

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

ORDER

Whereas, on March 10, 2020, Governor Ned Lamont (the Governor), in response to the global pandemic of 2019 Coronavirus disease (COVID-19), declared a public health and civil preparedness emergency throughout the State of Connecticut pursuant to Sections 19a-131a and 28-9 of the Connecticut General Statutes, to remain in effect through September 9, 2020, unless sooner terminated by the Governor; and

Whereas, on March 13, 2020, the Governor, in furtherance of the authority granted by virtue of such emergency declaration, issued Executive Order No. 7A to address critical public health issues regarding COVID-19; and

Whereas, said Executive Order provides that for the duration of the public health and civil preparedness emergency, or until such time as the Governor repeals or modifies Executive Order 7A, notwithstanding Section 19a-550(b)(12) of the Connecticut General Statutes or any other statute, regulation, local rule or ordinance or provision of law, the Commissioner of Public Health (Commissioner) is authorized to issue any and all orders restricting entrance into nursing home facilities, residential care homes or chronic disease hospitals (the Facility or Facilities) that she deems necessary to protect the health and welfare of patients, residents and staff; and

Whereas, on March 13, 2020, the Commissioner issued an Order imposing a complete ban on all visitors to such Facilities for a period of thirty days with certain stated exceptions and restrictions; and

Whereas, on April 21, 2020, the Commissioner extended the March 13, 2020 Order in its entirety, with the same exceptions and restrictions, to last for the duration of the public health and civil preparedness emergency, unless sooner modified or terminated by the Commissioner by a future Order or the Governor's earlier repeal or modification of Executive Order No. 7A or termination of the public health and civil preparedness emergency; and

Whereas, on May 9, 2020, the Commissioner modified the April 21, 2020 order by adding specific requirements that mandate every Facility to facilitate communication between residents and their families, and other individuals.

Now, therefore, pursuant to the authority vested in me by Executive Order No. 7A, and in response to



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the ongoing public health crisis arising out of COVID-19, especially among elderly individuals and persons with co-morbid conditions, I **hereby order that, effective immediately, unless sooner modified or terminated by me by a future Order or the Governor's earlier repeal or modification of Executive Order No. 7A or termination of the public health and civil preparedness emergency, the Commissioner Order of May 9, 2020 is hereby rescinded and the April 21, 2020 Commissioner Order is hereby modified by the addition of the following requirements:**

A. General Visitation

1. Every Facility shall regularly facilitate reasonable and practical alternative means of communication between residents and their family and other individuals denied entry to the Facility due to the visitation restrictions imposed by this Order, as designated by such resident or his or her family or legal representative. Such alternative means of communications shall occur at least on a weekly basis, but may occur more than once a week to support the psychosocial needs of the patient and shall include, but not be limited to, the following:

- a. window visits;
- b. virtual visitation via technological solutions (Face Time, Zoom, Microsoft Teams, etc.);
- c. social media communications;
- d. phone calls; and
- e. socially distanced outdoor visits for residents who are negative for COVID-19.

2. All Facilities shall develop a facility-wide visitation policy that includes, but is not limited to procedures regarding:

- a. Infection control, including a procedure for providing the resident and visitors appropriate personal protection equipment by the Facility;
- b. Facility right to refuse or terminate visitation if a visitor or resident is not in compliance with the infection control policy; and
- c. Rescheduling cancelled visits and documentation of such rescheduling.

3. Nursing home facilities and chronic disease hospitals shall assess the psychosocial needs of each resident. Pursuant to such assessment, the nursing home or chronic disease hospital shall develop a visitation plan to meet the psychosocial needs of each resident, in consultation with the resident, and shall contact the resident's family, conservator or legal representative to decide together on which specific type or types of visits will be allowed, with whom they shall be allowed, and when such visits will occur. The resident's visitation plan shall be included in the resident's individualized person-centered psychosocial care plans, which shall be made available to the Department upon request.

