

**BY ORDER OF THE ST. CHARLES COUNTY  
DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH**

**AMENDED RESIDENTIAL CARE FACILITY AND NURSING HOME ORDER**

WHEREAS, The St. Charles County Department of Public Health ("DPH") has been closely monitoring the global pandemic caused by a viral respiratory illness called COVID-19; and

WHEREAS, on March 13, 2020, a state of emergency was declared in St. Charles County relating to the immediate and significant risk posed to the health, safety, and wellbeing of the people of St. Charles County that is presented by COVID-19; and

WHEREAS, COVID-19 virus is easily transmitted, especially in group settings, and the disease can lead to significant illness, need for hospital care, and death, with those of older age and those with chronic medical conditions being most significantly impacted. Given the congregate nature and the individuals served, Residential Living Facilities are at very high risk for disease transmission and adverse outcomes of individual residents from COVID-19 which necessitates aggressive prevention and mitigation strategies to protect populations who are most vulnerable.

WHEREAS, given that nursing homes and residential care facilities are by nature congregate communities and given that the residents served by these facilities are often adults with underlying chronic medical conditions and therefore at increased risk of serious illness; and

WHEREAS, to minimize the morbidity and mortality caused by COVID-19, nursing homes and long-care facilities should follow CDC guidance to reduce the spread within the facilities; and

WHEREAS, this Order is authorized pursuant to §§192.006, 192.200, and 192.300 RSMo.; 19 CSR 20-20.040 and 19 CSR 20-20.050; and by certain Executive Orders, as may be further amended.

NOW, THEREFORE, I, DEMETRIUS CIANCI-CHAPMAN, DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH OF ST. CHARLES COUNTY, MISSOURI, by virtue of the authority vested in me by the Constitution and the Laws of the State of Missouri, and the Charter and Ordinances of the County of St. Charles, do hereby amend and replace my Residential Care Facility and Nursing Home Order dated April 8, 2020, and issue this Public Health Emergency Order that all owners, operators, or managers of any Assisted Living Facility, Intermediate Care Facility, Long-Term Care Facility, Residential Care Facility, or Skilled Nursing Facility, as defined in 19 CSR 30-83.010, located within the boundaries of St. Charles County, Missouri must comply as follows:

## VISITATIONS

1. Indoor visitations are permitted only for end of life situations in which a resident is actively dying. Facilities shall provide all visitors entering a facility for a resident facing an end of life situation with a mask, gown, and gloves, and require that they be worn for the entire period of time they are present in the facility. Staff shall assist these visitors with the proper donning or doffing of masks, gowns, and gloves.
2. In all other situations, only window visitations or outdoor visitations to residents are permitted.
3. If the window is to be open during a window visitation, all visitors and patients must remain at a distance of at least six feet away from the window utilized for the visitation. If the window is to remain closed during such visitation, visitors and patients need not observe such requirements.
4. Up to two visitors shall be allowed per resident at one time. Facilities shall limit the total number of visitations that may occur simultaneously in the Facility in order to observe proper social distancing and comply with the other requirements of this Order.
5. With the exception of (1) end of life situations as described in Section 1 and (2) window visitations in which the window is to remain closed, visits are limited to only those residents who are:
  - a. COVID-19 negative or asymptomatic and not suspected to have COVID-19; or
  - b. Previously COVID-19 positive but have been released from isolation based on either of the following strategies:
    - i. Symptom-based strategy
      1. At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and return to baseline in respiratory symptoms (e.g., cough, shortness of breath); and
      2. At least 10 days have passed since the symptoms first appeared.
    - ii. Test-based strategy
      1. Resolution of fever without the use of fever-reducing medications;
      2. Return to baseline in respiratory symptoms (e.g., cough, shortness of breath); and
      3. Negative test results of an FDA Emergency Use Authorized molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected at least 24-hours apart.
6. All visitors must have a wellness screening. Only visitors who meet the following criteria shall be allowed to visit:
  - a. The visitor has a temperature of 99.5° Fahrenheit or below; and

