COVID-19 RESPONSE, RECOVERY & RE-IMAGINING

A comprehensive guide that includes references to orders and guidelines currently in effect.
Federal, state, and local governments have issued numerous orders, guidelines and mitigation measures on the public health management of COVID-19. Recently, attention has turned to issuing re-opening frameworks. In addition to government sources, associations and other organizations representing various businesses, such as restaurants, have published suggested and sometimes more detailed guidance that might be of help to providers in operating during the COVID-19 pandemic. LeadingAge Florida has assembled the most relevant directives and suggested practices in this document to assist members as they navigate the new COVID-19 reality.

The challenge for all businesses, especially those that serve older adults, is to determine when and to what extent safeguards initiated over the past 8 to 10 weeks should be relaxed. Much depends on what has been happening in the city or town where the facility or retirement community is located as well as the number of confirmed cases experienced by the provider or like providers in that geographic area. There is less flexibility for nursing homes and assisted living facilities in relaxing restrictions as these communities are seen as vulnerable to potential deadly outbreaks.

This document contains references to orders and guidelines currently in effect. You can navigate to relevant material by topic areas that are listed in the Table of Contents with a list of the resource documents with hyperlinks for the topic area. Since reading all the guidelines referenced in this document can be overwhelming, we provided examples of practical measures to consider when assessing what safeguards should occur for the various components of operation within a senior living community, nursing home, or assisted living facility. The suggestions are by no means all-inclusive and should be considered within the context of your particular situation and the services you provide to residents. Whatever plan your organization develops should be fluid to accommodate new guidance on the phased opening of Florida businesses. A sample plan generously shared by Village On The Isle, a LeadingAge Florida member, is included in the Appendix.

This publication is dedicated to all of the staff of members of LeadingAge Florida who unselfishly dedicate themselves to the health and safety of the residents they serve.
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## APPENDIX

- Timeline of Orders, Guidance, Advisories for COVID-19
- Travel Analysis – June 4, 2020
- Salon Re-Opening Analysis – June 4, 2020
- Village On The Isle – 2020 Campus Safeguards – COVID-19 Coronavirus Response
- Morrison Living: re:START – A Phased Approach for Getting Back to Business – April 5, 2020
Factors state and local health officials should consider before relaxing restrictions in nursing homes:

CMS encourages any decisions to relax requirements within nursing homes be made after a careful review of facility-level, community, and state factors/orders as well as in collaboration with state and local health officials and nursing homes. Additionally, state and local officials should consider the following as a part of a comprehensive reopening plan:

- Case status in surrounding community.
- Case status in the nursing home(s).
- Staffing levels.
- Access to adequate testing for residents and staff.
- Universal source control.
- Personal Protective Equipment supplies.
- Local hospital capacity.

RESOURCES GUIDE:

- CMS Nursing Home Reopening: Recommendations for State and Local Officials
- CMS Nursing Home Reopening: Recommendations and Frequently Asked Questions
INDIVIDUALS

Consider federal Guidelines for Opening Up America Again, and adhere to state orders and advisories and local guidance as well as complementary CDC guidance, particularly with respect to face coverings and social distancing:

- All vulnerable individuals (older than 65 years of age or have a serious underlying medical condition) should continue to shelter in place.
- In Florida, all persons over 65 years of age are urged to stay home and to take other measures as necessary to limit their risk of exposure to COVID-19.
- If you are older than 65 years of age or have a serious underlying medical condition, avoid large crowds.
- Practice social distancing, as the virus is most transmissible indoors under close, sustained contact. If you are around other people, try to maintain 6 feet of separation.
- Social settings of more than 50 people should be avoided, unless precautionary measures and social distancing are observed.
- Practice good hand hygiene (frequently wash hands with soap and water for at least 20 seconds or use hand sanitizer with at least a 60 percent alcohol base; avoid touching your eyes, nose and mouth).
- Consider wearing a face mask or cloth face cover when entering a business, or within close proximity to members of the public.
- Avoid all non-essential travel and cruises, including to U.S. states and cities outside of Florida with substantial community spread of COVID-19.
- Avoid hugs, handshakes, large gatherings and close quarters.
- Cover your cough or sneeze with your elbow or a tissue and dispose of the tissue.
- Clean and disinfect frequently touched items and surfaces as often as possible.
- Monitor your symptoms carefully. If you feel sick, stay home.
- If you believe you are infected with COVID-19, contact your health care provider immediately.

RESOURCE GUIDE:

- Guidelines: Opening Up American Again
- Executive Order Number 20-83 Protective Measures for Vulnerable Populations
- Resources: CDC How to Protect Yourself and Others
- Executive Order Number 20-112 Phase 1: Safe Smart Step-by-Step: Plan for Florida’s Recovery
- Executive Order Number 20-139 Phase 2: Safe Smart Step by Step Plan for Florida’s Recovery
- Dept. of Health, Public Health Advisory – Protective Measures for Vulnerable Populations
Adhere to Federal Guidelines for Opening Up American Again and Florida Safe.Smart.Step-by-Step - Plan for Florida’s Recovery:

• Encourage telework.
• Return to work in phases.
• Close common areas or enforce strict social distancing.
• Minimize non-essential travel/adhere to CDC guidelines and the Governor’s orders regarding isolation after travel.
• All employers should screen employees before entering the premises for symptoms of COVID-19 or influenza like illness and, where practical, take the temperature of each employee.
• Strongly consider special accommodations for personnel who are vulnerable.
• Senior Care Facilities (Nursing Homes/Assisted Living Facilities) – Visits prohibited; those who interact with residents must adhere to strict protocols regarding hygiene and PPE.

General/Phase 1/All Phases:

Develop and implement appropriate polices, in accordance with federal, state and local regulations and guidance, and informed by industry best practices, regarding:

• Social distancing and personal protective equipment.
• Temperature checks.
• Sanitation.
• Use and disinfection of common and high-traffic areas.

Prepare your workplaces and consider how to minimize the spread of COVID-19 and lower the impact in their workplace.