4. All perimeter visits (i.e. window visits, socially distanced outdoor visits) shall be planned by the Facility with guidelines for infection control and safety. There shall not be any window or perimeter visits after sundown. All such visits should be structured to meet the resident's social, emotional, and spiritual needs,

and security protocols shall be in place to protect the resident and staff and to ensure that unintended persons do not breach the premises. The Facility shall adhere to the following requirements regarding perimeter visits:

- a. Such perimeter visits shall be for a duration of no less than thirty (30) minutes;
 - b. The number of visitors permitted at such perimeter visits shall be determined by the availability of space needed to maintain social distancing, and shall not compromise the health, safety, or welfare of the residents and staff;
 - c. Each Facility shall designate no less than five (5) days per week as visitation days, one of which shall be a Saturday or a Sunday, from which a resident's visitation schedule may be devised; and
 - d. Facilities shall have the right to refuse or terminate a visit if a visitor or resident does not follow the Facility's infection control policies.
5. Facilities shall provide guidance and assistance to the resident in the use of virtual visitation via technological solutions and social media communications. Facilities shall also regularly inform residents and their family members of the availability of such communication options and perimeter visits and how they may be scheduled; and
6. Facilities that are unable to provide such communication and visitation alternatives shall immediately inform and work with the Long-Term Care Ombudsman Program to find and implement a resolution.

B. Compassionate Care Visits.

1. Every nursing home facility shall provide reasonable access to a resident's family members, domestic partner, conservator, legal representative, or other person designated by the resident, for purposes of Compassionate Care visits under the following two circumstances:
 - a. End Stage of Life. The nursing home facility's Medical Director, a licensed physician or an advanced practice registered nurse has determined such resident to be at the end stage of life with death being imminent;
 - b. Significant Change of Condition. The resident undergoes a significant change of condition in his or her physical, mental or psychosocial status that would include, but not be limited to, (1) weight loss; (2) increased sleeping, confusion or agitation; (3) delirium or other decline in cognition; or (4) new onset or increase of symptoms of mental illness. Such significant change of condition shall be determined by an assessment of such resident by the nursing home facility in consultation with the resident's licensed physician, physician assistant or advanced practice registered nurse.
2. Such Compassionate Care visits shall be conducted inside the nursing home facility, meet the needs of the resident and the visitors, and be guided by the requirements set forth below:
 - a. Nursing home facilities will notify family members or appropriate representatives immediately if a resident is approaching end of life or experiences a significant change of condition;
 - b. All Compassionate Care visits shall be planned by the nursing home facility in collaboration with the family and/or conservator with guidelines for infection control and safety as outlined in the March 13, 2020

Commissioner Order. The nursing home facility shall offer flexibility in the number, scheduling and duration of these visits in accordance with the well-being of the resident;

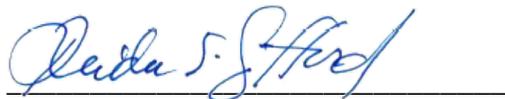
c. All Compassionate Care visits shall be permitted without regard for strict social distancing requirements, allowing the resident and the visitors to touch each other, provided the resident and the visitors wear all appropriate personal protection equipment throughout the visit, as identified and provided by the nursing home facility in accordance with its visitation policy.

d. A nursing home facility shall suspend Compassionate Care visits for residents experiencing a significant change of condition whenever the nursing home facility experiences a COVID-19 outbreak, and such visits shall remain suspended until the nursing home facility has tested all staff weekly pursuant to Executive Order 7AAA and has had no positive cases of COVID-19 among staff or residents for 14 days. A nursing home facility is deemed to be experiencing a COVID-19 outbreak when the nursing home facility has at least one COVID-19 positive case among staff or residents.

C. Effect of Order.

All other provisions, exceptions and restrictions of the March 13, 2020 and April 21, 2020 Commissioner Orders not hereby specifically modified shall remain in effect.

Ordered this 27th day of August 2020



Deidre S. Gifford, MD, MPH
Acting Commissioner