



Safe and Limited Re-Opening of Long-Term Care Facilities Task Force Meeting
August 26, 2020
11:00 A.M.

Additional Materials:

[Meeting Materials](#)

[Video](#)

Members of the Task Force are working 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.

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 two essential caregivers and compassionate caregivers, and allow no more than one essential caregiver or compassionate caregiver per visit (ICF and APD licensed group homes may allow two essential caregivers or compassionate caregivers at one time); 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, including proper PPE use, hand hygiene and social distancing; designate key staff to support infection control training of caregivers; 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, PPE for the essential caregiver should be consistent with CDC guidance for health care workers; 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-provided COVID-19 testing if offered and facility use of testing must be based on current CDC and FDA guidance; 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 six feet with staff and other residents.

She said facility requirements regarding general visitation are: 14 days with no new facility onset of resident or staff COVID-19 cases, excluding dedicated units/wings accepting COVID-19 cases from the community; sufficient staff to support management of visitors; adequate PPE; adequate cleaning/disinfecting supplies; referral hospitals have capacity; schedule visitors by appointment; monitor for adherence to proper use of masks and social distancing; notify residents, their representatives, and recurring visitors of any changes in the visitation policy; continue with visitor screening; designate key staff to support infection control education of visitors including use of masks, hand hygiene, social distancing and visitation policies; the facility may perform testing, but must be based on current CDC and FDA guidance; 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 must 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; and to restrict visitation for any resident in isolation for suspected 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 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 facility onset of a resident or staff COVID-19 case. Any facility that has a



resident test positive for COVID-19, or a staff tests positive for COVID-19 if the staff person was in the facility in the 10 days prior to the positive test, 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, gloves, perform hand hygiene, and follow the same requirements as essential caregivers; residents receiving services must wear face 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 residents leaving the facility/group home temporarily for medical appointments must wear a face mask at all times if tolerated and be screened upon return to the facility. Eye protection should also be encouraged. She said healthcare providers serving residents in the facility/group home must comply with CDC requirements for PPE, must be screened prior to entry, and must comply with all infection control requirements of the CDC. The resident receiving the healthcare services should wear a face mask during the service if tolerated. Medical appointments should be scheduled through the facility/group home to comply with the facility's/group home's ability to ensure appropriate screening and adherence to infection control requirements.

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

Mary Mayhew started with the changes made since Tuesday's meeting. She said the current visitation restriction is not limited to nursing homes and assisted living facilities, but extends to both intermediate care facilities and licensed group homes for individuals with intellectual and developmental disabilities. She said she received a request to allow ACFs and APD-licensed group homes to have two essential caregivers or compassionate caregivers at one time, because sometimes individuals with intellectual or developmental disabilities can be physically aggressive or have significant behavioral challenges that would require two caregivers during a single visit. The Task Force agreed with that change.

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As for designating infection control staff for essential caregivers and compassionate care visitors, she changed the recommendation to “designate key staff to support infection control training of caregivers.” She said, “We’re using the language ‘training’ as opposed to ‘education,’ and ‘PPE’ as opposed to ‘face masks,’ because of the level of visitor involvement with the residents.”

She also amended the requirement that PPE of essential caregivers and compassionate care visitors be consistent with that of staff to read “should be consistent with CDC guidance for health care workers.” She said, “If a staff member is not complying with PPE, we don’t want caregivers following that noncompliance.”

Mary Daniel asked, “How will I, as the essential caregiver, know what that means, specifically?” Mary Mayhew said, “Our expectation would be that the facility is supporting that level of training and education consistent with CDC guidelines, just as they do with their staff.”

Michelle Branham asked if the state is following CDC or CMS guidance? Mary Mayhew said the CDC is focused on infection control requirements and expectations; CMS is the regulator related to federally licensed facilities and programs. CMS incorporates the CDC infection control guidance into its regulatory framework.

On the subject of testing and symptoms, the original recommendation was that the facility could either provide or require testing. She said, “We agreed the facility could offer testing, but it should not require that a visitor produce a negative test. We also agreed that the facility’s use of testing should be based on current CDC and FDA guidance, which changes almost daily.” She said CMS issued a rule on Tuesday that will mandate testing of all staff in nursing homes and other individuals who are providing care in the nursing homes. “We’re investigating how that would apply to essential and compassionate caregivers,” she said.