• Practice social distancing, as the virus is most transmissible indoors under close, sustained contact. If you are around other people, try to maintain 6 feet of separation.
• Avoid hugs, handshakes, large gatherings and close quarters.
• Clean and disinfect high-touch, high-traffic surface areas.
• Develop and implement policies and procedures to train employees on personal hygiene expectations, including increased frequency of hand washing, the use of hand sanitizers with at least 60 percent alcohol and, clear instruction to avoid touching hands to face.
• For businesses that are close contact or have a high potential for exposure to COVID-19, require employees to wear masks, cloth face coverings or other PPE while inside or within close proximity to members of the public.
• Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available to employees and customers.
• Encourage employees who feel sick to stay home and monitor employees for COVID-19 symptoms.
• Do not allow symptomatic people to physically return to work until they meet CDC criteria to do so and are cleared by a medical provider.
• Develop and implement policies and procedures for workforce tracing following a positive COVID-19 test by an employee or an employee who has come into contact with an individual testing positive for COVID-19.

**For Consideration:**

**Consider CMS guidelines relating to:**

- PPE.
- Workforce Availability.
- Facility Considerations.

**Travel:**

- Avoid nonessential travel including to US states and cities outside of Florida with a significant presence of COVID-19.
- Conduct daily health checks.
- Conduct a hazard assessment of the workplace.
- Improve the building ventilation system.
- Address asymptomatic and pre-symptomatic transmission; implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms.
- Adhere to CDC guidelines and the Governor’s orders regarding isolation for 14 days following travel on a cruise or from any international destination and any area with a significant presence of COVID-19.

**Other:**

- Follow mandatory regulatory requirements.
- Where flexibility exists, determine the risk in your geographic area to develop a plan/policies for each level of care and/or independent living arrangement on your campus that addresses visitors, volunteers, employees, contractors, vendors and residents.
- Develop policies or a plan by department and/or level of care that focuses on PPE, social distancing, sanitation, infection control, and other safeguards intended to protect residents and staff while delivering services.
- If appropriate, consider involving resident leaders in the planning process to help with educating fellow residents if there is pushback.
- Determine what screening criteria and travel restrictions, if any, should be in place for staff, volunteers, and IL residents through phase 2.
- Determine which business may operate on your campuses with appropriate safeguards, e.g., banks, beauty salon, MD satellite offices, etc.
- Educate employees about the continued need for social distancing during off-hours.
RESOURCE GUIDE:

- OHSA Guidance on Preparing Workplaces for COVID-19
- EEOC: What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws Technical Assistance Questions and Answers
- CDC - COVID-19 Employer Information for Office Buildings
- CDC - Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020
- Executive Order Number 20-139 Phase 2: Safe. Smart. Step by Step Plan for Florida’s Recovery
- Executive Order Number 20-123 Full Phase 1: Safe. Smart. Step-by-Step Plan for Florida’s Recovery
- Report to Governor DeSantis from the Re-Open Florida Task Force: The Plan: Phases for Reopening – Phase 1
- Executive Order Number 20-82 Screening and Isolation for Travel from NY Tri-State Area
- CDC Guidelines on Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance)
- CDC - Considerations for Memory Care Units in Long-term Care Facilities (May 12, 2020)
- CDC - Considerations for Memory Care Units in Long-term Care Facilities (Interim Guidance)
- CDC Guidelines on Considerations When Preparing for COVID-19 in Assisted Living Facilities
- Executive Order Number 20-006 visitor prohibition and additional screening criteria for entry and visitation

EMPLOYERS

Nursing Homes:
- Per AHCA, All Nursing Homes MUST follow CDC Guidance for Response to COVID-19 – Preparing for COVID-19: Long-term Care Facilities, Nursing Homes
- CDC-Responding to Coronavirus (COVID-19) in Nursing Homes

Memory Care:
- CDC - Considerations for Memory Care Units in Long-term Care Facilities (May 12, 2020)

Other Exec Orders/State Agency Orders/Regulations:
- Executive Order Number 20-123 Full Phase 1: Safe. Smart. Step-by-Step Plan for Florida’s Recovery
- Report to Governor DeSantis from the Re-Open Florida Task Force: The Plan: Phases for Reopening – Phase 1
- Executive Order Number 20-82 Screening and Isolation for Travel from NY Tri-State Area
- CDC-Responding to Coronavirus (COVID-19) in Nursing Homes

CCRCs/ILs/Affordable Housing:
- CDC Guidelines on Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance)

Assisted Living Facilities:
- CDC Guidelines on Considerations When Preparing for COVID-19 in Assisted Living Facilities
VULNERABLE INDIVIDUALS & STAFF

Adhere to Federal Guidelines for Opening Up American Again and Florida Safe.Smart.Step-by-Step - Plan for Florida's Recovery:

• All Vulnerable Individuals should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

• Individuals older than 65 years of age and individuals with a serious underlying medical condition (such as chronic lung disease, moderate-to-severe asthma, serious heart conditions, immune-compromised status, cancer, diabetes, severe obesity, renal failure and liver disease) should continue to stay at home and take measures to limit the risk of exposure to COVID-19.

• When leaving home, these individuals should follow social distancing and other general mitigation guidance.

• Those living with vulnerable individuals should be aware of the exposure risk that they could carry the virus back home after returning to work or other environments where distancing is not practical.

• Vulnerable populations should affirmatively inform their employer that they are a member of the vulnerable population so that their employer can plan accordingly.

For Consideration For Employers:

• All employees should be screened before entering the premises for symptoms of COVID-19 or influenza like illness and, the temperature of each employee should be taken.

RESOURCE GUIDE:

• Guidelines: Opening Up American Again
• Report to Governor DeSantis from the Re-Open Florida Task Force: The Plan: Phases for Reopening – Phase 1 & 2
• Executive Order Number 20-112 Phase 1: Safe, Smart, Step-by-Step, Plan for Florida’s Recovery
• Executive Order Number 20-139 Phase 2: Safe, Smart, Step by Step Plan for Florida’s Recovery
• Dept. of Health, Public Health Advisory – Protective Measures for Vulnerable Populations
TESTING OF STAFF & RESIDENTS

Consider the Federal and State Guidelines for Testing of Staff:

CMS-Nursing Home Reopening Recommendations for State and Local Officials:

- All staff should receive a baseline test, and continue to be tested weekly.
- Nursing homes should have a comprehensive plan for testing. All residents should receive a single baseline test for COVID-19. Also, all residents should be tested upon identification of an individual with symptoms consistent with COVID-19 or if an employee or staff member tested positive for COVID-19.
- Actively screen all HCP for fever and COVID-19 symptoms at the start of their shift; test any who screen positive.
- HCP who have fever or symptoms should be excluded from work pending results of the test.
- HCP who test positive for COVID-19 should be excluded from work until they meet return to work criteria.

