



Safe and Limited Re-Opening of Long-Term Care Facilities Task Force Meeting
August 18, 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.

Compassion for Caregivers

Summary

Mary Daniel, founder of Compassion for Caregivers, said the group's mission is "to highlight the fact that in an effort to save one of our most fragile populations from a virus, we are preventing them from staying connected to their families and friends." The devastating effects of isolation are "absolutely heartbreaking" for them and for those who love them. She shared the story of Celia, whose daughter said that Celia thinks she did something wrong to be locked up without being able to see her daughter; and that of John, whose daughter could see him only as he was taken out of an ambulance after being transferred from a hospital back to his long-term care facility for hospice care. She couldn't get near him, but she yelled, "I love you, Daddy," over and over again. It was the last time she saw him. "This is what is truly happening to our loved ones," Mary Daniel said. "That is who I'm representing by sitting on this Task Force today."

Long-Term Care Facilities: Visitation Considerations

Summary

Mary Mayhew said an essential caregiver (EC) provides health care services or assistance with activities of daily living to a facility resident. Activities of daily living include bathing, dressing and eating. A compassionate caregiver (CC) is allowed on a limited basis as an exception to restricted visitation, and is intended to help a resident face a hard situation. Examples of this are end of life for the resident, a major upsetting situation, or a difficult transition or loss of a loved one. The goals for essential and compassionate care are to expand authorization for access, strongly encourage access, and limit barriers to access.



She said the facilities must: establish policies and procedures for how to designate and utilize an EC/CC; identify those who provided EC/CC before the pandemic or have asked to provide since; allow resident to designate at least one EC/CC, and the facility may allow more if manageable; provide training for proper PPE use; develop a schedule; consider the number of EC/CC in the building at the same time for maximum safety; allow evening and weekend visits to accommodate work or childcare barriers; maintain a 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 restrict or revoke if the EC/CC fails to follow social distancing, use of PPE, or other COVID-19-related rules.

She said EC must: wear a surgical mask, gloves, and other necessary PPE (equivalent to staff) and be trained in use of PPE and hand sanitation; comply with facility staff COVID-19 testing expectations; and provide care in the resident's room, or in facility-designated areas within the building. She said CC must: wear a surgical mask and other necessary PPE and be trained on use of PPE and hand sanitization; and comply with facility testing requirements. Both must: complete training for proper PPE wear and sign acknowledgement; inform the facility if they develop a fever or symptoms consistent with COVID-19 within 14 days of a visit; and maintain social distance of at least 6 feet with staff and other residents.

She said in regard to general visitation, the facilities must: allow the scheduling for visitor appointments to maintain social distancing; notify residents, their representatives, and recurring visitors of any change in the visitation policy; continue with visitor screening; educate visitors regarding PPE, social distancing, and visitation policies; perform or require visitor testing if needed; clean and disinfect visit spaces between visitors and contain handwashing or sanitation stations; maintain a visitor log for signing in and out; limit the number of individuals visiting any one resident; limit the length of visits, days, hours, number of visits per week for a visitor if needed; restrict visitation for any resident in isolation for suspected or confirmed COVID; and 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 can create outdoor visitation spaces for residents that are protected from weather elements, such as porches, courtyards, patios, or other covered areas. Parking lots may be used for drive-by visits. She said weather protection from the heat and sun is essential and cooling devices may be required to maintain safe temperatures. She said visitors must: properly wear a mask (surgical or face covering) and other necessary PPE and perform hand hygiene; sign a consent noting understanding of visitation policies; inform the facility if they develop a fever or symptoms consistent with COVID-19 within 14 days of a visit; 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 for concerns regarding a healthcare facility in Florida, consumers, patient advocates and practitioners may file a complaint with the AHCA. Complaints can be filed anonymously. However, please be sure to include sufficient information, such as the patient/resident name,



date of events, and any other specifics pertinent to the complaint, to allow proper assessment of concerns.

Member Questions and Discussion

Mary Mayhew suggested that the Task Force recommend that mandatory testing for visitors not be a requirement of the guidelines for reopening visitation. Instead, the symptom-based approach established by the CDC that hospitals are now following for purposes of discharging residents back to nursing homes and long-term care facilities should be followed.

Dr. Scott Rivkees said that Mary Mayhew was emphasizing following the guidelines and precautions being used for the healthcare workers in those facilities, which has proven to be "quite effective." Following the protocols of testing every two weeks, using PPE, continuing hand hygiene, and screening for symptoms should allow for these types of visits, he said.

