



HEALTH OFFICER ORDER FOR THE CONTROL OF COVID-19

No. 20-20

Public Health Requirements for “Long-Term Care Facilities and Other Agencies”

Date Order Issued: November 23, 2020

This Order is in effect until rescinded in writing by the Health Officer.

SUMMARY OF THE ORDER

California is in a State of Emergency because of the COVID-19 pandemic. The spread of Novel Coronavirus (COVID-19) is a substantial danger to the health of the public within the County of Alameda. COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence that there is an increased risk of COVID-19 among those working in or living in certain Long-Term Care Facilities (LTCFs) and Other Agencies, and among those providing services in the community. The age, condition, and health of a significant portion of the population in LTCFs, skilled nursing facilities, and other congregate living settings and agencies in the County of Alameda (“County”) places them at risk for serious health complications, including hospitalization and death, from COVID-19. At the time of this Order, there have been at least 2,504 cases of infection and 207 deaths at Licensed Facilities and Other Agencies within the County. There is evidence of transmission risk from infected persons before the onset of symptoms. Thus, all LTCFs and Other Agencies are required to follow this Health Officer Order regarding when to accommodate or restrict visitation.

For purposes of this Order, “Licensed Facilities and Other Agencies” means any facility listed in Appendix A.

UNDER THE AUTHORITY OF THE CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE COUNTY OF ALAMEDA HEALTH OFFICER ORDERS:

Violation of this Order is a crime, punishable by a fine of up to \$10,000 and/or a year in jail. (Health & Saf. Code §§ 120295 et seq.; Cal. Penal Code §§ 69 & 148)

1. This Health Officer Order supplements existing Order 20-07, which remains in full force and effect. This Order adopts more stringent **visitation restrictions** addressing the particular facts and circumstances within LTCFs in this County, which are necessary to control the public health emergency as it is evolving within the County and the Bay Area. Without this tailored set of requirements for LTCFs, scientific evidence indicates that the spread of COVID-19 in LTCFs will increase, worsening the public health crisis in the County, consuming available health care resources, and increasing the death rate. Where a conflict exists between this Order 20-07b and any state public health order related to the COVID-19 pandemic, the most restrictive provision controls.
2. All Long-Term Care Facilities (LTCFs) in the County of Alameda must suspend all indoor, in-room, and communal space visitation when a LTCF is experiencing a COVID-19 outbreak and conducting response-driven testing. Safe, outdoor visitation may continue during an outbreak. LTCFs may resume indoor, in-room, and communal space visitation



when the LTCF has identified no new positive COVID-19 cases after two sequential rounds of response driven testing over a 14-day period. The exceptions to these visitation restrictions can be found in Appendix B.

3. This Order shall become effective at 8:00 a.m. on November 25, 2020 and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer.

The Health Officer may take additional action, to protect the public's health if any Licensed Facility or Other Agency, or other individual who is subject to this Order violates or fails to comply with this Order. Violation of this Order is a misdemeanor punishable by imprisonment, fine, or both.

IT IS SO ORDERED:

A handwritten signature in black ink, appearing to read "N. Moss", with a long, sweeping underline.

Nicholas J. Moss, MD, MPH
Health Officer of the County of Alameda

November 23, 2020

Attachments:
Appendix A – List of LTCFs or other Agencies



Appendix A – List of Long-Term Care Facilities or Other Agencies

- Psychiatric Health Facilities
- Skilled Nursing Facilities
- Intermediate Care Facilities of all license types
- Hospice Facilities
- Residential Care Facilities for the Elderly
- Social Rehabilitation Facility
- Continuing Care Retirement Communities
- Adult Residential Care Facilities (ARF)



Appendix B – Exceptions to Visitation Restrictions

The following may visit facilities despite the restrictions imposed by Health Officer Order No. 20-07b, subject to conditions enumerated below:

- Healthcare workers: Facilities should follow [CDC Guidelines](#) for limiting access to the facility to healthcare workers. Healthcare workers, including those from the local county public health offices, should be permitted to come into the facility if they meet [CDC guidelines for healthcare workers](#). For purposes of this Order, health care workers includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions.
- Surveyors: Centers for Medicare & Medicaid Services (CMS) constantly evaluates surveyors and CDPH requires testing of their surveyors consistent with same schedule as staff members of the facilities they visit to ensure they do not pose a transmission risk when entering the facility.
- Ombudsman: Facilities must permit ombudsman in the facility. Ombudsman are required to be asymptomatic and CDPH recommends that ombudsman be tested consistent with same schedule as staff members of the facilities they visit to ensure they do not pose a transmission risk when entering the facility.
- Nursing students: Students obtaining their clinical experience as part of an approved nurse assistant, vocational nurse or registered nurse training program should be permitted to come into the facility if they meet [CDC guidelines for healthcare workers](#). Students entering the facility routinely must participate in the facility wide screening testing.
- Compassionate care visitation: For permitted visitors, visits should be conducted using social distancing; however, if the facility and visitor identify a way to allow for personal contact during compassionate care visitation, visitors must be screened for COVID-19 symptoms, be routinely tested for COVID-19 at least weekly, wear a surgical facemask while in the building, restrict their visit to the resident's room or other location designated by the facility, and be reminded by the facility to frequently perform hand hygiene.

Compassionate care visitation includes, but is not limited to:

- End-of-life situations
- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support
- A resident who is grieving after a friend or family member recently passed away
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past)



- Legal matters: Visitors must be permitted for legal matters that cannot be postponed including, but not limited to, voting, estate planning, advance health care directives, Power of Attorney, and transfer of property title if these tasks cannot be accomplished virtually.
- Protection & Advocacy (P&A) programs: Any representative of a P&A program must be permitted immediate access to a resident, which includes the opportunity to regularly meet and communicate privately with the resident, both formally and informally, by telephone, mail, and in-person.
- Individuals authorized by federal disability rights laws: Facilities must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.
 - For example, if a resident requires assistance to ensure effective communication (e.g., qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the facility to interpret or facilitate, with some exceptions.
 - This would not preclude facilities from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.