

**STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT**

IN RE: SUSPENSION OF STATUTES,
RULES, AND ORDERS, PURSUANT
TO EXECUTIVE ORDER NUMBER
20-52, MADE NECESSARY BY THE
COVID-19 PUBLIC HEALTH
EMERGENCY

DEM ORDER NO. 20-011

EMERGENCY ORDER

WHEREAS, Governor Ron DeSantis issued Executive Order No. 20-52 in response to the COVID-19 Public Health Emergency; and

WHEREAS, Governor DeSantis has designated the Director of the Division of Emergency Management (DEM) as the State Coordinating Officer for the duration of this emergency and has delegated to the State Coordinating Officer the authority to exercise those powers delineated in sections 252.36(5)-(10), Florida Statutes; and

WHEREAS, on March 15, 2020, as the State Coordinating Officer, I issued DEM Emergency Order No. 20-006 under the powers afforded by Executive Order No. 20-52, to prohibit visitation to certain facilities in the State of Florida; and

WHEREAS, on May 18, 2020, I issued DEM Order No. 20-007, which reaffirmed and ratified the restrictions in DEM Order No. 20-006; and

WHEREAS, on September 1, 2020, I issued DEM Order No. 20-009, which permitted visitation to restart at certain facilities in accordance with specified conditions and procedures; and

WHEREAS, revision of visitation restrictions is necessary to address the current state of emergency.

NOW, THEREFORE, I, JARED MOSKOWITZ, hereby find that DEM's timely performance of disaster response functions related to the COVID-19 Public Health Emergency is hindered by the application of procedures imposed by statute, rule, and/or order.

Pursuant to Section 2 of Executive Order No. 20-52, I hereby suspend subsections 393.13(4)(a)3., 394.459(5)(c) and (d), 400.022(1)(b), 429.28(1)(d), 429.85(1)(d), and 916.107(5)(c), Florida Statutes, as well as any other statute or rule not specifically cited herein, to the extent the provisions of those statutes conflict with the visitation restrictions or permissions provided below. For purposes of this order, facilities include: Group Home Facilities as provided under chapter 393, Agency for Persons with Disabilities-licensed Foster-Care Facilities under chapter 393, Developmental Disability Centers as provided under chapter 393, Adult Mental Health and Treatment Facilities as provided under chapter 394, Nursing Homes as provided under chapter 400, Homes for Special Services as provided under chapter 400, Transitional Living Facilities as provided under chapter 400, Intermediate Care Facilities for the Developmentally Disabled as provided under chapter 400, Assisted Living Facilities as provided under chapter 429, Adult Family-Care Homes as provided under chapter 429, Adult Forensic and Civil Facilities as provided under chapter 916, and Civil Facilities as provided under chapter 394. This order applies until the expiration of Executive Order No. 20-52, including any extension thereof.

This Order supersedes DEM Orders Nos. 20-002, 20-006, 20-007, and 20-009 and applies as follows:

1. Every facility must continue to prohibit the entry of any individual to the facility, except in the following circumstances:

- A. Family members, friends, and individuals visiting residents in end-of-life situations including any resident enrolled in hospice;
- B. Hospice or palliative care workers caring for residents in end-of-life situations including any resident enrolled in hospice;
- C. Any individuals or providers giving necessary health care to a resident, provided that such individuals or providers: (1) comply with the most recent Centers for Disease Control and Prevention (CDC) requirements for personal protective equipment (PPE), (2) are screened for signs and symptoms of COVID-19 prior to entry, and (3) comply with the most recent infection control requirements of the CDC and the facility;
- D. Facility staff;
- E. Facility residents;
- F. Attorneys of Record for residents in Adult Mental Health and Treatment Facilities or forensic facilities for court-related matters if virtual or telephonic means are unavailable;
- G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), and their professional staff pursuant to subsection 744.361(14), Florida Statutes;
- H. Attorneys and their legal staff who are acting in their capacity as the legal representatives of residents where (a) the residents and lawyers are engaged in an active attorney-client relationships, (b) the visit is related to representation in legal proceedings or in consultation on legal matters, and (c) virtual or telephonic means are unavailable;
- I. Representatives of the federal or state government seeking entry as part of their official duties, including but not limited to Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with Disabilities, a protection and advocacy

organization under 42 U.S.C. §15041, the Office of the Attorney General, any law enforcement officer, and any emergency medical personnel;