Gail Matillo asked if facilities would determine how long visits could last and how those visits would be spread throughout the day, "similar to making an appointment?" Mary Mayhew said that type of communication between a caregiver, a resident, and a facility as to frequency and scheduling of visits would be supported, "because we all understand that staff will need to be able to screen for monitor compliance with the expectations around PPE and hand hygiene." Gail Matillo asked if essential caregivers were tested similarly to facility staff, would the facility provide and pay for those testing supplies? Mary Mayhew said, "In the short term, that likely could be accommodated. In the longer term, we need to contemplate what expectations will exist for facilities, in terms of testing of staff, because the curative contract is not a long-term, sustainable model." She said AHCA would look into available resources, "but ideally we would like for essential caregivers and compassionate caregivers to look at how they could access testing on their own every two weeks to support that requirement."

Michelle Barnham asked if facilities would provide PPE to essential caregivers and compassionate caregivers? Mary Mayhew said she is "sensitive to creating an expectation" that the facilities would supply it. She said she would like the PPE for those caregivers to meet an established standard, but she is hesitant to mandate that the facilities would be obligated to supply it. Michelle Barnham asked if a facility could choose outdoor or indoor visitation? Mary Mayhew said the Task Force would decide whether the visitation be required or permissive.

Emmett Reed said essential care in other states has been voluntary for facilities, "so it's not a one-size-fits-all solution." He suggested that the requirement that a facility be COVID-free for 28 days only apply to indoor visitation. But the facility could still hold outdoor visitation even if that requirement is not met. He said long-term care facilities are experiencing a staffing crisis, and the additional PPE and other requirements would be costly. Lastly, he said that Florida has "a very hostile litigation environment," so facilities must be very careful when allowing visitors back in.

Mary Mayhew asked, "Where do you see your costs increasing as it relates to visitation?" Emmett Reed said, "If we do outdoor visitation, there will be a cost for staffing, cost of Plexiglas partitions, and cost of cooling the area."



Mary Daniel said the caregivers could help with the staffing shortage.

Michelle Barnham said she does not want to see Florida make the same mistakes that Minnesota has made that resulted in a surge of cases in long-term care facilities.

Gail Matillo said she did not think the Task Force needs to mandate the essential caregiver, because not every resident has or needs an essential caregiver. Mary Mayhew said, "We need to make sure that if the essential caregiver is not mandated, we don't allow for unnecessary restrictions or barriers."

Mary Daniel said that it is important that essential caregivers be required, because some facilities currently are not letting them in. "And if they don't let us in, who do we call? That is part of the frustration." Mary Mayhew said, "We have a very robust complaint process. We have been involved in many individual cases throughout the pandemic and have used it for broader guidance as well."

Mary Mayhew asked Dr. Scott Rivkees how he would handle the concerns family members have about the constant restarting of the COVID-free clock that facilities would have to surpass in order to let visitors in? Dr. Scott Rivkees said, "This speaks to the power of the mitigation measures and the infection control practices in the facilities. The incubation period is 14 days, and we like to go through two incubation periods to make sure there isn't any COVID in the facility. More than 70% of our facilities are without a case of COVID, so it can be done."

Emmett Reed said, "I don't know if you all would allow nursing homes to tell family members that they would have to pay for their own tests." Mary Mayhew said, "It would not be the state mandating visitor testing; the state would authorize a facility to do so if it chose to." Emmett Reed said, "So if a facility is going to test, then it will absorb the cost?" Mary Mayhew said, "We're not saying that. It's a permissive."

Dr. Scott Rivkees said the role of monitor is very important, especially if facilities have indoor visitation. "Inside visitation is doable. Having an isolated area that is solely dedicated to indoor visitation where there are standard sanitation practices and ventilation is important."

Mary Mayhew said the issue of having a monitor in the room must be balanced with the issue of privacy between family members.

Mary Daniel said she agrees with Dr. Scott Rivkees, but does not want to be told what to do or be scolded when she is with her husband and gets too close to him or her mask falls down a little bit. She said she does not want a monitor to treat her like a child by telling her what she can and can't do in her husband's "home." Mary Mayhew said, "Unfortunately it is the congregate setting that makes everyone in the facility so vulnerable to a misstep." She said she knows that the restrictions keeping husbands and wives from seeing each other are extremely upsetting. Mary Daniel said an open setting where staff and visitors could see what everyone was doing would solve the compliance and privacy issues.



Gail Matillo said that not having an essential caregiver should not stop outdoor visitation at facilities.

Mary Mayhew asked, "Does anyone believe that in order to do outdoor visitation, there should be any consideration related to the prevalence of cases in the facility or in the community, or can outdoor visitation be supported with the right restrictions regardless of cases in the facility or in the community?" Emmett Reed said, "I believe outdoor can absolutely be supported without criteria related to cases."

Dr. Scott Rivkees said he is less concerned about cases in the community, but he would like to think more about having outdoor visitation with cases in the facility.

Mary Daniel said, "We will take an outdoor visit all day long if it gets us in the facilities quickly to see our loved ones."

Mary Mayhew said she is "very optimistic" that the Task Force would be able to complete a draft report between tomorrow's scheduled meeting at 3 p.m. and early next week.

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