Adhere to Federal and State Guidelines for Testing of Residents:

- 59AER20-5 Mandatory Testing for Nursing Home Staff
- 59AER20-4 Mandatory Testing for Assisted Living Facility Staff
- Nursing Home and ALF facility staff are to be tested for COVID-19 every two weeks.
- Testing resources are to be provided by the state.
- Staff are to notify the facility of the test results the same day the results are received.
- Staff are to provide written documentation of test results to the facility.
- Facilities shall document all staff testing.

EEOC COVID-19 and ADA, the Rehabilitation Act:

- Testing of Employees - Employers may take steps to determine if employees entering the workplace have COVID-19 because an individual with the virus will pose a direct threat to the health of others. An employer can require viral testing; but currently, anti-body testing is not allowed.

Adhere to Federal and State Guidelines for Testing of Residents:

- All patients must be screened for potential symptoms of COVID-19 prior to entering the NCC facility.
- When adequate testing capability is established, patients should be screened by laboratory testing before care.

Florida’s Plan for Recovery

- All persons who work in long-term care facilities should be tested for COVID-19 on a routine basis.
AHCA: 59AER20-1, Hospital Screening Requirements for LTCF Residents

AHCA Requirement for hospital transfers:

- AHCA requires COVID-19 testing by hospitals of all patients, regardless of symptoms, prior to discharge to long-term care facilities.

- Hospitals are prohibited from discharging any patient who tests positive for COVID-19 to a long-term care facility until the resident has two consecutive negative test results separated by 24 hours unless the receiving facility has a dedicated COVID-19 wing, unit or building with dedicated staff to exclusively care for COVID-19 patients.

- If the hospital is unable to obtain a test result within a 48-hour period, a patient who has never tested positive and is not a PUI may be admitted to a long-term care facility from the hospital, as long as there are no symptoms or reason to suspect the patient may be positive, and they are admitted to the long-term care facility into a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Consistent with CDC guidance to nursing homes for admission of a resident with an unknown COVID-19 status, facility staff should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for the resident while awaiting test results. The resident may be transferred out of the observation area to the main facility upon receipt of a negative test result if they remain afebrile and without symptoms.

For Consideration for Nursing Homes:

- All staff are tested regularly.

- All residents are tested upon identification of an individual with symptoms consistent with COVID-19 or if staff have tested positive for COVID-19.

For Consideration for All Providers:

- Establish a routine schedule for testing employees.

- Review screening questions to determine if any should be added as a result of the increase or relaxation of state and local restrictions.

- Weekly testing continues until all residents test negative.

- Randomly test asymptomatic residents for the virus if testing is available.
TESTING OF STAFF & RESIDENTS

RESOURCE GUIDE:

**Staff:**
- CMS Nursing Home Reopening Recommendations for State and Local Officials
- CDC Guidance for Essential Workers during Coronavirus
- CMS-Nursing Home Reopening Recommendations for State and Local Officials May 18, 2020
- CDC-Testing for Coronavirus in Nursing Homes
- EEOC COVID-19 and ADA, the Rehabilitation Act
- Executive Order Number 20-139 (Phase 2: Safe, Smart, Step-by-Step, Plan for Florida’s Recovery) Residents

**Residents:**
- CDC: Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)
- CDC: Nursing Home Testing and Retesting of HCP and residents

**DOH:**
- Diseases or Conditions to be Reported: Florida Department of Health Issues Emergency Rule No. 64 DER 20-26

**AHCA:**
- Emergency Rule 59AER20-5 Mandatory Testing for Nursing Home Staff
- Emergency Rule 59AER20-4 Mandatory Testing for Assisted Living Facility Staff
- Emergency Rules 59AER20-1 – Hospital COVID-19 LTC Resident Testing
- Hospital Emergency Rule 59AER20-1 Questions and Answers
- 59AER20-1, Hospital Screening Requirements for LTCF Residents
- COVID-19 Hospital Testing Update: Person Under Investigation (PUI) number
- Hospital and Physician COVID-19 Testing Criteria for Elderly and Medically Frail
- Be Aware of Current Hospital and Physician COVID-19 Testing Criteria for Elderly and Medically Vulnerable Individuals
- Mandatory COVID-19 Testing for Nursing Home and Assisted Living Facility Staff Logistics
SCREENING OF STAFF & OTHERS

Adhere to Federal and State Guidelines for Screening of Staff & Others:

- All employers should screen employees before entering the premises for symptoms of COVID-19 or influenza like illness and, where practical, take the temperature of each employee.

- Staff should be routinely screened for symptoms of COVID-19 and if symptomatic, they should be tested and quarantined.

- Monitor workforce for indicative symptoms. Do not allow symptomatic people to physical return to work until cleared by a medical provider.

- Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test.

- Review screening questions to determine if any should be added as a result of the relaxation of state and local restrictions.

CCRCs/ILs/Affordable Housing (CDC Guidelines):

When possible, administrators may want to consider screening workers and essential volunteers who will be interacting with residents for signs and symptoms of COVID-19. This includes actively taking each person's temperature using a no-touch thermometer, and asking whether or not the person is experiencing shortness of breath or has a cough. They should be advised that if they develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.

Current CDC guidelines for screening staff members:

- As part of routine practice, healthcare personnel (HCP) (including consultant personnel and ancillary staff such as environmental and dietary services) should be asked to regularly monitor themselves for fever and symptoms of COVID-19.

- HCP should be reminded to stay home when they are ill. If HCP develop fever (T≥100.0 F) or symptoms of COVID-19 while at work they should keep their facemask on, inform their supervisor, and leave the workplace.

- HCP with suspected COVID-19 should be prioritized for testing.

- Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19 - Actively take their temperature* and document absence of shortness of breath, new or change in cough, sore throat, and muscle aches. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. *Fever is either measured temperature >100.0 F or subjective fever. Note that
fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of individuals in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms.

For Consideration for Nursing Homes (CMS):

- 100% screening of all persons entering the facility and all staff at the beginning of each shift:
  - Temperature checks.
  - Ensure all outside persons entering building have cloth face covering or facemask.
  - Questionnaire about symptoms and potential exposure.
  - Observation of any signs or symptoms.

For Consideration for IL:

- Review screening questions to determine if any should be added as a result of the relaxation of state and local restrictions.

- Everyone, all staff, residents, visitors, and contractors (vendors) will be screened according to CDC Guidelines that include a body temperature check.

- Access may be refused to anyone who fails a screening; self-quarantine per the CDC’s guidelines may be mandated.

- Randomly test asymptomatic staff and others for the virus.

RESOURCE GUIDE:

- Guidelines: Opening Up American Again
- Report to Governor DeSantis from the Re-Open Florida Task Force: The Plan: Phases for Reopening – Phase 1
- CMS Nursing Home Reopening Recommendations for State and Local Officials
- CDC Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19
- EEOC COVID-19 and ADA, the Rehabilitation Act
- CDC Questions Concerning Coronavirus in long term care facilities in Florida
- DEM Order No. 20-006: additional screening criteria for entry and visitation
Adhere to Federal Guidelines for Hiring and Retention of Staff:

Employers and employees should follow guidance from the Centers for Disease Control and Prevention (CDC) as well as state/local public health authorities on how best to slow the spread of this disease and protect workers, customers, clients, and the general public.

Employers should remember that guidance from public health authorities is likely to change as the COVID-19 pandemic evolves. Therefore, employers should continue to follow the most current information on maintaining workplace safety.

The EEOC Technical Assistance guidance identifies established ADA principles that are relevant to questions frequently asked about workplace pandemic planning such as:

- How much information may an employer request from an employee who calls in sick, in order to protect the rest of its workforce when an influenza pandemic appears imminent?
- When may an ADA-covered employer take the body temperature of employees during a pandemic?
- Does the ADA allow employers to require employees to stay home if they have symptoms of the pandemic influenza virus?
- When employees return to work, does the ADA allow employers to require doctors’ notes certifying their fitness for duty?

RESOURCE GUIDE:

- US Equal Employment Opportunity Commission (EEOC) - Pandemic Preparedness in the Workplace and the Americans with Disabilities Act - UPDATED IN RESPONSE TO COVID-19 PANDEMIC
- EEOC: What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws - Technical Assistance Questions and Answers
Adhere to Federal and State Guidelines for Travel Restrictions:

**Individuals:**
Individuals should avoid all non-essential travel and cruises, including to U.S. states and cities outside of Florida with substantial community spread of COVID-19. Quarantine for 14 days is required for all individuals after returning from international travel or travel on a cruise or riverboat. Quarantine may be necessary after domestic or in-state travel depending on the individual’s potential exposure to the coronavirus in the community. All individuals must pass the screening protocol upon return to the facility. Review the screening protocols in DEM Order No. 20-006 and the exposure guidance in the [CDC Guidance for Health Care Personnel](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work-scenarios.html) or the [CDC Guidance for Community-Related Exposure](https://www.cdc.gov/coronavirus/2019-ncov/community/pt-guidance.html), whichever is most applicable for further directions on quarantine.

**Employers:**
Employers should avoid non-essential travel and adhere to CDC guidelines regarding isolation following travel.

**Gov. EO 20-112 effective May 4, 2020:**
- Avoid nonessential travel, including to US states and cities outside of Florida with a significant presence of COVID-19.
- Adhere to guidelines from the CDC regarding isolation for 14 days following travel on a cruise or from any international destination and any areas with a significant presence of COVID-19.

**For Consideration:**
- Develop staff and resident vacation/PTO policy for each of the three phases based on the needs and concerns of your organization.
8. When an employee returns from travel during a pandemic, must an employer wait until the employee develops influenza symptoms to ask questions about exposure to pandemic influenza during the trip?

No. These would not be disability-related inquiries. If the CDC or state or local public health officials recommend that people who visit specified locations remain at home for several days until it is clear they do not have pandemic influenza symptoms, an employer may ask whether employees are returning from these locations, even if the travel was personal.
Develop and implement appropriate policies, in accordance with federal, state and local regulations and guidance, and informed by industry best practices:

COVID-19 Long-Term Care Facility Guidance (CMS):

- For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.

- Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.

- If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.

- Patients and residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.

- When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.

For Consideration for Nursing Homes (CMS):

- All staff wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff may wear cloth face covering if facemask is not indicated.

For Consideration for IL (CDC):

- Encourage personal protective measures - Workers, contractors (such as barbers, hairdressers, sitters, and housekeepers), and volunteers providing care in multiple homes or facilities can serve as a source of coronavirus transmission between residences in these facilities. These persons should be advised to limit the number of people they interact with who are at higher risk of serious complications from COVID-19, and retain distance of >6 feet when interacting.
**PPE & SUPPLIES**

For Consideration for All Providers:

- **Everyone**, including staff, residents and visitors must wear a cloth face covering or mask, when inside the buildings, common areas, elevators and corridors. No exceptions unless for medical reasons.
- Inventory supplies and plan ahead for future needs and potential shortages.
- Comply with state agency guidance.

**RESOURCE GUIDE:**

- Guidelines: Opening Up American Again
- CMS Nursing Home Reopening Recommendations for State and Local Officials
- CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 in Healthcare Settings
- CMS- COVID-19 Long-Term Care Facility Guidance – April 2, 2020
- CDC- Strategies to Optimize the Supply of PPE and Equipment May 18, 2020
- CDC Preventing the Spread in Retirement Communities and IL
- CDC –Using Personal Protective Equipment (PPE)
- CDC Briefing Room COVID-19: Video Demonstrating for Donning and Doffing PPE
- OSHA: Temporary Enforcement Guidance – Fit Testing for N95
- OSHA: App. A – Fit Testing Procedures
- Report to Governor DeSantis from the Re-Open Florida Task Force: The Plan: Phases for Reopening – Phase 1

State requirements to wear PPE:

- AHCA Directive - Follow-up to Universal Use of Face Masks
- AHCA Guidance for Independent Living Communities
Develop and implement appropriate polices, in accordance with federal, state and local regulations and guidance, and informed by industry best practices:

Nursing Homes:
Nursing Homes should ensure that they are complying with all CMS and CDC guidance related to infection control.