J. Compassionate care visitors who meet the following definitions and satisfy the following criteria:

- i. Compassionate care visitors provide support, including emotional support, to help residents deal with difficult transition or loss, upsetting events, end-of-life situations, significant changes (such as recent admission to the facility), the need for assistance, cueing or encouraging with eating or drinking, or emotional distress or decline.
- ii. Regarding compassionate care visitors, the facility shall:
 1. Establish policies and procedures for designation and utilizations of compassionate care visitors;
 2. Set a limit on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation;
 3. Develop an agreeable schedule in concert with the residents and visitors, including evening and weekends, to accommodate work or childcare barriers;
 4. Provide instructional signage throughout the facility and infection prevention and control education, including education on proper use of PPE, hand hygiene, and social distancing;
 5. Designate key staff to support infection prevention and control training;
 6. Screen compassionate care visitors to prevent possible introduction of COVID-19;
 7. Maintain a visitor log for signing in and out;
 8. Monitor visitor adherence to appropriate use of face masks, PPE, and social distancing, especially for those

who may have difficulty with compliance such as children; and

9. After attempts to mitigate concerns, restrict or revoke visitation if the compassionate care visitor fails to follow infection prevention and control requirements or other COVID-19-related rules of the facility.

iii. Compassionate care visitors shall:

1. Wear a surgical mask and other PPE as appropriate. PPE for compassionate care visitors must be consistent with the most recent CDC guidance for health care workers;
2. Participate in facility-provided training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's infection prevention and control policies;
3. Comply with facility-provided COVID-19 testing, if offered;
4. Visit in the resident's room or in facility-designated visitation areas within the building; and
5. Maintain social distance of at least six feet with staff and other residents and limit movement in the facility except compassionate care visitors are not required to maintain social distance from the resident being visited.

iv. The facility may require compassionate care visitors to submit to facility-provided COVID-19 testing so long as use of testing is based on the most recent CDC and U.S. Food and Drug Administration (FDA) guidance.

K. General visitors, *i.e.* individuals other than compassionate care visitors, under the criteria detailed below:

- i. To accept general visitors, the facility must meet the following

criteria:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases from the community, the facility must have no new facility-onset of resident COVID-19 cases in the previous fourteen (14) days;
 2. The facility must have fourteen (14) days with no new facility-onset of staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test;
 3. Sufficient staff to support management of visitors;
 4. Adequate PPE for staff, at a minimum;
 5. Adequate cleaning and disinfecting supplies; and
 6. Adequate capacity at referral hospitals for the facility.
- ii. General visitors must:
1. Wear a face mask and perform proper hand hygiene;
 2. Sign an acknowledgement form noting receipt and understanding of the facility's visitation and infection prevention and control policies.
 3. Comply with facility-provided COVID-19 testing, if offered;
 4. Visit in a resident's room or other facility-designated area; and
 5. Maintain social distance of at least six feet with staff and residents, and limit movement in the facility.
- iii. Before allowing general visitors, the facility shall:
1. Set a policy to prohibit visitation if the resident receiving general visitors is quarantined, positive for COVID-19 and not recovered (as defined by most recent CDC guidance), or symptomatic for COVID-19;
 2. Screen general visitors to prevent possible introduction of COVID-19;

3. Establish limits on the total number of visitors allowed in the facility, or with a resident at one time based on the ability of staff to safely screen and monitor visitation;
 4. Establish limits on the length of visits, days, hours, and number of visits allowed per week;
 5. Schedule visitors by appointment only;
 6. Maintain a visitor log for signing in and out;
 7. Immediately cease general visitation if a resident—other than in a dedicated wing or unit that accepts COVID-19 cases from the community—tests positive for COVID-19, or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19, or a staff person who was in the facility in the prior ten (10) days tests positive for COVID-19;
 8. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing;
 9. Notify and inform residents and their representatives of any changes in the facility’s visitation policy;
 10. Clean and disinfect visiting areas between visitors and maintain handwashing or sanitation stations; and
 11. Designate staff to support infection-prevention and control education of visitors on use of PPE, use of masks, hand sanitation, and social distancing.
- iv. Facilities allowing general visitation shall enable general visitation as described in either or both paragraphs 1 and 2 below:
1. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices if needed. The provisions of K.(i)(1) and (2) are not applicable to outdoor visitation.
 2. Create indoor visitation spaces for residents in a room that is not

accessible by other residents, or in the resident's private room if the resident is bedbound and for health reasons cannot leave his or her room.

