asked, “Do we want to have a bullet that says to monitor the visit to ensure proper PPE usage and compliance while ensuring auditory privacy?” Mary Mayhew said she thought that should be included.

Michelle Branham asked Dr. Scott Rivkees, “Would you say a facility may perform or require point-of-care tests?” Dr. Scott Rivkees said those tests are only for symptomatic individuals at the present time.

Mary Mayhew asked, “How do we feel about saying we would not allow a facility to require proof of a negative test? They can perform a test, but they cannot otherwise require proof of a

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negative test.” Mary Daniel said, “I believe that if a test is required, then we will comply.” Mary Mayhew said, “We want to be cautious about overreliance on a test that might detract from the discipline around the mask wearing and social distancing.”

Gail Matillo said, “I think we should leave whether to test visitors or not to test visitors up to the facilities.” Emmett Reed and Michelle Branham said they agree.

Mary Daniel asked what is the thought process behind the 18-year-old age restriction? Dr. Scott Rivkees said that 18 has been the cutoff in other states. Mary Daniel said she hopes that as time goes on, the age restriction lowers for family members so children can see their grandparents.

Emmett Reed asked if facilities could allow children under 18 at outside visits? Dr. Scott Rivkees said that children ages 10-18 are able to transmit the virus with no symptoms. “This is something that is arbitrary.”

Richard Prudom said, “We have the ombudsman as well, who is available to intercede as necessary on behalf of residents who may want more visits or are concerned with the amount of time given for visits.”

Mary Daniel said, “We have places that still aren’t honoring that AHCA order. I don’t want to have to call anybody, but I can tell you that the majority of our group have called the ombudsmen and have been told that their hands are tied. I do believe that if AHCA gets calls now then it will be different than before because of the structure we have set up.”

Richard Prudom said, “The ombudsmen stand ready to help in any way that they can. I talk to the ombudsmen on a daily basis, and the team has been ready to help from the beginning.” Mary Daniel said, “I promise you that has not been the case. I hope it changes, but that has not been the case.” Richard Prudom said they stand ready to help “right now.” Mary Daniel said she would “take that improvement.”

Gail Matillo said, “I just wanted to make sure that communities understand that visits are going to be allowed for a good length of time.”

Mary Mayhew asked if the social distancing guideline should pertain to the resident that the visitor is visiting? Mary Daniel said no. She said, “We need to touch them. We need to be able to hold their hands. Please don’t take that away. That’s a deal breaker for me.” Dr. Scott Rivkees said someone within 6 feet of another person for more than 15 cumulative minutes increases someone’s risk of an exposure. He said hugging and touching would increase the chance of spread of COVID-19, especially in a community setting. Mary Daniel said, “It’s been six months. We will already know the facility is COVID free, we will wear masks, and we will use proper hygiene. These people need to be touched. I can touch my husband as a dishwasher but not as his wife. There is no reason for that. Please don’t take that away from us at this point.”



Emmett Reed said, "From an industry standpoint, I do think staff are afraid of a resident's loved one spending so much time in close proximity to that resident, and then that resident possibly giving the virus to a staff member or another resident." Mary Daniel said, "So when can we touch them? You know what's going to happen? Everyone is going to have to classify as an essential caregiver. Everybody is going to have to start doing work on their loved one in order to get up close and personal with them instead of just being able to sit out in the courtyard with them and hold their hand."

Dr. Scott Rivkees said that all of the guidelines that he has read from other states regarding general visitation recommend 6-foot distancing and to wear a mask. He said he would look over the rules again and see if there are any accommodations made and he would look into visitors wearing enhanced PPE for visitation if they wanted to get closer than six feet to their loved ones.

Mary Daniel asked about podiatrists being able to come in to facilities? Mary Mayhew said that the Task Force would come back with some proposed language for that at the next meeting.

The next Task Force meeting will be August 26 at 11 a.m. and Mary Mayhew said she hopes to finalize the recommendations for the Governor.

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