



CABINET FOR HEALTH AND FAMILY SERVICES
Office of the Secretary

Andy Beshear
Governor

275 East Main Street, 5W-A
Frankfort, KY 40621
502-564-7042
502-564-7091
www.chfs.ky.gov

Eric C. Friedlander
Secretary

Provider Guidance Update: Phased Reduction of Restrictions for Long Term Care Facilities
November 16, 2020

On March 6, 2020, Governor Andy Beshear signed Executive Order 2020-215 declaring a state of emergency in the Commonwealth due to the outbreak of the novel coronavirus (COVID-19). The current public health emergency has resulted in a rapidly changing environment. The Cabinet for Health and Family Services will continue to provide information and updates to healthcare providers.

This guidance is provided in accordance with the phased approach to resuming currently suspended services encouraged by the Centers for Medicare and Medicaid Services (CMS) in its “Nursing Home Reopening Recommendations for State and Local Officials, QSO-20-30-NH” (available at: <https://www.cms.gov/files/document/qso-20-30-nh.pdf>) and its “Nursing Home Visitation – COVID-19, QSO-20-39-NH” (available at <https://www.cms.gov/files/document/qso-20-39-nh.pdf>). It is intended to offer clarifying information to facility-based long-term care providers (herein referred to as “Providers”) concerning the resumption of specified services when the described conditions are met, beginning on or after the dates indicated. There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents of Long-Term Care Facilities (LTCFs) are at high risk of becoming seriously ill with COVID-19.

The guidelines are based on what is currently known about the transmission and severity of COVID-19. Compliance with these guidelines **can** reduce the risk of transmission of COVID-19 but *will not eliminate* the risk to the LTCF’s residents, staff or visitors. By entering the LTCF, visitors are acknowledging the inherent risk of exposure to COVID-19 to themselves and to LTCF’s residents, staff and other visitors.

Key Updates to October 7, 2020 Guidance

- Definitions: Elective Off-Site Familial Visit, Essential Off-Site Medical Appointment, Fever, Physical (fka Social) Distancing, Symptoms – COVID-19 (per CDC).
- Infection Control: Information about the KDPH’s Health Healthcare-Associated Infection / Antibiotic Resistance (HAI/AR) Prevention Program.
- Group Activities and Communal Dining: Clarification regarding key determinants to consider.
- Off-Site Travel (fka Appointments).
- On-Site Resident Visits: Indoors and Outdoors.

DEFINITIONS

CDC Guidelines: Reference materials available from the Centers for Disease Control and Prevention, available at: <https://www.cdc.gov/> and specific extension sites listed at the end of this guidance.

Cleaning: Removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it decreases their number and therefore the risk of spreading infection.

Compassionate Care: Consistent with guidelines from the Centers for Medicare and Medicaid Services, available at: <https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf>.

Disinfecting: Cleaning with an EPA-registered disinfectant chemical according to the manufacturer's directions for use. This process does not necessarily clean dirty surfaces, but killing germs remaining on a surface after cleaning further reduces the risk of spreading infection.

Elective Off-Site Familial Visit: Off-site, single day visit with a resident's family or support person(s).

Essential Off-Site Medical Appointment: Physician-ordered, off-site appointment for diagnostic or treatment services performed by a licensed health care provider, such as for dental or podiatric care, imaging services or renal dialysis; ***Provider should first try to utilize telehealth and alternate on-site options.***

Fever: Registering a body temperature of at least 100° F, confirmed by an infrared thermometer. (Older or immuno-compromised adults can have a lower fever threshold.)

Guidance: Recommended course of action; not a regulation or directive.

LTCF: Congregate residential settings serving predominantly older or disabled adults, whether a Nursing Facility (NF), Nursing Home (NH), Intermediate Care facility (ICF), Intermediate Care Facility for Intellectually Disabled (ICF-IID), Personal Care Home (PCH), Assisted Living Community (ALC) or Family Care Home (FCH).

PPE: Personal Protective Equipment, including but not limited to disposable gloves, gowns, face masks, shields or goggles.

Physical Distancing (fka Social Distancing): Maintaining a distance of at least six feet between people.

Staff Extender: A health professional engaged in a participant's care, vendors or contractors delivering goods or services, public agency (including the Long-Term Care Ombudsman and the CHFS Office of Inspector General) or emergency personnel conducting official duties.