- In particular, facilities should focus on adherence to appropriate [hand hygiene as set forth by CDC](#).
- CMS has issued [extensive infection control guidance](#), including a self-assessment checklist that long-term care facilities can use to determine their compliance with these crucial infection control actions.
- Facilities should also refer to [CDC’s guidance](#) on conservation of personal protective equipment (PPE) when unable to follow the long-term care facility guidance.
- The CDC recommends assigning an individual to manage the facility’s infection control program.

Nursing Homes and Assisted Living Facilities:

AHCA Emergency Rules:

- Comply with all Department of Health infection control directives concerning staff and resident testing, including making off-shift staff available at the facility for testing.
- Allow the Florida Department of Health or its authorized agents into the facility for the purpose of conducting COVID-19 infection control duties, and testing for residents and staff.
- When the Department of Health or its authorized agent enters the facility in its public health function for purposes of COVID-19 testing, nursing homes and ALFs shall require facility staff to submit to a COVID-19 test.
- For a violation of any part of this rule, the Agency may seek any remedy authorized by law, including but not limited to, license revocation, license suspension, and the imposition of administrative fines.
INFECTION CONTROL/SANITATION

All Providers:

Employers should prepare their workplaces and consider how to minimize the spread of COVID-19 and lower the impact in their workplace.

- Develop and implement policies and procedures to train employees on personal hygiene expectations, including increased frequency of hand washing, the use of hand sanitizers with at least 60 percent alcohol and, clear instruction to avoid touching hands to face.

- Clean and disinfect high-touch, high-traffic surface areas.

For Consideration:

- Develop, implement, maintain and revise your cleaning and disinfecting plan according to CDC guidelines.

- CDC Guidance on cleaning and disinfecting here.

- A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here.

RESOURCE GUIDE:

- Guidelines: Opening Up American Again
- CMS: COVID-19 Long-Term Care Facility Guidance
- CDC: Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19
- CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or COVID-19 positive cases in Health Care Settings
- CDC: Healthcare Infection Prevention and Control FAQs for COVID-19
- CDC Reopening Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes published 4/28/20 especially as it relates to Long-term Care Facilities, Nursing Homes
- CDC: Cleaning and Disinfection for Community Facilities
- Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 (COVID-19)
INFECTION CONTROL & SANITATION

RESOURCE GUIDE:

• CDC: Cleaning and Disinfecting Your Facility - Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

• Report to Governor DeSantis from the Re-Open Florida Task Force: The Plan: Phases for Reopening – General Mitigation Guidance

Comply with AHCA Emergency Rules:

• 59AER20-3 Mandatory Entry for Testing and Infection Control for Nursing Homes

• 59AER20-2 Mandatory Entry and Testing for Assisted Living Facilities
VISITS TO LTC FACILITIES

Develop and implement appropriate policies, in accordance with federal, state and local regulations and guidance, and informed by industry best practices:

Re-open Florida Plan:

- Visits to nursing homes, assisted living facilities, adult family-care homes, long-term care facilities, and adult group homes should remain prohibited in most circumstances until further notice. Follow the requirements and conditions set forth by the Div. of Emergency Management and the Agency for Health Care Administration.
- Those who interact with residents and patients must adhere to strict hygiene protocols.
- These restrictions may be lifted by order of the Governor in consultation with state health officials and should not be a component of the phased-in the Safe. Smart. Step-by-Step. Plan.

Consider CDC Guidance for ALL facilities nationwide:

Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor’s executive order, a facility would not be out of compliance with CMS’ requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.

Nursing Homes:

Nursing homes should continue to follow CMS and CDC guidance for preventing the transmission of COVID-19, and follow state and local direction. Because nursing home residents are especially vulnerable, CMS does not recommend opening facilities to visitors (except for compassionate care situations) until phase three when:

- There have been no new, nursing home onset COVID-19 cases in the nursing home for 28 days (through phases one and two).
- The nursing home is not experiencing staff shortages.
VISITS TO LTC FACILITIES

- The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents.

- The nursing home has adequate access to testing for COVID-19.

Nursing homes should continue to restrict visitation in general based upon the following recommended guidelines:

- **Phase One:** Visitation is generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors wear a cloth face covering or facemask for the duration of their visit.

- **Phase Two:** Due to the elevated risk COVID-19 poses to the health of nursing home residents, visitation is still generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors wear a cloth face covering or facemask for the duration of their visit.

- **Phase Three:** Visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must a cloth face covering or facemask for the duration of their visit.

**CCRCs/IL/Affordable Housing: CDC Interim Guidance:**

Retirement communities and ILF may want to consider limiting visitation initially (e.g., maximum of XX visitors per resident during a visit or no more than XX visitors per resident per day), restricting visitors with recent travel and those with symptoms of COVID-19), especially in common areas, to workers, volunteers, and visitors who are essential to preserving the health, including mental health, well-being, and safety of residents. Advise persons that maintaining social distancing (at least 6 feet) can help reduce coronavirus transmission.
VISITS TO LTC FACILITIES

For Consideration for Nursing Homes (CMS):

- Visitation generally prohibited as of May 20, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry).

- All visitors must wear a cloth face covering or facemask for the duration of their visit.

- Restricted entry of non-essential healthcare personnel.

For Consideration for IL:

- Visitors should be screened at the main gate/guardhouse/reception area and are permitted to go to the resident’s home or apartment only.

- Main building entrances will remain closed 24-hours a day. Residents will need to use their key fob for access.

- Visitors must wear a cloth face covering or mask at all times.

- Practice safe distancing of six feet apart.

