GOVERNMENT OF THE DISTRICT OF COLUMBIA

ADMINISTRATIVE ISSUANCE SYSTEM

Mayor's Order 2020-063
April 15, 2020

SUBJECT: Extensions of Public Emergency and Public Health Emergency and Measures to Protect Vulnerable Populations During the COVID-19 Public Health Emergency

ORIGINATING AGENCY: Office of the Mayor

By virtue of the authority vested in me as Mayor of the District of Columbia pursuant to section 422 of the District of Columbia Home Rule Act, approved December 24, 1973, Pub. L. 93-198, 87 Stat. 790, D.C. Official Code § 1-204.22 (2016 Repl.); in accordance with the COVID-19 Response Emergency Amendment Act of 2020, effective March 17, 2020, D.C. Act 23-247, the COVID-19 Response Supplemental Emergency Amendment Act of 2020, effective April 7, 2020, D.C. Act 23-286, and any substantially similar subsequent emergency or temporary legislation; section 5 of the District of Columbia Public Emergency Act of 1980, effective March 5, 1981, D.C. Law 3-149, D.C. Official Code § 7-2304 (2018 Repl.); section 5a of the District of Columbia Public Emergency Act of 1980, effective October 17, 2002, D.C. Law 14-194, D.C. Official Code § 7-2304.01 (2018 Repl.); section 1 of An Act To Authorize the Commissioners of the District of Columbia to make regulations to prevent and control the spread of communicable and preventable diseases, approved August 11, 1939, 53 Stat. 1408, D.C. Official Code §§ 7-131 *et seq.* (2012 Repl.); the Developmental Disabilities Service Management Reform Amendment Act of 2006, effective March 14 2007, D.C. Law 16-264, D.C. Official Code §§ 7-761.01 *et seq.*; the Homeless Services Reform Act of 2005, effective October 22, 2005, D.C. Law 16-35, D.C. Code §§ 4-751.01 *et seq.*; the Continuing Care Retirement Communities Act of 2004, effective April 5, 2005, D.C. Law 15-270, D.C. Code § 44-151.01 *et seq.*; the Assisted Living Residence Regulatory Act of 2000, effective June 24, 2000, D.C. Law 13-127, D.C. Official Code §§ 44-101.01 *et seq.*; the District of Columbia Substance Abuse Treatment and Prevention Act of 1989, effective March 15, 1990, D.C. Law 8-80, D.C. Official Code §§ 44-1201 *et seq.*; the Youth Residential Facilities Licensure Act of 1986, effective August 13, 1986, D.C. Law 6-139, D.C. Code §§ 7-2101 *et seq.*; the Health-Care and Community Residence Facility Hospice and Home Care Licensure Act of 1983, effective February 24, 1984, D.C. Law 5-48, D.C. Official Code § 44-501 *et seq.*; section 2 of An Act To Create a Department of Corrections in the District of Columbia, approved, June 27, 1946, 60 Stat. 320, D.C. Official Code §§ 24-211.01–211.08; Mayor's Order 2020-045, dated March 11, 2020, Mayor's Order 2020-046, dated March 11, 2020, Mayor's Order 2020-050, dated March 20, 2020, Mayor's Order 2020-051, dated March 20, 2020, Mayor's Order 2020-053, dated March 24, 2020, and Mayor's Order 2020-054, dated March 30, 2020, it is hereby **ORDERED** that:

I. BACKGROUND

1. This Mayor's Order incorporates the findings of prior Mayor's Orders relating to COVID-19.

2. Individuals living, working, and visiting Washington, DC must continue to stay at their place of residence, only leaving for essential activities, essential government functions, essential business, essential travel or allowable recreation.

3. If leaving their residence, all individuals must continue to social distance from others not in their household. Wearing a mask or mouth covering is one tool to protect their own health and the health of others, but it does not replace social distancing.

4. Group facilities and residences pose the threat of rapid rates of transmission of COVID-19 and the government and private sector providers of shelter and health care have a special concern for reducing transmission of COVID-19.

5. This Order mandates protocols that must be implemented at certain facilities and residences in the District where this threat exists and where vulnerable populations reside, while leaving room for evolving standards of care.