- b. The visitor is not currently under an order of quarantine from any state or local public health authority; and
  - c. The visitor:
    - i. Has not been diagnosed with COVID-19; or
    - ii. Has been diagnosed with COVID-19, and
      - 1. The visitor is currently asymptomatic, and
      - 2. At least 10 days have passed since the collection date of the test for which the visitor tested positive for COVID-19.
7. All visitors and residents participating in visitations must:
- a. Wear a cloth face covering or facemask. In the event that a resident cannot safely wear a cloth face covering or facemask, a plastic partition or plexiglass barrier should be utilized to prevent the spread of the virus;
  - b. Observe social distancing (spaced by at least 6 feet); and
  - c. Engage in proper hand hygiene both before and after each visitation.
8. Facilities shall keep a visitor log, noting the following:
- a. Names of visitors;
  - b. Who they visited;
  - c. Staff who assisted with the visit;
  - d. Date and time of the visit;
  - e. Nature of the visit (e.g., outdoor; window; indoor for end of life situations)
  - f. Contact information of the visitors in the event of subsequent positive COVID-19 cases among staff or residents.
9. Facilities must sanitize the outdoor areas used for visitation, including all tables, chairs, and partitions used, between each and every visit using an EPA-approved disinfectant in accordance instructions for dilution and contact times.
10. Nothing in this Order shall be construed to exclude individuals visiting the facilities for the purposes of facility maintenance, repair, or upkeep, provided that those individuals satisfy the criteria set forth in Section 6 above.

### **COMMUNAL DINING AND GROUP ACTIVITIES**

11. Communal dining and group activities shall be limited only to residents who are:
- a. COVID-19 negative or asymptomatic and not suspected to have COVID-19; or
  - b. Previously COVID-19 positive but have been released from isolation based on either the Symptom-based strategy or Test-based strategy, set forth in Sections 5(b)(i) & (ii) above.
12. All residents participating in communal dining or group activities must:
- a. Wear a cloth face covering or facemask when not eating. In the event that a resident cannot safely wear a cloth face covering or facemask, a plastic partition or plexiglass barrier should be utilized to prevent the spread of the virus;
  - b. Observe social distancing (spaced by at least 6 feet); and

- c. Engage in proper hand hygiene.

### **RESIDENT CARE**

13. Facilities shall assess all residents for respiratory effort, respiratory rate, and temperature at minimum every 12 hours.
14. Facilities shall treat all residents that present with cough, headache, shortness of breath, diarrhea, or fever for the possibility of COVID-19 and take precautions to isolate the residents or patients.
15. All residents put into isolation for COVID-19-related reasons shall be release from isolation only upon satisfying the criteria of either the Symptom-based strategy or Test-based strategy, set forth in Sections 5(b)(i) & (ii) above.
16. All personal care services (e.g., physical therapy, occupational therapy, massage therapy) shall be discontinued unless it is a critical need as determined by an independently licensed health care professional and then only if the caregiver:
  - a. Satisfies the criteria for visitors set forth in Section 3 above;
  - b. Wears a cloth face covering or facemask; and
  - c. Wears protective gloves and gown.

### **STAFFING**

17. Facilities shall provide all employees with a wellness check prior to beginning a shift and at the end of their shift. This wellness check shall include:
  - a. An assessment of respiratory effort and rate; and
  - b. A temperature check.
18. If any employees are exhibiting signs or symptoms of COVID-19, the employee must be sent home immediately and not allowed entry into the facility. Those symptoms include:
  - a. Fever greater than 100.4° F (38° C);
  - b. Any wheezing, shortness of breath (dyspnea), or difficulty breathing that is not normal;
  - c. New onset of cough or worsening chronic cough;
  - d. Subjective fever (feels feverish);
  - e. Chills;
  - f. Muscle aches (myalgia) that are not normal;
  - g. Chest pain;
  - h. Runny nose (rhinorrhea);
  - i. Nausea or vomiting;
  - j. Sore throat;
  - k. Abdominal pain;
  - l. New olfactory and taste disorder(s) (e.g., loss of taste or smell);
  - m. Diarrhea (3 or more loose stools in a 24-hour period);
  - n. Headache; and

