



April 20, 2020

**AMENDED NOTICE OF PUBLIC HEALTH ORDER 20-20  
RESTRICTING VISITORS AT ALL COLORADO SKILLED NURSING FACILITIES,  
ASSISTED LIVING RESIDENCES AND INTERMEDIATE CARE FACILITIES**

**PURPOSE OF THE ORDER**

The Colorado Department of Public Health and Environment (CDPHE or “state health department”) is working to stop the spread of novel coronavirus 2019 (COVID-19). At this time, I find it necessary to implement emergency measures to restrict visitors to skilled nursing facilities, assisted living residences, and intermediate care facilities in Colorado to protect the health of the residents of these facilities. This Order is amended to require that all skilled nursing facilities, assisted living residences, and intermediate care facilities have COVID-19 prevention and response plans in place to contain the spread of any disease outbreak that may occur within the facility.

**FINDINGS**

1. COVID-19 was first detected in Wuhan, China in late 2019, and since then has spread to over 60 countries including the United States. There are 39 known presumptive positive cases of COVID-19 in Colorado as of March 12, 2020, and there is every expectation that more cases will be diagnosed.
2. COVID-19 is a respiratory illness transmitted like other respiratory illness through person-to-person contact or by contacting surfaces contaminated with the virus. Persons infected with COVID-19 may become symptomatic anywhere from two to fourteen days after exposure. Symptoms include fever, cough or shortness of breath or difficulty breathing.
3. Individuals with serious chronic health conditions and older adults are most at risk for becoming very ill with this disease, and nursing facilities, assisted living residences, and intermediate care facilities serve residents who are at this level of risk.
4. Pursuant to the authority in section 25-1.5-102(1), C.R.S., I am ordering that Colorado licensed or certified skilled nursing facilities, intermediate care facilities and assisted living residences (facilities) implement visitor restrictions and daily facility screening protocols for those entering the facility, in order to reduce the likelihood of possible introduction of COVID-19 into these facilities.

**ORDER**

**Effective March 12, 2020 to protect the public's health and to prevent further spread of the disease, all Colorado licensed or certified skilled nursing facilities, intermediate care facilities and assisted living residences are required to implement the following restrictions and requirements regarding visitors to these facilities:**

- I. Facilities must follow CMS guidelines related to screening, limiting and restricting visitors (CMS Ref. QSO-20-14-NH (March 9, 2020) <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf> and must:
  1. Restrict visitation of non-essential individuals.
    - a. Facilities shall post signage clearly summarizing the essential individual visitor policy, such as vendors providing necessary supplies or services for the facility or residents, and individuals necessary for the physical and/or mental well-being of the resident.
  2. For essential individuals entering the building, including personnel, contracted individuals or essential visitors, screen 100% prior to entry into the building, consistent with screening criteria. Essential individuals should be limited.
    - a. All screenings must be documented via a form (See Attached) and logged.
    - b. Screening documentation must be maintained until further notice and made available upon request to CDPHE. After screening, if an essential visitor is allowed into the facility, they 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
      - v. There can only be two essential visitors per resident at a given time.
  3. If a facility has a suspected, presumptive, or confirmed COVID-19 patient, the facility must:
    - a. Consult with the county's local public health agency.
    - b. Notify CDPHE as the licensing authority.
    - c. Further restrict visitation after consultation with the local public health agency.
    - d. Maintain a log of visitors and staff interacting with a patient who is isolated for presumptive or confirmed COVID-19.
    - e. Be able to identify the staff who interacted with the resident and resident's environment.

- f. Restrict all internal group activities to prevent infection exposure to other residents.

**II. Alternative Communications.** Facilities that restrict or limit visitor access for any of the foregoing reasons must:

- a) Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.);
- b) Assign staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date; or
- c) Offer a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

**III. Restrictions regarding Third Parties.** Facilities shall review how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and revise policies, practices and procedures to implement necessary actions and best practices to prevent potential disease transmission.

#### **IV. Prevention and Response for COVID-19**

**1. COVID-19 Prevention and Response Plans.** No later than May 1, 2020, each facility shall create and submit to CDPHE, through the Health Facilities and Emergency Medical Services Division at [covid-19facilityisolationplan@state.co.us](mailto:covid-19facilityisolationplan@state.co.us), a COVID-19 prevention and response plan that details the steps the facility will take to implement COVID-19 prevention strategies, in addition to how the facility will identify and isolate residents who test positive or have symptoms compatible with COVID-19. These plans should include the concepts contained in the COVID-19 Preparation and Rapid Response: Checklist for Long Term Care Facilities found on the [CDPHE webpage](#), which cover both prevention and response activities, including strategies for PPE use and preservation and other administrative controls for staff working with residents in isolation, ensuring isolation of residents with illness from susceptible residents, frequency of symptoms monitoring for ill residents and plans for seeking additional medical care as needed, identifying and monitoring residents who are contacts of symptomatic residents during the quarantine period, and process for notification of family member or legal guardian of the isolation requirement. A template plan for completion is available on the [CDPHE webpage](#). These plans should also include a description of the COVID-19 prevention staff training, the frequency of training and the method by which competency in prevention activities is determined.

2. Individuals who test positive or have symptoms compatible with COVID-19 who are placed in isolation must remain isolated until fever has been gone for at least 72 hours (3 full days of no fever without the use of medicine that reduces fevers), other symptoms have improved (for example, when cough or shortness of breath have improved), and at least 10 days have passed since symptoms first appeared.

3. Facilities shall ensure that all residents have access to necessary medical care, including all treatment ordered by a physician, which may include services that are not readily available in the facility and must be provided by nonemployee, external health care providers. Facilities shall screen such providers in accord with the provisions in Section 1.2 of this Order. Health care providers entering the facility to provide care to residents shall utilize appropriate personal protective equipment (PPE). All facility employees shall wear face coverings in accord with **Executive Order D 2020 039**.

4. Facilities should require that when residents or employees of the facility leave the facility to go out in public for necessary activities, as defined in Public Health Order 20-24 Implementing Stay at Home Requirements, they wear a mask or other face covering to reduce the possibility of disease spread.

CDPHE is tasked with protecting the health and welfare of the citizens of Colorado by investigating and controlling the causes of epidemic and communicable disease. This Public Health Order is necessary to control any potential transmission of disease to others. Section 25-1.5-102(1), C.R.S. Immediate issuance of this Order is necessary for the preservation of public health, safety, or welfare, and the requirements of the Administrative Procedure Act, article 4, title 24, C.R.S. do not apply to this Order.

**FAILURE TO COMPLY WITH THIS ORDER IS SUBJECT TO THE PENALTIES CONTAINED IN SECTION 25-1-114, C.R.S., INCLUDING A FINE OF UP TO ONE THOUSAND (1,000) DOLLARS AND IMPRISONMENT IN THE COUNTY JAIL FOR UP TO ONE YEAR.**



Jill Hunsaker Ryan, MPH  
Executive Director

April 20, 2020

Date