6. This Order further extends the public emergency and public health emergency in the District of Columbia through May 15, 2020.

II. APPLICABILITY

Sections II through VIII of this Order apply to:

1. Community living residences and facilities for individuals with medical, physical, or other health care conditions that are funded in whole or in part by the District government, including:

    a. Community residential facilities or other community-based residences for people who are elderly or with physical conditions or intellectual disabilities;

    b. Congregate care facilities licensed by the District government;

    c. Intermediate care facilities for individuals with intellectual disabilities;

    d. Hospice facilities; and

    e. Substance use disorder residential facilities;

2. Nursing homes and assisted living facilities regulated by the District;

3. Low-barrier and emergency shelters for individuals, families, and youth experiencing homelessness or fleeing domestic violence;

4. The Department of Corrections' Correctional Treatment Facility, Central Cell Block, and Central Detention Facility;

5. The Department of Youth Rehabilitation Services' New Beginnings Youth Development Center and Youth Services Center; and

6. Psychiatric hospitals, including St. Elizabeths Hospital and the Psychiatric Institute of Washington.

III. DESIGNATION OF INDIVIDUALS PROVIDING DIRECT SUPPORT WITHIN RESIDENCES AND FACILITIES AS HEALTH CARE PROVIDERS

This Order hereby determines that individuals who provide direct support services within the residences and facilities identified in section II, with the exception of District of Columbia government employees, are considered to be essential health care providers necessary for the District's response to the COVID-19 public health emergency.

IV. OUTREACH TO CERTAIN VULNERABLE POPULATIONS

The Department of Health Care Finance (DHCF) shall review its claims data from calendar years 2019 and 2020 to identify beneficiaries who may have an underlying health condition that makes them more vulnerable to severe illness or death from COVID-19. DHCF shall conduct outreach to those individuals to provide them information on steps they may take to lessen the risk of contracting and spreading COVID-19, to determine whether the individual has symptoms of COVID-19, and to provide information on any medical care, case management, or other support that may be appropriate for the individual to address the risks or impacts of COVID-19.

V. PROTOCOLS REQUIRED AT ALL RESIDENCES AND FACILITIES COVERED BY THIS ORDER

1. Residences and facilities specified in section II must implement the following protocols for the safety of employees and individuals residing at the facilities:

    a. Exclude all Visitors and Non-Essential Personnel (as defined in section VII) from entry or access to their facility or residence;

    b. Screen all individuals, including all employees and essential visitors, to prohibit the entrance of anyone showing symptoms of infection with COVID-19. The screening shall include:

i. A questionnaire on whether the individual is currently exhibiting, or has recently exhibited any COVID-19 or flu-like symptoms or been in contact with a person recently diagnosed with COVID-19; and

ii. A body temperature check.

Emergency personnel are exempt from a screening;

c. Exclude from the facility or residence each employee or essential visitor who has a fever or who exhibits symptoms of COVID-19;

d. Screen all individuals who share a common area such as a ward, unit, floor or restroom facilities, with an individual who tested positive for COVID-19 in the facility. The screening shall include:

i. A questionnaire regarding COVID-19 symptoms;

ii. A temperature check; and

iii. A test for COVID-19 as soon as practicable.

No universal testing shall be conducted for research purposes, but shall be undertaken only for the care of individuals and prevention of the spread of COVID-19;

e. Require each person entering the facility or residence to wash their hands with soap and water for at least twenty (20) seconds or disinfect their hands with an approved hand sanitizer;

f. Cancel all group activities at the facility or residence, except for group activities required to address a medical need;

g. Encourage employees and residents to practice social distancing, including not shaking hands or engaging in any other unnecessary physical contact;

h. Provide adequate sanitizing products, including hand sanitizers or disinfecting wipes, at all entry and exit ways and throughout the residence or facility;

i. Restrict all seating in communal dining areas and allow individuals to pick up "grab and go" prepackaged meals or provide in-room dining services. If not feasible, appropriate social distancing practices must be followed, such as staggering meal times or spacing individuals at least six (6) feet apart;

j. Encourage and facilitate the use of electronic communication platforms for videoconference or telephone visits with residents, consistent with normal visitation policies and consistent with public safety. If an in-person visit is required, the visit must take place in compliance with the facility's policies. Facilities are encouraged to provide private, secure video or telephonic communication platforms for lawyers and legal guardians;

k. Implement regular disinfection procedures for cleaning high-touch surfaces and any shared equipment; and

l. Require individuals who have left the facility or residence for care at a hospital for COVID-19 or for any other approved reason to be allowed to return to the facility or residence.