- o. Fatigue.
- 19. Facilities shall educate staff on correctly performing hand hygiene and donning and doffing Personal Protective Equipment (PPE).
- 20. Facilities shall provide a designated space for the doffing of PPE. Such designated space shall be in a low-traffic area in close proximity to a hand-washing station.
- 21. Facilities shall post signage for hand hygiene and cough etiquette and ensure that necessary supplies to accomplish this task are present in all entries and patient care areas.
- 22. Facilities shall provide hand sanitizer for employees and require employees to use it frequently.
- 23. Facilities shall require employees to wash hands with soap and water hourly, as well as, before and after contact with any patient.
- 24. Facilities shall require all employees to wear a facemask covering the nose and mouth and protective gloves when having contact with residents or other persons within the facility. Gowns and either goggles or a disposable face shield are recommended, but not required..
- 25. Facilities shall provide dedicated caregivers, if possible, to any resident or patient in isolation with a presumption positive COVID-19 test, to limit staff exposure. All staff should wear full PPE when providing care to the COVID-19 positive patient, including:
  - a. N95 mask or higher respirator;
  - b. Goggles or a disposable face shield;
  - c. Gloves; and
  - d. Gown.

#### **SANITIZATION OF FACILITY**

- 26. Facilities shall educate staff on correctly using appropriate products for environmental cleansing and disinfection.
- 27. Facilities shall sanitize commonly touched surfaces, including but not limited to desks, keyboards, work spaces, key pads, door handles, cell phones, handrails, and elevator buttons, at least once every four hours.
- 28. Facilities shall sanitize the entirety of all common areas and resident rooms at least twice daily.

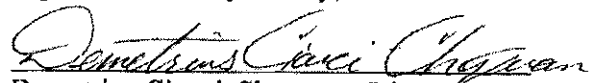
#### **NOTIFICATION AND REPORTING**

- 29. Facilities shall immediately, but not later than twenty-four (24) hours, notify the DPH of the following:

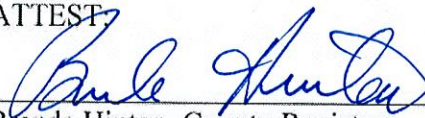
- a. Any COVID-19 test results for any resident, patient, or employee, regardless of whether the test is positive or negative;
  - b. Any suspected cases of COVID-19 for any resident, patient, or employee, regardless of whether there has been a presumptive positive test for COVID-19;
  - c. Any transfer of a COVID-19 positive resident or patient to another facility;
  - d. Any admission of a COVID-19 positive resident or patient, including whether such patient is a new admission or has been transferred from another facility; and
  - e. Any hospitalization of a COVID-19 positive resident or patient.
30. Facilities shall provide notification in accordance with Paragraph 29, regardless of whether the resident, patient, or employee concerned is a resident of St. Charles County.
31. When providing notification in accordance with Paragraph 29, facilities, at minimum, shall include the following information regarding the resident, patient, or employee concerned: full name; date of birth; address; city of residence; zip code; county of residence; phone number; sex; race; ethnicity; testing results, including date of sample collection and type of testing performed; other facility involved in transfer; date of transfer, admission, or hospitalization, where applicable. In the event of a resident testing positive for COVID-19, facilities shall also report resident symptomology during COVID-19 illness, symptom onset date, and symptom resolution date.
32. Facilities shall provide a daily census report to the DPH indicating the number of residents and employees at the facility each day.
33. Facilities shall send all notifications by e-mail to [cdreport@secmo.org](mailto:cdreport@secmo.org) in a format required by the DPH.
34. Facilities shall provide such further information as requested by the DPH for conducting outbreak, contact, and case investigations. For the purposes of such investigations, facilities shall provide the DPH permission to enter the facility upon demand.
35. All violations of this Order shall be reported to the DPH immediately.

Unless otherwise set forth herein, this order shall be effective on July 2, 2020, 12:01 a.m. upon my execution hereof, and it shall expire only upon further order.

Signed this 1st day of July, 2020.

  
Demetrius Cianci-Chapman, Director  
Department of Public Health  
St. Charles County, Missouri

ATTEST

  
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Brenda Hinton, County Registrar