

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

**FOURTH 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 192.290 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; Amended Residential Care Facility and Nursing Home Order dated July 1, 2020; Second Amended Residential Care Facility and Nursing Home Order dated July 14, 2020; and Third Amended Residential Care Facility and Nursing Home Order dated October 7, 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, window visitations, and outdoor visitations are permitted. Outdoor visitations are preferred whenever practicable, even when the resident and visitor are fully vaccinated. Outdoor visitations generally pose a lower risk of transmission due to increased space and airflow.
2. Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (Note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:
  - a. Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated;
  - b. Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue Transmission-Based Precautions; or
  - c. Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
3. For all visitations, Facilities shall designate a staff member to perform visual oversight of visitor activities including ensuring that visitors and residents are complying with the requirements set forth in Paragraph 8 below. In addition, the designated staff member shall:
  - a. maintain a visitor log in accordance with Paragraph 9 below;
  - b. maintain a log of sanitation after every visit, recording the area and items sanitized, date and time of sanitization, products used, and the staff member performing the sanitization.
4. 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 each other through the window utilized for the visitation. If the window is to remain closed during such visitation, visitors and patients need not observe this distance requirement.
5. 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.
6. Facilities shall limit visits to only those residents who are:
  - a. COVID-19 negative, exhibiting no symptoms of COVID-19, 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 24 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.
7. All persons who enter the facility must have a wellness screening for signs and symptoms of COVID-19 (e.g., temperature checks, question about and observations of signs or symptoms). Only visitors who meet the following criteria shall be allowed to visit:
- a. The visitor has a temperature below 100.0° Fahrenheit; and
  - b. The visitor is not showing signs or symptoms of COVID-19;
  - c. The visitor is not currently under an order of quarantine from any state or local public health authority;
  - d. The visitor has not had close contact with someone with COVID-19 infection in the prior fourteen (14) days, regardless of the visitor's vaccination status; and
  - e. 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.
8. 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.
9. Vaccination Exception: If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand hygiene before and after such contact. Regardless, visitors should maintain proper social distancing from other residents and staff in the facility.
10. 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, start time, and end time of the visit;
  - e. Nature of the visit (e.g., outdoor, window, indoor, or in patient room)

- f. Contact information of the visitors in the event of subsequent positive COVID-19 cases among staff or residents.
11. Facilities must sanitize all 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.
12. Indoor Visitation During an Outbreak. *An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:*
  - a. *If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.*
  - b. *If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.*
  - c. *While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing facility-wide. If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.*
  - d. *In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility.*
  - e. *Compassionate care visits and visits required under federal disability rights law should be allowed at all times for any resident (vaccinated or unvaccinated) regardless of the above scenarios contained in this Paragraph 12 and all subparts.*
13. 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**

14. 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.
15. All residents participating in communal dining or group activities must:

- c. 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;
- d. Observe social distancing (spaced by at least 6 feet); and
- e. Engage in proper hand hygiene.

## **RESIDENT CARE**

- 16. Facilities shall assess all residents for respiratory effort, respiratory rate, and temperature at minimum every 12 hours.
- 17. 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.
- 18. 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.
- 19. 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**

- 20. 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.
- 21. 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 of 100.0° F or greater;
  - 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.
22. Facilities shall educate staff on correctly performing hand hygiene and donning and doffing PPE.
23. 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.
24. Facilities shall post instructional signage throughout the facility and proper education to staff and visitors on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices (e.g., use of face covering or mask, hand hygiene, and specified entries, exits, and routes to designated areas.)
25. Facilities shall provide the necessary supplies to ensure proper hand hygiene, including hand soap and hand sanitizer, for employees and require employees to use it frequently.
26. Facilities shall require employees to wash hands with soap and water hourly, as well as, before and after contact with any patient.
27. 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 and shall be made available to employees, but employees are not required to wear them unless the Facility has a policy requiring employees to wear such.
28. Facilities, if possible, shall provide dedicated caregivers, to any resident or patient in isolation with a presumption positive COVID-19 test, in order 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**

29. Facilities shall educate staff on correctly using appropriate products for environmental cleansing and disinfection.

30. 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.
31. Facilities shall sanitize the entirety of all common areas and resident rooms at least twice daily.

### **TESTING, NOTIFICATION, AND REPORTING**

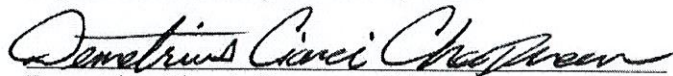
32. Facilities shall provide Covid-19 testing in accordance with 42 CFR § 483.80(h) and the guidance thereto (Ref: QSO-20-38-NH) provided by the Centers for Medicare and Medicaid Services (CMS). When required to use Covid-19 county-level positivity rates, Facilities shall use the County Positivity Rate published by the DPH.
33. Facilities shall immediately, but not later than twenty-four (24) hours, notify the DPH of the following:
  - f. Any COVID-19 test results for any resident, patient, or employee, regardless of whether the test is positive or negative;
  - g. 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;
  - h. Any transfer of a COVID-19 positive resident or patient to another facility;
  - i. 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
  - j. Any hospitalization of a COVID-19 positive resident or patient.
34. Facilities shall provide notification in accordance with Paragraph 33, regardless of whether the resident, patient, or employee concerned is a resident of St. Charles County.
35. When providing notification in accordance with Paragraph 33, 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.

Facilities shall provide a monthly census report to the DPH indicating the number of residents and employees at the facility on the first day of each month.

36. Facilities shall send all notifications by e-mail to [cdreport@scemo.org](mailto:cdreport@scemo.org) in a format required by the DPH.
37. 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.
38. All violations of this Order shall be reported to the DPH immediately.

Unless otherwise set forth herein, this order shall be effective on March 31, 2021, 12:01 a.m. upon my execution hereof, and it shall expire only upon further order.

Signed this 30th day of March, 2021.



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

ATTEST:



Brenda Hinton, County Registrar