2. Residences and facilities specified in section II of this Order must implement the following protocols for the safety of their workforce and residents:

a. Inform all employees in writing that they should not come to work if sick and of applicable paid leave provisions;

b. Inform all employees in writing of social distancing protocols;

c. If feasible, separate all employee workstations by at least six (6) feet or stagger employee shift times or duties to maintain social distance;

d. Require all employees providing direct care to individuals or directly involved in food preparation to wear a mask or face covering.

i. Facilities and residences should request masks, if the facility or residence is not able to procure such items on its own, from the Local Strategic Medical Supply; and

ii. The Emergency Operations Center shall respond to these requests as soon as practicable if supplies are adequate;

e. Ensure that all employees have consistent access to running water and soap; tissues and lined trash receptacles; store-bought alcohol-based hand sanitizer that contains at least sixty percent (60%) alcohol if permitted in the facility; and disinfectant spray or wipes;

f. Implement the following practices to mitigate the risk of transmission within facilities and residences:

i. Any employee witnessing an individual exhibiting symptoms of COVID-19 shall notify the person in charge;

ii. Direct individuals exhibiting symptoms of COVID-19 to medical care or secure such care and determine or direct the individual to determine whether testing is available for COVID-19;

iii. Inform the appropriate District government agency(ies) regulating and overseeing the delivery of services at the facility or residence, or the District government agency with which the facility or residence contracts, when a staff member or resident has tested positive for COVID-19;

iv. When notified that an individual has tested positive for COVID-19 with written verification of the positive test result, implement a protocol, in accordance with guidance from the Department of Health, requiring affected employees and individuals to self-quarantine and for sanitization of affected areas of the facility; and

v. Require employees who have had confirmed COVID-19 positive test results to present to their supervisor written documentation from a healthcare professional stating that they are approved to return to work before returning to work;

g. Establish a continuity of operations plan, if not already in place, that provides for continued care or treatment of residents if a significant number of employees are absent from work or if the facility or residence is evacuated (if such evacuation is feasible);

h. If applicable, designate a room, unit, or floor of the facility or residence as a separate observation area for newly admitted or readmitted individuals. All new or readmitted residents should be quarantined for fourteen (14) days if feasible;

i. If feasible, designate a room, unit, or floor of the facility or residence to care for individuals with known or suspected COVID-19 positive status; and provide similar but separate cohort grouping for those who test negative if feasible; and

j. If feasible, designate a cohort of staff assigned to care for residents with known or suspected COVID-19 positive individuals.

VI. EMERGENCY FAST TRACK TEMPORARY EMPLOYMENT

1. Given the anticipated staff shortages at facilities and residences for vulnerable persons as COVID-19 continues to spread, the Department of Human Resources, with the Department of Employment Services, is directed to gather and post available positions.

2. The Department of Health is directed to examine its regulations applicable to staffing at such facilities and residences and promulgate emergency rules to promote the rapid and flexible hiring of temporary workers.

3. The Department of Health and Emergency Operations Center are directed to devise and implement a plan for outreach to facilities and residences identified in section II to determine if deployment of members of the Medical Reserve Corps or National Guard would be helpful to temporarily address staff shortages, other than deploying the National Guard to any facility connected to law enforcement.

VII. DEFINITIONS

1. For the purposes of this Order, the term "Visitors and Non-Essential Personnel" includes:

   a. Employees, contractors, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the residence or facility; and

   b. Family members and loved ones of residents and those who have legal authority to make healthcare or other legal decisions for residents, except when a visit is necessary in order for the person with such legal authority to make a healthcare or other legal decision for the resident and a video or telephone visit is not feasible for this purpose.