RESOURCE GUIDE:

- Guidelines: Opening Up American Again


- CMS Nursing Home Reopening Recommendations for State and Local Officials

- Report to Governor DeSantis from the Re-Open Florida Task Force: The Plan: Phases for Reopening - General Mitigation Guidance

- CMS Frequently Asked Questions on Nursing Home Visitation dated June 23, 2020

- Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance)


- DEM Order No. 20-006: Visitation Restriction and Screening

- AHCA Guidance and Clarification of DEM Order No. 20-006
COMMUNAL DINING

Develop and implement appropriate policies, in accordance with federal, state and local regulations and guidance, and informed by industry best practices:

For Nursing Homes (CMS):

• **Guidance:** Cancel communal dining and all group activities, such as internal and external group activities.

• **Response to FAQ:** Residents may still eat in dining rooms, however, nursing homes should adhere to social distancing, such as being seated at separate tables at least six feet apart. Eating in dining areas with appropriate social distancing only applies to residents without signs or symptoms of a respiratory infection, and without a confirmed diagnosis of COVID-19. Facilities should refer to CDC guidelines for managing residents with signs or symptoms of a respiratory illness.

For Consideration for Nursing Homes (CMS):

• Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).

For Consideration for ALFs (AHCA/CDC):

• LeadingAge Florida has received clarification from the Agency for Health Care Administration (AHCA) on the issue regarding communal dining in ALFs. As outlined in the CDC guidance, ALFs may modify traditional communal dining and allow residents to have meals in a shared dining room, as long as the facility adheres to proper social distancing. This would only be permissible for residents who are not positive for COVID-19, are not a person under investigation, and have no signs or symptoms of COVID-19.

For Consideration for IL:

• Reservations for staggered dining times.

• No buffet, salad or soup bars, or high touch items such as salt and pepper shakers.

• Heightened infection control.

• Social distancing.

• Masks on wait staff and servers.

• Outdoor dining options if possible.
COMMUNAL DINING

RESOURCE GUIDE:

- CMS Nursing Home Reopening Recommendations for State and Local Officials
- CDC Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance for Public housing for low-to-moderate income elderly; assisted living homes that do not provide medical services, and Continuing Care/Life Plan Communities)
- CDC Considerations When Preparing for COVID-19 in Assisted Living Facilities
- FDA Food Safety During Emergencies
- CMS Frequently Asked Questions
- Critical COVID-19 Guidance Standards for Hospitality Reopening Developed by the Florida Restaurant & Lodging Association in partnership with the National Restaurant Association and the American Hotel and Lodging Association
- FDA’s Best Practices for Retail Food Stores, Restaurants, and Food Pick-up/Delivery Services During the COVID-19 Pandemic
- FDA Food Safety and the Coronavirus Disease 2019
- Consider: AHCA/NCAL Communal Dining Guidance
Consider the CDC Restaurants and Bars During the COVID-19 Pandemic tool when deciding whether to re-open restaurants and bars.


Mandatory Measures:

- Limit indoor service of patrons to no more than 50 percent of the seating capacity of the indoor dining area; restaurants may allow bar-top seating.
- Outdoor seating at full capacity is permissible with appropriate social distancing.
- Restrict parties seated at a single table to 10 or fewer persons.
- Maintain social distancing in the seating and service of patrons in all areas of the restaurant, including:
  - a minimum of six feet between parties or use of a hard-surface partition that appropriately separates parties; and
  - not permitting patrons to congregate in bar areas or waiting areas.
- Bar, pubs and taverns may operate at 50% seating capacity inside, and full capacity outside with appropriate social distancing.
- Wash, rinse, and sanitize food contact surfaces, dishware, utensils, and beverage equipment after each use.
- Frequently disinfect surfaces repeatedly touched by employees or patrons such as door knobs, equipment handles, and checkout counters. Disinfect table surfaces, arms rests, menus, and other items utilized by customers at each turn of service.
- Adhere to all existing provisions of the 2017 FDA Food Code as adopted by the Florida Division of Hotels & Restaurants.
- Employees who appear to have symptoms upon arrival at work or who become sick during the day must immediately be separated from other employees, customers, and visitors, and sent home.
- Restaurants and food establishments licensed under Chapters 500 or 509, Florida Statutes, may serve patrons at indoor seating so long as they limit indoor occupancy up to fifty (50) percent of their seating capacity, excluding employees.
- The requirement for a minimum of 6 feet between parties is superseded to the extent appropriate partitioning is in place.
**RESTAURANTS & BARS**

**For Consideration/DBPR Recommended Best Practices:**

- Provide hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant for use of customers in the dining area.

- Remove all unnecessary, frequently touched items like table buzzers, service menus, magazines, newspapers, and any other unnecessary paper products and décor from customer areas.

- Provide physical guides, such as tape on floors or sidewalks, to promote social distancing in high-traffic areas of the establishment.

- Promote reservations or call-ahead seating to manage spacing effectively in restaurant.

- Limit access to buffets, salad bars, and beverage service stations to service only by employees.

- Encourage third-party delivery staff to wait outside or in non-congested areas practicing social distancing guidelines when picking up delivery orders.

- Monitor and implement best practices for food safety at restaurants and retail food stores as published and updated by the U.S. Food and Drug Administration.

**RESOURCE GUIDE:**

- CDC-Restaurants and Bars During the COVID-19 Pandemic


- DBPR Information for Restaurants and Food Establishments – Pursuant to Executive Order 20-128 as Issued May 15, 2020

- DBPR Frequently Asked Questions Related to Restaurants and Food Establishments – Pursuant to Executive Order 20-123 as Issued May 15, 2020

- FDA Food Safety and the Coronavirus Disease 2019

- Report to Governor DeSantis from the Re-Open Florida Task Force: The Plan: Phases for Reopening – Phase 1 & 2


- Critical COVID-19 Guidance Standards for Hospitality Reopening Developed by the Florida Restaurant & Lodging Association in partnership with the National Restaurant Association and the American Hotel and Lodging Association

- FDA’s Best Practices for Retail Food Stores, Restaurants, and Food Pick-up/Delivery Services During the COVID-19 Pandemic
ACTIVITIES: MOVIE THEATERS; HALLS; AUDITORIUMS; PLACES OF WORSHIP

Develop and implement appropriate policies, in accordance with federal, state and local regulations and guidance, and informed by industry best practices.

Federal Guidelines/Phase I:
Large venues – can operate under strict physical distancing (sit-down dining, theaters, places of worship, sporting venues).

