STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

SECRETARIAL ORDER No. 3
Visitation for Nursing Homes

September 1, 2020

To prevent outbreaks of COVID-19 in nursing homes, federal authorities recommended restricting visitation. We appreciate the efforts of families, residents, staff and providers across the state in responding to the COVID-19 Crisis. Ensuring the health and safety of residents has been challenging and required tremendous work on the part of facility management and frontline staff.

Nursing homes are at risk of experiencing outbreaks of COVID-19 and the residents of these facilities are often in a high-risk category for serious complications from COVID-19. The continued use of technology to keep families connected as much as possible is still highly encouraged. However, to balance the needs of families and residents to see each other in person with the need to protect residents from COVID-19, this Order outlines strict criteria for allowing outdoor visitation. Current data indicate that risk of transmission in outdoor settings is lower compared to indoor settings.

Based upon the foregoing and pursuant to the authority delegated to me by Governor Cooper in Executive Order No. 152, I find that the following restrictions and recommendations for certain long term care facilities are required to slow the spread of COVID-19 and save lives and therefore order the following:

This Order applies to nursing homes or skilled nursing facilities, including combination skilled nursing/adult care assisted living facilities. Separate guidance is available for other larger residential care facilities including adult care homes, behavioral health/IDD, intermediate care facilities, and psychiatric residential treatment facilities (PRTF) with 7 or more beds, available here. (Facilities with 6 or fewer beds should refer to "Guidance for Smaller Residential Settings Regarding Visitation, Communal Dining, Group and Outside Activities" available here).

SECTION I. Restrictions on Visitation

Secretarial Order No. 1 issued July 24, 2020 is rescinded and replaced by this Secretarial Order.

Nursing Homes or skilled nursing facilities, including combination skilled nursing/adult care assisted living facilities shall restrict visitation of all visitors and non-essential health care personnel, except for (1) certain compassionate care situations, such as an end-of-life situation, or (2) outdoor visits which meet the requirements set out below. These facilities shall also cancel communal dining and all group activities, including internal and external activities.

SECTION II. Outdoor Visitation

A. These conditions, at a MINIMUM, must be met prior to a facility covered by this order permitting outdoor visitation

- Facility must not be listed on the N.C. DHHS COVID website as having an ongoing outbreak.
    - NOTE: If a new facility acquired case occurs, revert back to restrictions until no new facility onset cases have occurred within 28 days.

- Facility must have a written testing plan and action plan based on testing in place. Facilities must:
    - Identify a community partner or laboratory vendor to conduct testing in the event of a case or outbreak and confirm availability.
    - Determine who will collect specimens.

- Facility must have an updated written Infection Control or Preparedness plan for COVID-19 that can be made available to the appropriate overseeing agency upon request.

- Facility must have a written plan which outlines their facility's policy on visitation, and communicate it with families, residents, and staff.

- Facility must identify designated locations conducive to visiting that allows for social distancing.

- Facility must be able to maintain staffing levels without resorting to crisis capacity strategies.

- Facility must have access to adequate personal protective equipment (PPE) without resorting to crisis capacity strategies.

A nursing home that allows in-person visitation in a designated outdoor visitation space after meeting the above criteria, must implement all of the following requirements:

B. Requirements for Outdoor Visitation

- Adequate staff must be present to allow for personnel to help with transition of residents, monitoring of visitation, and wiping down visitation areas after each visit.

- The physical layout of the facility and visitation spaces must allow for appropriate social distancing of at least 6 feet between residents and visitors for any type of activity including visits.

- Any structures built or structural modifications made to any outdoor space to facilitate visitation cannot violate any N.C. Building Code, Life Safety Code, or any other building safety ordinance. Any modifications to the outdoor space of a facility to accommodate safe visitation must be pre-approved by the DHSR Construction Section.

- Facility must conduct daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff.

- Each facility must assure that residents are able to safely transition (with assistance if necessary) from their room to the visitation location and remain safe in the designated location.

- Residents must not be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present. Residents should wear a face mask or face covering while moving through the facility.