Symptoms – COVID-19: Fever, cough, shortness of breath, difficulty breathing, chills, rigors, headache, sore throat, congestion or runny nose, muscle or body aches, change in sense of smell or taste, or gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.); CDC definition available at: <https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/202>

Infection Control

If the Office of Inspector General (OIG) conducted a focused Infection Control survey since March 1, 2020 that resulted in a statement of deficiency concerning infection control, the Provider should receive written confirmation that its Plan of Correction has been accepted prior to resuming any of the services included in this guidance.

An Assisted Living Community should receive from the Department of Aging and Independent Living (DAIL) written confirmation that its COVID Preparedness Plan has been accepted prior to resuming any of the services included in this guidance.

The Kentucky Department for Public Health (KDPH), Infectious Disease Branch's "Healthcare-Associated Infection / Antibiotic Resistance (HAI/AR) Prevention Program" aims to eliminate and prevent HAIs and AR organisms in healthcare settings. A Provider can – and is encouraged to – receive consultation on infection control and prevention from the HAI/AR team of specialized health professionals. To better assist in the response to the COVID-19 pandemic, the department has recently added regional infection preventionists. Ten

regional IPs work with Providers to help respond to and control the spread of COVID-19 in the healthcare setting. Find more information at: <https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/hai.aspx>.

Group Activities

Key determinants for deciding to resume recreational and therapeutic group activities, **beginning November 16, 2020 for all LTCFs**, should include 1) adhering to established physical distancing guidelines of at least six feet between any two residents and 2) no new resident or staff COVID-19 cases within the past 14 days - from the date when relevant symptoms were first observed or reported (or the date of testing, if asymptomatic) for the most recently identified resident or staff facility-onset COVID-19 case.

Other conditions that a Provider should address in its plan for resuming recreational and therapeutic group activities include:

- (Note: Update on 12/1/2020) Group size should not exceed eight (8) residents.
- Resident should
 - Have never contracted or have fully recovered from COVID-19 (not currently under isolation for observation for suspected or confirmed COVID-19);
 - Wear a mask (as tolerated or capable); and
 - Wash (or sanitize) hands before and after the activity.
- Staff should
 - Perform a health screening for each participating resident prior to entering the activity area, indicating: no symptoms consistent with suspected COVID-19;
 - Configure seating to comply with physical distancing guideline;
 - Discourage the use of high-touch items (i.e., playing cards, board games, ball toss, etc.);
 - Disinfect applicable surfaces and equipment between uses; and
 - Wear appropriate PPE, consistent with CDC guidelines.
- Off-site: Until further notice, exclude group activities at off-site locations.

Communal Dining

Key determinants for deciding to resume communal dining, **beginning November 16, 2020 for all LTCFs**, should include 1) adhering to established physical distancing guidelines of at least six feet between any two residents and 2) no new resident or staff COVID-19 cases within the past 14 days - from the date when relevant symptoms were first observed or reported (or the date of testing, if asymptomatic) for the most recently identified resident or staff facility-onset COVID-19 case.

Other conditions that a Provider should address in its plan for resuming communal dining include:

- Resident should
 - Have never contracted or have fully recovered from COVID-19 (not currently under isolation for observation for suspected or confirmed COVID-19);
 - Wear a mask traveling to and returning from the communal dining setting; and
 - Wash (or sanitize) hands before and after the activity.
- Staff should
 - Perform a health screening for each participating resident prior to entering the communal dining area, indicating no symptoms consistent with suspected COVID-19;
 - Configure seating to comply with physical distancing guideline;

- Discourage the use of high-touch items (i.e., salt/pepper shakers; provide condiment packets upon request, etc.);
- Disinfect applicable surfaces and equipment between uses; and
- Wear appropriate PPE, consistent with CDC guidelines.

Off-Site Travel

Until further notice, off-site travel for any purpose other than an “Essential Off-Site Medical Appointment” (see Definitions, p. 2) is *strongly discouraged*.

There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents of Long-Term Care Facilities (LTCFs) are at high risk of becoming seriously ill with COVID-19.

The scope and severity of the situation continue to broaden. The proportion of COVID-19-related deaths accounted for by congregate care settings is now approaching two out of three, and the statewide community test positivity rate has rapidly climbed in recent weeks to over 8%. As of this week, Kentucky has ZERO counties experiencing below 10 cases per 100,000 population for the 7-day average incidence (Tier I on the Kentucky Long-Term Care Facility COVID-19 Indicator, available at: <https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf>); only 39 counties in the Accelerated category (Orange or Tier II: 10 to 25 cases per 100,000); and all of the remaining 81 counties are now in a Critical situation (Tier III: greater than 25 cases per 100,000 population).

