



Department  
of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

## **AMENDED DIRECTOR'S ORDER**

### **Re: Amended Director's Order to Permit Access to Ohio's Residential Care Facilities, with Exceptions**

I, Stephanie McCloud, Director of the Ohio Department of Health (ODH) pursuant to the authority granted to me in R.C. 3701.13 and R.C. Chapter 3721, to prevent the spread of contagious or infectious diseases, hereby **ORDER** all Residential Care Facilities as defined in R.C. 3721.01 the following:

1. Since the release of the last Order, millions of vaccinations have since been administered to residential care facility residents and staff, and these vaccines have been shown to help prevent COVID-19 infection. In support of Ohio's continued commitment to provide vaccination to all older adults, recognition of the importance of safely reuniting families to combat isolation caused by the COVID-19 pandemic, and of providing opportunities for social interaction to improve overall health and well-being, this Order shall replace all prior Orders regarding visitation in Ohio's residential care facilities (hereafter RCF or facility). Accordingly, it shall permit access to personnel who are necessary for the operations of RCFs and permit access to visitors in the limited circumstances set forth below.
2. Personnel who are necessary for the operations of the RCFs include, but may not be limited to, staff, contracted and emergency healthcare providers, hospice personnel providing core services, clergy, hair salon personnel, contractors conducting critical on-site maintenance, and governmental representatives and regulators and their contractors. Governmental representatives include employees of the Secretary of State, local Boards of Election, and precinct election officials. No visitors of residents shall be admitted to any RCF, except for as explained below.
3. All individuals and personnel must be screened for COVID-19 each time they enter the facility. Screening guidance is available from the U.S. Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) as well as from ODH. Per the CDC, screening should include questions about exposure to COVID-19 and assessing the visitors and personnel for cough, shortness of breath, and body temperature of 100.0 degrees Fahrenheit or higher. This Order does not apply to exigent circumstances, to emergency medical services first responders, and similarly-situated individuals.
4. RCFs should attempt to have as few of points of entry as possible. ODH recommends that RCFs, where possible, have a designated entry point. This does not apply to emergency ingress or egress of the facilities.
5. Individuals granted access to an RCF should provide the RCF with name and contact information. It is the responsibility of RCFs to log each visitor including telephone number and address. The

log shall be retained in accordance with state and federal record retention requirements. Logs shall be made available upon request to residents, visitors, ODH, and any representative of the Office of the State Long-Term Care Ombudsman.

6. Residents must be allowed to discharge from RCFs at any time and in accordance with applicable state law. RCFs shall comply with infection control precautions located in Ohio Administrative Code 3701-16-12(C).
7. RCFs are required to regularly report visitation information to the State via an online dashboard. Visitation information shall be regularly reported to the State in accordance with guidelines developed by ODH and the Ohio Department of Aging (ODA). RCFs required to report shall continue to report via an online dashboard at <https://coronavirus.ohio.gov/>.
8. RCFs shall permit residents to have visitors in accordance with the guidelines and exceptions set forth below. RCFs shall do the following as they prepare for and assess their readiness to commence visits:

**Facility planning:**

- A. RCFs shall carefully consider all implications for resident physical and mental well-being when determining how to facilitate visitation.
- B. RCFs shall evaluate all the following as a part of developing a comprehensive plan to facilitate, implement, and oversee visitation:
  - Case status in surrounding community;
  - Case status in the facility;
  - Staffing levels;
  - Access to adequate testing for residents and staff;
  - Personal protective equipment supplies; and
  - Local hospital capacity.
- C. RCFs shall be in substantial compliance with the testing requirements in accordance with testing orders issued by the Director of Health.
- D. RCFs shall develop visitation policies consistent with the requirements in this Order. Policies shall be made available upon request to residents, visitors, ODH, and any representative of the Office of the State Long-Term Care Ombudsman.
- E. RCFs shall remind and educate residents and visitors about the risks of the spread of COVID-19 and the appropriate safety measures to take to protect themselves.

**General Visitation requirements:**

- A. RCFs shall screen visitors for COVID-19 symptoms, including symptoms assessment and questions about exposure to COVID-19.

