Oregon
Kate Brown, Governor

Department of Human Services
Aging and People with Disabilities
500 Summer St. NE, E-02
Salem, OR 97301

March 16, 2020

To: All Licensed Nursing Facilities
All Adult Foster Homes licensed under OAR 411, Division 50
All Licensed Residential Care Facilities
All Licensed Assisted Living Facilities
Including, but not limited to, those with Memory Care Endorsements

DHS Oregon Department of Human Services

Re: **UPDATED** Executive Letter specifying immediate additional policies to limit exposure to the Novel Coronavirus (COVID-19)

Dear Providers:

Oregon has recently seen COVID-19 cases in people without high-risk exposures (i.e., travel to affected regions or contact with known cases). This means COVID-19 has spread in communities in Oregon. Community-wide measures like hand hygiene and staying home when ill are essential to decrease further community spread. The CDC states that early information out of China shows that some people are at higher risk of getting very sick from this illness. This includes older adults and people who have serious chronic medical conditions like heart disease, diabetes, lung disease, and people who are immunocompromised. This policy direction is being implemented immediately to prevent the spread of COVID-19 to some of the most vulnerable community members in Oregon.

In consultation with the Oregon Health Authority, based on its public health recommendations and under the authority of Executive Order 20-03 issued by the Governor on March 8, 2020, the Oregon Department of Human Services is adopting policies to:

- Restrict and limit entry to nursing facilities, adult foster homes licensed under OAR 411-050, residential care facilities and assisted living facilities, including those with memory care endorsements;
- Require 100% screening of all individuals who are allowed to enter facilities;
- Document screening procedures for all visitors; and
- Limit community activities.

These extraordinary actions are being taken to limit the potential for residents' exposure to novel Coronavirus (COVID-19). Long-term care facilities should apply infection control principles used to manage respiratory infections and outbreaks to COVID-19.

We encourage all providers to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

AUTHORITY
Governor Brown's Executive Order 20-03 dated March 8, 2020.

I. APPLICATION

This policy applies to all nursing facilities, adult foster homes licensed under OAR 411, Division 50, residential care and assisted living facilities, including those with memory care endorsements. These actions are required until further notice, with the understanding that guidance from the Department of Human Services may change as the situation evolves.

II. RATIONALE

The long-term care facility visitation policy stems from a desire to have a uniform policy that is better communicated to stakeholders and maximizes facilities' ability to prevent and contain the spread of the COVID-19 virus.

III. DEFINITIONS

a. *Essential* individual includes:

- Facility staff and prospective staff seeking employment;
- Outside medical personnel;
- Emergency responders including EMS, Fire and Police.
- Vendors, but only when access to facility is required;
- Adult protective services staff engaged in an active adult abuse investigation;
- Licensing/ Survey staff;
- Long Term Care Ombudsman and Deputies (not volunteers);
- Legal guardians;
- Friends or family members visiting during end-of-life stages;

b. *Screening* means: the evaluation by facility staff of every individual entering the facility consistent with the screening criteria.
c. *Screening criteria includes identifying:*
    - Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
    - Contact, in the last 14 days, with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19.
    - Whether there has been international travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
d. *Restricting* means: not being allowed in the facility at all.
e. *Limiting* means: Not being allowed in the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.

IV. POLICY

Effective March 16, 2020, facilities must follow CMS guidelines related to screening, limiting and restricting visitors (CMS Ref. QSO-20-14-NH (March 13, 2020)) and must:

1. Restrict visitation of non-essential individuals.
2. Screen 100% of essential individuals prior to entry into the building consistent with screening criteria.
3. Limit visitation of essential individuals.
    a. If an essential visitor meets any of the screening above, visitors must:
        i. Limit their movement within the facility to the resident's room
        ii. Limit surfaces touched
        iii. Use appropriate personal protective equipment (PPE) – gown, gloves and mask
        iv. Limit physical contact with resident

All screenings must be documented via a form and logged. Screening documentation must be maintained and made available for inspection by regulatory agencies.

Essential individuals who meet any of the screening criteria must follow the limitations listed above.

Facilities shall post signage clearly summarizing the essential individual visitor policy.

If a facility has a suspected, presumptive, or confirmed COVID-19 patient, the facility must:

- Consult with local public health.
- Notify its licensing authority (Safety, Oversight and Quality)
- Further restrict visitation.
- Maintain a log of visitors and staff interacting with a patient who is isolated for presumptive or confirmed COVID-19.
- Be able to identify the staff who interacted with the resident and resident's environment.
- Restrict all internal group activities to prevent infection exposure to other residents.

Effective immediately, facilities shall discontinue community outings. Facilities shall provide guidance and education to residents who independently engage in community outings, but MAY NOT prevent residents from embarking on those outings.

Facilities must continue to accommodate medical visits, regardless of whether such visits are routine, preventive or critical.

Visitation and socialization promotes emotional wellness for residents. As such, facilities must provide guidance and technological solutions for "virtual visits" using tools such as FaceTime and Skype to both residents and potential visitors who are being denied entry.

This policy will be updated as additional information is released by the Centers for Disease Control and Prevention, and the Oregon Health Authority. The Department will also provide tools to assist facilities with implementation shortly.

It is so ordered that this policy is in effect from March 16, 2020, until rescinded via executive letter.

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Michael McCormick, Interim Director
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Department of Human Services