Another change is the addition of “staff” to the recommendation that visitation be allowed after 14 days with no new facility onset of COVID-19 of resident or staff, excluding dedicated units or wings accepting COVID-19 cases from the community. She said that as of today, 62% of the state’s long-term care facilities have no COVID-19 cases among residents or staff. She said she changed “staff shortages” to “sufficient staff to support management of visitors.”

For general visitation, visitors will be scheduled by appointment and monitored for adherence to required use of masks and social distancing. “We’re also designating key staff, which is important to support infection control education of visitors, including use of masks, proper hand hygiene, social distancing, and visitation policies,” she said.

In regard to length of visits, the language was that facilities “shall” limit the length of visits, days, hours, and number of visits per week. Mary Mayhew said she deleted “by one visitor” because this is about the number of people in the facility, not that one visitor. Another change is from visitors “should be” 18 years of age or older to visitors “must be” 18 years of age or older.

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Mary Daniel asked what would a visitor have to wear to visit a loved one in a facility today? Mary Mayhew said a properly worn surgical mask, any item that would stop droplets from entering the air, like a face shield, and possible training of donning and doffing of PPE.

Dr. Scott Rivkees said even with staff having the proper training and PPE being worn, Florida is still having residents becoming infected with COVID. He said thankfully the number is small. “The more individuals who are going into the facilities, the more risk of residents catching COVID. There is a difference between a health care worker who is providing a service for clients and individuals who are just visiting. The other thing is, if a resident gets infected with COVID from a visitor, the risk isn’t just to that resident. That individual could potentially give it to other residents and staff members as well.” He added that he looked at other states’ reopening plans and none of them mentioned visitation closer than 6 feet from the resident.

Gail Matillo said she had talked to her board members last night and they support social distancing for visitors, at least to start with. “Our communities have worked so hard to keep COVID out of their facilities, it would really be a shame if somebody got COVID from a visitor.”

Emmett Reed said he had spoken with members of the association he represents and they support social distancing of 6 feet for general visitations.

Mary Daniel said, “The problem with the essential caregiver as it is right now is that we’re leaving out the people who provide emotional support.” She said residents are dying from the loneliness and failure to thrive. She said maybe the Task Force should reduce the number of visitors or do away with general visitation altogether right now, and allow an essential caregiver to also be someone who can provide emotional support. She said it doesn’t make sense that she can touch her husband as a dishwasher, but not as his wife. Mary Mayhew said she could rewrite the essential caregiver definition for the guidelines.

Dr. Scott Rivkees said, “We may want to compromise, but this virus does not compromise. It spreads through breath and masks do not completely eliminate the chances of catching the virus.” He said he wants to keep the 6-foot distancing barrier unless it is absolutely necessary to breach for an individual.

Mary Mayhew said Florida has a lot of residents who are suffering from depression. “My concern is what is sustainable. This won’t be the last virus and we don’t even know if this is going to be the last surge. We all agree on these restrictions but the clock is ticking on so many families and I am concerned that it will never be 100% safe again. What can we set up for infection control frameworks that are going to be sustainable?”

Mary Daniel said, “There is risk involved, no question about that. But I am seeing what is going on inside these facilities, and residents are being touched by people who are coming from the outside. And that is what makes this so hard for us to accept. My husband has a terminal illness. He is not coming out of there and I am losing precious time with him.”



Mary Mayhew said she supports adding “emotional support” to the essential caregiver definition. Emmett Reed said, “With a lot of hesitation, I do agree.” Dr. Scott Rivkees said, “I agree, but with an asterisk.” The rest of the members agreed.

Mary Daniel asked what happens from this point? Mary Mayhew said, “We will quickly put these recommendations into a format to formally present to the Governor. Then the Governor will review the document and make his ultimate recommendations, which would lead to revisions to the existing Emergency Order and promulgation of Emergency Rules by AHCA, among other departments. I cannot speak to the timeframe, but the Governor’s Office shares our sense of urgency to move forward with these changes.”

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