- B. RCFs shall maintain a log of visitors that includes, at a minimum, name and contact information. The log shall be retained in accordance with state record retention requirements, and made available upon request to residents, visitors, ODH, and any representative of the Office of the State Long-Term Care Ombudsman.
- C. RCFs shall require visitors to wear a face covering during the entire visit and residents, where possible, should also wear a face covering during the visit. For purposes of this Order, a face covering is defined as a surgical or procedural mask supplied by the RCF. RCFs may not permit any visitation to occur if visitors are not wearing a face covering.
- D. All visitors shall be able to facilitate social distancing, be able to wear a face covering, and not be a distraction to other residents, visitors, or staff.
- E. No more than two visitors shall be permitted per resident per visit.
- F. If more than one resident has a visitor, or a resident has multiple visitors, the RCF shall provide enough space to permit visitors and residents to maintain appropriate distance from each other the entire visit. Social distancing shall be adhered to regardless of where the visit takes place.
- G. RCFs shall encourage residents and visitors to have a contact-free visit. However, 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. Regardless, visitors should physically distance from other residents and staff in the facility.
- H. Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.
- I. Visits must be scheduled with the RCF in advance. Visitors will be provided a time for the visit as well as the length of the visit in advance of the visitation date. Visitors shall be allotted a minimum of 30 minutes for each visit. Visits do not commence until residents and visitors are reunited.
- J. Hand sanitizer shall be made available to visitors and residents for use before, after, and during the visit. Items and surfaces such as wheelchairs, tabletops, or other touched items shall be cleaned and disinfected between visits.
- K. RCFs are encouraged to test visitors, if feasible. If so, facilities should prioritize testing visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). Similarly, visitors are encouraged to become vaccinated, if feasible.

**Outdoor visitation requirements:** In addition to all other visitation requirements herein, the following shall apply to all outdoor visitations:

- A. While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, to the extent feasible, RCFs should first consider outdoor visitation even when the resident and visitor are fully vaccinated against COVID-19, where practicable.
- B. RCFs may facilitate indoor and outdoor visitations concurrently.
- C. Contingency plans shall be made to address adverse weather as well as accommodations to provide for outdoor visit areas that provide shade for residents that may have sun-sensitivity.

**Indoor visitation requirements:** In addition to all other visitation requirements herein, the following shall apply to all indoor visitations:

- A. RCFs shall allow indoor visitation at all times and for all residents (regardless of vaccination status), except for 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). Factors that may be considered are outlined in Paragraph 8(B).
- B. Visitors shall be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and shall adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.
- C. Visitors shall be escorted to and from the designated visitation area by staff of the RCF using the most direct route.
- D. Visitation must occur in a designated visitation area. A designated visitation area shall include a private single resident room. Related residents, such as spouses or siblings, sharing a resident room may participate in visitation together.

**Compassionate Care Visitation Requirements:** Compassionate care visitation shall comply with all of the visitation requirements in this Order, except as provided in this section. The following shall apply to all compassionate care visitations:

- A. RCFs shall allow compassionate care visits at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.
- B. Compassionate care situations do not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:
  - A resident, who was living with their family before recently being admitted to an RCF, is struggling with the change in environment and lack of physical family support;
  - A resident who is grieving after a friend or family member recently passed away;
  - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration;
  - A resident who used to talk and interact with others, is experiencing emotional

- distress, seldom speaking, or crying more frequently;
  - A resident who has been re-admitted to the facility following an acute care admission to the hospital;
  - A resident who has a new order for an anti-psychotic, an anti-depressant, or an appetite stimulant;
  - A resident whose dementia has dramatically progressed;
  - A resident who is no longer responding to loved ones during virtual visits; and/or
  - Family members mention that they notice a change in the resident's appearance, grooming, or cognition during window or virtual visits.
- C. All compassionate care visits shall be conducted using social distancing; however, 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. Regardless, visitors should physically distance from other residents and staff in the facility and they shall follow all appropriate infection prevention guidelines.
- D. Through a person-centered approach, RCFs should work with residents, families, caregivers, resident representatives, clinicians and the Office of the State Long-Term Care Ombudsman program to identify the need, length, and frequency for compassionate care visits.
- E. Anyone that can meet the resident's needs such as family members, clergy, or lay persons offering religious and spiritual support shall be permitted to participate in compassionate care visits.

**Other requirements:** In addition to all other visitation requirements herein, facilities shall adhere to all relevant CDC guidance for dining and communal activities.

Accordingly, this Order shall replace all prior Orders regarding visitation at Ohio's Residential Care Facilities. This Order shall be effective immediately and remain in full force and effect unless the Director of the Ohio Department of Health rescinds or modifies this Order at a sooner time and date.

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Stephanie McCloud  
Director of Health

March 22, 2021

Date