Re-open Florida Plan: Under Phase 2 – Executive Order 20-139:
- Entertainment businesses, including but not limited to movie theaters, concert houses, auditoriums, playhouses, bowling alleys, and arcades may operate at fifty (50) percent of their building capacity, with appropriate social distancing between groups and appropriate sanitation.
- Museums and libraries may operate at full capacity if permitted by local government.

Executive Order 20-91:
- Attending religious services conducted in churches, synagogues and houses of worship is considered an essential service; Florida Department of Health encourages churches, synagogues and other houses of worship to follow CDC guidance specific to faith organizations.

For Consideration for IL:
- Residents are asked to refrain from puzzles, playing cards, dominos and other games in common area.
- Arts and crafts studios will be open with no more than a limited number of residents, to be determined based on the 6 feet distancing, allowed at any times. Residents must use their own supplies and may not share items or materials. Safe distancing must be maintained and residents must wear a face covering or mask at all times.
- Formal group gatherings and activities scheduled in common spaces will be allowed up a maximum of 50 residents or more if the room is large enough to allow for 6 feet distancing between attendees. No visitors are permitted for group activities.
- Residents must be at least six feet apart during any gatherings and wear cloth face coverings.
ACTIVITIES: MOVIE THEATERS; HALLS; AUDITORIUMS; PLACES OF WORSHIP

RESOURCE GUIDE:

- Guidelines: Opening Up American Again
- CMS Nursing Home Reopening Recommendations for State and Local Officials
- Executive Order Number 20-91 Essential Services and Activities During COVID-19 Emergency
- Governor DeSantis under Phase I: Recommendations of the Task Force
Develop and implement appropriate policies, in accordance with federal, state and local regulations and guidance, and informed by industry best practices.


- Gyms may operate at full capacity with appropriate social distancing and frequent sanitization.
- DBPR will post and update best practices on its website.

Mandatory Safety Measures:

- Offer readily-available dispensers of a disinfectant included on the EPA List N: Disinfectants for Use Against SARS-CoV-2 and provide patrons with sufficient cleaning materials, including disposable wipes. Instruct patrons to clean touched surfaces upon each use of fitness equipment.
- Thoroughly clean and disinfect all seating, counters, weights, weight bars, mats, machines, and other fitness equipment upon closing the facility each day.
- During daily operation, routinely clean and disinfect surfaces, particularly high-touch surfaces such as faucets, toilets, doorknobs, and light switches.
- Maintain restrooms that remain open with functional toilets, clean and disinfected surfaces, and handwashing supplies, including soap and materials for drying hands or hand sanitizer with at least 60% alcohol.
- Employees who appear to have symptoms upon arrival at work or who become sick during the day must immediately be separated from other employees, customers, and visitors, and sent home.

For Consideration/DBPR Recommended Best Practices:

- Display posters and signs throughout the facility to remind visitors to take steps to prevent the spread of COVID-19, including the wiping and sanitation of touched surfaces upon each use of fitness equipment.
- Remove all unnecessary, frequently touched items like magazines, newspapers, service menus and any other unnecessary paper products and décor from customer waiting areas and locker rooms.
- Open doors between separate fitness areas or rooms of the facility to reduce surface touching by multiple people. Open windows where feasible to improve ventilation in the facility.
For Consideration for IL:

Gyms/Wellness Centers:

- Limit number of residents in facility at any one time.
- Implement a sign-up/reservation system to stagger use and allow time for disinfecting equipment between shifts of use.
- Require masks.
- Remove frequently touched items.
- Provide hand sanitizer or require residents to bring their own.

Pool:

- The outdoor pool will be open for its regular hours.
- Limit the number of residents that may be in the pool at any time.
- All lounge chairs and sitting tables must be six feet apart.
- Visitors are not allowed.
- Residents are asked to wear face coverings or masks in the pool area as much as is practicable.

RESOURCE GUIDE:

- Executive Order Number 20-139 Phase 2: Safe, Smart, Step-by-Step. Plan for Florida’s Recovery
- DBPR Information for Gyms and Fitness Centers – Pursuant to Executive Order 20-123 as Issued May 15, 2020
- CDC Considerations for Public Pools, Hot Tubs, and Water Playgrounds during COVID-19
- CDC Water and Covid-19 FAQs
- CDC Guidance for Parks and Recreational Facilities
- Coronavirus Gym Tips
COMMUNITY OUTINGS

Develop and implement appropriate policies, in accordance with federal, state and local regulations and guidance, and informed by industry best practices.

CCRC/IL/Affordable Housing/ALFS:
Cancel all public or non-essential group activities and events. For essential group activities that cannot be canceled, implementing the following social distancing measures can help:

- Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times).
- Limit programs with external staff.
- When possible, move activities outdoors.
- Offer virtual activities and events that residents can enjoy in their homes.
- Limit the number of attendees at a given time to fewer than 50 people and ask participants to maintain a distance of at least six feet from one another.
- Place chairs and tables at least 6 feet apart during communal dining or similar events.
- Regularly disinfect areas where activities are held.

Because canceling social interaction may increase risk of adverse mental health outcomes, particularly during a stressful event of a disease outbreak, administrators can provide information to help support residents in managing stress and anxiety during this COVID-19 outbreak.

For Nursing Homes (CMS):

- Facilities should consider the necessity of the appointment to the resident’s health, and whether it is critical for the resident to attend the appointment. If the appointment is not critical, it is recommended that the appointment be deferred to a later date or be accomplished virtually, if the resident agrees.
- Decisions and any concerns about keeping or postponing the appointment should be discussed with the resident, resident representative, and the resident’s physician.
- If attending the appointment is necessary, the facility should help arrange for the resident to attend the appointment by taking precautions to minimize the risk of transmission of COVID-19 (e.g., giving the resident a surgical mask to wear while attending the appointment).
- The facility should monitor the resident upon return for 7 fever and signs and symptoms of respiratory infection for 14 days after the outside appointment (preferably in a space dedicated for observation of asymptomatic residents).
With regard to outside activities, the CMS memorandum (QSO-20-14-NH (Revised)) states that facilities should cancel “all group activities such as internal and external group activities.” This means there should be no group activities occurring outside or inside of the building, due to the risk of transmission. CMS also encourages the use of telehealth, so residents can be seen virtually by their practitioner.