- Residents must wear a face covering (if tolerated) at all times when not in their room.

- Residents showing any signs of respiratory illness must not participate in visitation.

C. Visitation Guidelines

- Prioritization for visitation should be considered for residents with emotional distress, or when health and well-being are exacerbated by visitation restrictions.

- A facility should accommodate visitation to the greatest extent possible for each resident.

- Facility should require scheduling of visits in advance and visits should be dependent on availability of suitable space and sufficient staffing and PPE at the facility to meet resident care needs.

- Facility must ensure appropriate personal care and supervision are provided for the safety of the resident by taking into consideration the needs of the resident and the situation. Some of these factors to be considered may include but are not limited to: the temperature, heat index, and other weather conditions outside, the need for sunscreen, hydration, plan for supervising residents with wandering or other behaviors, appropriate clothing for the weather, and conditions or medications that may cause the resident to be heat-sensitive.

- Facility must establish procedures for conducting pre-visit orientation to, and screenings of, visitors to include presence of symptoms and known exposure to COVID-19, and ensure visitors bring and wear a mask for face covering.

- Visitors must be screened for fever or and other symptoms associated with COVID-19 (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) prior to resident being transported to the designated space
    - Visitors must cooperate with the facility's screening process at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19; if they have had COVID-19, they must provide documentation (e.g., doctor's note) that they no longer meet CDC criteria for transmission-based precautions.

    - Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) must not be permitted to visit with a resident.
    - Visitors must be informed that if they develop within 2 days of visiting a resident a diagnosis of COVID-19 or signs and symptoms such as fever, cough, shortness of breath, sore throat, muscles aches, chills, or new onset loss of smell or taste, then the visitor must immediately notify the facility of the date they were visiting and the resident they were in contact with. Residential care facilities must immediately screen the resident who had contact with the visitor and follow up with the facility's medical director or resident's care provider.

- Visitors must be limited to no more than two individuals at a time per resident. Children visitors must be able to wear a face covering or mask during the entire visitation and remain with their guardian who will be responsible for assuring that all safety measures are followed.

- Visitors must bring and wear a face covering or mask covering both the mouth and nose for the entire visit or wear a facility-provided surgical mask covering both the mouth and nose if the facility requires. Facility may refuse entry to, and may cease visitation by, visitors who do not comply with wearing a mask or face covering.

- Facility must provide alcohol-based hand rub to visitors and demonstrate how to use it appropriately if necessary.

- Visitors, residents and staff must use alcohol-based hand rub before and after visitation.

- A facility staff member trained in patient safety and infection control measures must be available to transport residents to and from the visitation session, screen the visitors, and remind the visitors of the visitation protocols and infection prevention measures to be taken during the visit. Staff and residents must wear a surgical face mask or face covering for the duration of the visit.

- Designated area for the resident and for the visitors should be clearly marked maintaining with 6 feet or more of separation. Visitors must stay in the designated location and only visit the resident they intend to visit.

- Visitors must remain at least 6 feet from the resident and staff at all times (exceptions can be made in compassionate care circumstances) during the visit.

- Designated area must be sanitized with EPA-approved disinfectant for SARS-CoV-2 after each visit and as needed.

- Facility must have a reasonable basis for modifying visitation requirements and reducing visitation opportunities.

Facilities have discretion to alter visitation practices based on disease transmission in the facility or community, visitor non-compliance, or other factors.

The facility may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week visitation may occur.

Section III. Distribution.

This Secretarial Order shall be: (1) distributed to the news media and other organizations calculated to bring its contents to the attention of the general public; and (2) distributed to others as necessary to ensure proper implementation of this Secretarial Order.

Section IV. Effective Date.

This Secretarial Order is effective at 5 p.m. on Friday September 4, 2020. This Secretarial Order shall remain in effect until September 22, 2020, unless rescinded or replaced with a superseding Secretarial Order. An Executive Order rescinding the Declaration of the State of Emergency will automatically rescind this Secretarial Order.

Signed this the 1st day of September 2020.

Mandy K. Cohen, MD, MPH
Secretary