- v. Limit the number of visitors per resident at one time.
- vi. Each facility may require general visitors to submit to facility-provided COVID-19 testing so long as use of testing is based on the most recent CDC and FDA guidance.

L. Barbers and beauty salons may resume services to residents with the following precautions:

- i. Services are permissible only if:
 - 1. Other than in a dedicated wing or unit that accepts COVID-19 cases, the facility has had no new facility-onset of resident COVID-19 cases in the previous fourteen (14) days; and
 - 2. Fourteen (14) days have passed with no new staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test.
- ii. Barbers and salon staff must wear surgical masks, gloves, practice proper hand hygiene, and follow the same requirements as compassionate caregivers;
- iii. Waiting customers must follow social distancing guidelines;
- iv. Residents receiving services must wear face masks;
- v. Services are only provided to facility residents, not outside clients or guests;
- vi. Services may not be provided to a resident who tests positive for COVID-19 or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19; and
- vii. Service and salon areas must be properly cleaned and disinfected, and equipment must be sanitized between residents.

2. Individuals seeking entry to the facility, under the above section 1, will not be allowed to enter if they meet any of the screening criteria listed below:

- A. Any person infected with COVID-19 who does not meet the most recent criteria from the CDC to end isolation.
 - B. Any person showing, presenting signs or symptoms of, or disclosing the presence of a respiratory infection, including cough, fever, shortness of breath, sore throat, chills, headache, muscle pain, repeated shaking with chills, new loss of taste or smell, or any other COVID-19 symptoms identified by the CDC.
 - C. Any person who has been in close contact with any person(s) known to be infected with COVID-19, who does not meet the most recent criteria from the CDC to end quarantine.
3. All facilities must require any individual who is entering the facility and who will have physical contact with any resident to wear PPE pursuant to the most recent CDC guidelines. Persons without physical contact with any resident must wear a face mask. All facilities are encouraged to provide regular COVID-19 testing for staff and visitors.
4. Any resident leaving the facility temporarily for medical appointments or other activities, and any resident receiving visits from health care providers, must wear a face mask, if tolerated by that resident's condition. All residents must be screened upon return to the facility. Eye protection should also be encouraged. Appointments should be scheduled through the facility or group home to ensure proper screening and adherence to infection-control measures.
5. All visitors must immediately inform the facility if they develop a fever or symptoms consistent with COVID-19 or test positive for COVID-19 within fourteen (14) days of a visit to the facility.
6. Documentation showing compliance with the following requirements must be kept for all visitation within a facility:
- A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation.
 - B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain:
 - i. Name of the individual entering the facility;

- ii. Date and time of entry; and
- iii. The screening mechanism used by the facility to conclude that the individual did not meet any of the enumerated COVID-19 screening criteria. This documentation must include the screening employee's printed name and signature.

Because section 252.36(5)(a), Florida Statutes, allows the Governor to suspend the provisions of "any regulatory statute prescribing the procedures for [the] conduct of state business", and because Executive Order No. 20-52 designates the Director of the Division of Emergency Management as the State Coordinating Officer for this emergency, the requirements of sections 252.46 and 120.54(4), Florida Statutes, do not apply to this Order.


The effective dates of this Order shall correspond with the effective dates of Executive Order No. 20-52, and extensions thereof.

By Order of the State Coordinating Officer executed this 22nd day of October, 2020,
in Tallahassee, Leon County, Florida.



Jared Moskowitz
State Coordinating Officer
Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

Filed on this date, with
the designated Division Clerk,
receipt of which is hereby
acknowledged.


Division Clerk
Date: 10/22/2020