For Consideration for IL - Residents are asked to:

- Minimize trips and wear cloth face coverings or masks at all times and limit contact with others.
- Practice safe distancing, frequent hand washing, avoid touching your eyes, nose and mouth, and avoid touching frequently touched surfaces.
- Encourage the use services and amenities on campus for the near future.

RESOURCES GUIDE:

- Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance)
- CMS memorandum (QSO-20-14-NH) (Revised)
- CMS Nursing homes, FAQs
TRANSPORTATION

Develop and implement appropriate policies, in accordance with federal, state and local regulations and guidance, and informed by industry best practices.

For Nursing Homes: CDC Nursing Homes, FAQs:

For medically necessary appointments outside of the nursing home, such as dialysis, it is imperative that facilities share, prior to that appointment, if the resident is suspected of, or has tested positive for COVID-19 with both the transportation service, as well as with the entity with whom the resident has the appointment.

For Consideration for Nursing Homes (CMS):

- For medically necessary trips away from the facility:
  - The resident must wear a cloth face covering or facemask; and
  - The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.

- Non-medically necessary trips outside the building should be avoided.

For Consideration for IL:

- Transportation will continue for scheduled routine medical appointments; however residents will be required to wear cloth face coverings or masks and gloves at all times.

- Determine if transportation should be available for other reasons such as grocery shopping and under what conditions.

RESOURCE GUIDE:

- CMS Nursing Home Reopening Recommendations for State and Local Officials
- CDC Guidelines on What Bus Transit Operators Need to Know About COVID-19
- CDC – Cleaning and Disinfection for Non-emergency Transport Vehicles

For Nursing Homes:

- CDC Nursing Homes and FAQs
Develop and implement appropriate policies, in accordance with federal, state and local regulations and guidance, and informed by industry best practices.

Florida Executive Orders:


In-store retail sales establishments may operate up to fifty (50) percent of their building occupancy, with appropriate social distancing and sanitization, and should abide by the safety guidelines issued by the CDC and OSHA.

Executive Order Number 20-120 effective May 11, 2020: Palm Beach and Barbershops, Cosmetology Salons, and Cosmetology Specialty Salons. Persons in Florida may provide or obtain services at the following establishments in counties authorized to proceed to Phase 1:

- Barbershops, cosmetology salons, and cosmetology specialty salons that adopt appropriate social distancing and precautionary measures as outlined by the Department of Business and Professional Regulation at the following links: www.myfloridalicense.com/emergency. http://www.myfloridalicense.com/DBPR/os/documents/
- A cosmetology salon or barbershop located within a licensed nursing home or ALF should not re-open at this time. However, a salon on a campus and not within the licensed building may re-opening following the above guidelines.

For Consideration:

- Develop and implement policies and procedures to train employees on personal hygiene expectations, including increased frequency of hand washing, the use of hand sanitizers with at least 60 percent alcohol and, clear instruction to avoid touching hands to face.
- Consider dedicating a certain time each day for vulnerable populations.
- Post signage to direct the flow of customers within the premises to promote social distancing, as the virus is most transmissible indoors under close, sustained contact.
- Regularly sanitize work stations and frequently touched surfaces.
Mandatory Restrictions for barbershops, cosmetology salons and cosmetology specialty salons, effective May 11, 2020:

- All customers will be by appointment only.
- Allow at least 15 minutes between the conclusion of an appointment and the beginning of the next appointment for proper disinfecting practices.
- No group appointments are permitted.
- Masks must be worn by all employees while performing personal services.

For Consideration/DBPR Recommended Best Practices:

- Thoroughly clean and disinfect prior to reopening. Make sure to disinfect all surfaces, tools and linens, even if they were cleaned before you originally closed. This type of cleaning should continue between each day of operation.
- Consider providing unworn masks to clients for use during their appointment.
- Remove all unnecessary, frequently touched items like magazines, newspapers, service menus and any other unnecessary paper products and décor from customer service areas.

RESOURCE GUIDE:

- CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019
- OHSA Guidance on Preparing Workplaces for COVID-19
- Executive Order Number 20-120 effective May 11, 2020: Palm Beach and Barbershops, Cosmetology Salons, and Cosmetology Specialty Salons
- DBPR Information for Barbershops, Cosmetology Salons, and Cosmetology Specialty Salons
Develop a plan to care for cases of the Coronavirus during a hurricane

**For Consideration:**

- Contact your EMS director now to discuss your plan and any challenges you anticipate because of the coronavirus and social distancing requirements.
- Review and update your emergency management plan.
- Verify that evacuation sites are still available if needed.
- Register high-risk residents for special needs shelters.
- Check with suppliers included in your plan to be sure they are still capable of providing what you need given changes to the supply chain caused by Coronavirus.

**RESOURCE GUIDE:**

- [DOEA website for annual hurricane issue](#)
- [LeadingAge Florida Hurricane Preparedness Guide](#)
**RESOURCES**

*Federal Guidelines: Opening Up American Again*

*CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again May 2020*

*Nursing Home Reopening Recommendations for State and Local Officials May 18, 2020*

*CMS Nursing Home Reopening Recommendations Frequently Asked Questions May 18, 2020*

*CDC Coronavirus Disease 2019 – Guidance Documents*

*CDC-Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings*


*CDC – Retirement Communities & Independent Living*

*CDC - Considerations When Preparing for COVID-19 in Assisted Living Facilities*

*CDC - Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance)*

*CDC - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes; Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes*

*CDC - Responding to Coronavirus (COVID-19) in Nursing Homes -*

*Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*


- Executive Order 20-123 Full Phase 1: Safe.Smart.Step-by-Step Plan for Florida’s Recovery

*Mandatory Testing Q & A*
APPENDIX

Timeline of Orders, Guidance, Advisories for COVID-19 - Note: this document will continuously be updated. For links or questions please contact Susan Anderson at (850) 591-2842.

Travel Analysis – June 4, 2020

Salon Re-Opening Analysis – June 4, 2020

Village On The Isle – 2020 Campus Safeguards – COVID-19 Coronavirus Response

Morrison Living: re:START – A Phased Approach for Getting Back to Business – April 5, 2020