2. For the purposes of this Order, the term "Visitors and Non-Essential Personnel" does not include:

   a. Hospice care workers;

   b. Emergency personnel;

   c. Lawyers or legal guardians approved for an in-person visit with their client;

   d. Licensed, registered, or certified health care professionals, including an allied health professional from whom a service cannot safely and effectively be provided via telehealth;

   e. Individuals present for youth or emergency hearings held at a District government facility;

   f. Compassionate care visits for end-of-life care for an individual who does not have COVID-19; or

   g. Regulators, auditors, or court-appointed investigators.

VIII. SUPERSESSION, NO PRIVATE RIGHT OF ACTION, AND WAIVER

1. Any subsequent guidance issued by a subordinate agency that conflicts with or amends the requirements of this Order shall supersede each provision of sections II through VII of this Order, with which it conflicts or which it amends.

2. Facilities and residences shall monitor published guidance from the Department of Health and other regulatory and licensing agencies.

3. Failure of facilities and residences to adhere to or implement the protocols in sections II through VII of this Order does not give rise to any private cause of action.

4. Facilities and residences may apply for a waiver of any provision of sections II through VII of this Order through their licensing, monitoring or regulatory body.

IX. ENFORCEMENT

1. Any individual or entity that knowingly violates this Order may be subject to civil, criminal, and administrative penalties authorized by law, including sanctions or penalties for violating D.C. Official Code § 7-2307, including civil fines or summary suspension or revocation of licenses.

2. Individuals should call 311 to report any suspected violations of this or other Mayor's Orders related to the COVID-19 public health emergency.

X. AMENDMENTS TO PRIOR MAYOR'S ORDERS

1. Subsection II.1.a of Mayor's Order 2020-054, dated March 30, 2020 is amended to read, "All individuals living in the District, are ordered to stay at their place of residence, except as specified in this Order. All individuals visiting or working in the District are also subject to the provisions in this Order when in the District."

2. A new subsection II.5.e of Mayor's Order 2020-054, dated March 30, 2020, is added to read, "Individuals using taxis, ride-sharing vehicles, or other private transportation providers shall wear a mask or mouth covering."

3. A new subsection II.5.f of Mayor's Order 2020-054, dated March 30, 2020 is added to read, "Employees of and individuals using public transportation are strongly encouraged to wear masks or mouth coverings."

4. A new subsection III.4 of Mayor's Order 2020-053, dated March 24, 2020, is added to read, "Food Sellers, Hotels, Taxis, Ride-sharing companies, and other private transportation providers must require employees and independent contractors to wear gloves and cloth or surgical masks and instruct employees and

independent contractors on safe use. All gloves and masks shall be procured by businesses."

5. A new subsection III.5 of Mayor's Order 2020-053, dated March 24, 2020, is added to read, "Hotels shall post signage at their entrances instructing all guests and visitors to:

   a. wear a mask or mouth covering;

   b. maintain six (6) feet of distance from each other person who is not part of their household;

   c. cough or sneeze away from other people and into a tissue or one's elbow or sleeve and immediately dispose of the tissue in a safe manner; and

   d. not shake hands or engage in any other unnecessary physical contact.

XI. EXTENSION OF VALIDITY OF MEDICAL MARIJUANA REGISTRATION IDENTIFICATION CARDS

The validity of each medical marijuana registration identification card that would otherwise expire after February 28, 2020 is extended to the date that is forty-five (45) days after the end of the COVID-19 public health emergency.

XII. EXTENSIONS OF PUBLIC EMERGENCY AND PUBLIC HEALTH EMERGENCY

1. By this Order, the public emergency and public health emergency declared by Mayor's Orders 2020-045 and 2020-046, respectively, and extended by Mayor's Order 2020-050, are further extended through May 15, 2020.

2. The provisions of all Mayor's Orders concerning the COVID-19 public health emergency shall continue to apply through May 15, 2020.

XIII. EFFECTIVE DATE AND DURATION

This Order shall be effective at 12:01 a.m. on April 17, 2020. The Order shall continue to be in effect through May 15, 2020, or until the date to which the state of emergency is extended, or until this Order is rescinded, superseded, or amended in writing by a subsequent Order.

MURIEL BOWSER
MAYOR