A. Essential Off-Site Medical Appointment (see Definitions, p. 2):

- Resident should agree to:
 - Wear a mask; and
 - Wash (or sanitize) hands before and after the appointment.
- Staff should:
 - Verify physician’s order for the resident’s essential medical service;
 - Arrange/verify safe transportation, consistent with CDC guidelines available at: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html>;
 - Greet resident upon return and escort resident to room.
 - Return: The Provider’s policies and procedures for admitting a new resident should be applied, including quarantine for 14 days,* consistent with the Provider Guidance available at: <https://chfs.ky.gov/cv19/LTCA AdmissionDischardXferGuidanceMemo.pdf>
(*) - Exception: Returning to a resident’s *private* room.
- Vehicle:
 - Resident and driver (and accompanying person(s), if other than driver) should
 - Be screened;
 - Wear a mask; and
 - Wash (or sanitize) hands before and after travel.
 - Staff should
 - Perform a health screening for the traveling resident prior to boarding and upon return, indicating no symptoms consistent with suspected COVID-19;
 - Wear appropriate PPE, consistent with CDC guidelines;
 - Disinfect frequently touched surfaces in the vehicle between trips with an Environmental Protection Agency (EPA) registered disinfectant. (Recommended Resource: CDC Guidelines for Disinfecting Transport Vehicles, available at): <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

B. Elective Off-Site Familial Visit (see Definitions, p. 2):

- **Until further notice, elective off-site familial visits (see Definitions, p. 2) are strongly discouraged.**
- Note: Additional guidance is expected from CMS, and will be added here when it becomes available.
- See: Holiday Season (p. 10).

Resident On-Site Visitation

A. On-Site, Indoor Visitation Beginning November 16, 2020: Any LTCF should develop a plan addressing the services included in this guidance memo; additional relevant resources are included on page 13.

Key determinants for deciding to resume limited on-site, indoor visitation should include:

- 1) The resident's health status and upholding principles of person-centered care by considering each resident's physical, mental and psychophysical well-being.
- 2) Ability of resident and visitor to adhere to established physical distancing guidelines of at least six feet between a resident and any other person.
- 3) **NEW:** The Provider's county is not currently listed as Red* on the Kentucky COVID-19 Current Incidence Rate Map, available at: https://govstatus.egov.com/kycovid19*
 - a. Provider should check this resource weekly each Thursday for this purpose.
- 4) No new resident or staff COVID-19 cases within the past 14 days - from the date when relevant symptoms were first observed or reported (or the date of testing, if asymptomatic) for the most recently identified resident or staff facility-onset COVID-19 case.*

(*) – Exception: "Compassionate Care" situation (see p.7).

- Other conditions that a Provider should address in its plan for hosting indoor visitors include:
 - External Context: Assess the current environment and support network capacity in the Provider's surrounding community, including any adjacent in a bordering state, such as
 - COVID-19 *trending* in the county, as well as in contiguous counties (whether in-state or in a bordering state).
 - Acute care partners' capacity for providing assistance in the event of a rise in COVID-19 cases among the residents or staff.
 - Continuing access to PPE, cleaning and disinfecting supplies.
 - Continuing access to surveillance testing for COVID-19.
 - Logistics:
 - Effectively cohort residents (e.g., separate areas dedicated to COVID-19 care).
 - Monitor results of COVID-19 testing performed among residents and/or staff, conducted as required per 42 CFR 483.80(h) per QSO-20-38-NH.
 - Schedule each visit in advance for a duration – and frequency – that enables each resident an opportunity to receive a visit as equitably distributed as possible, following the Provider's policies and procedures for visiting hours.

- Limit the number of visitors per resident at one time.
- Limit the number of visitors present simultaneously (based on the size of the building and physical space) to support infection prevention actions.
- Post instructional signage throughout the facility and conduct appropriate visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable Provider practices (such as the use of face covering of mask, specified entries, exits and routes to designated areas, or hand hygiene).
- Accommodate and support visitation that offers an adequate degree of privacy and fosters visitation beyond compassionate care situations.
- Establish Indoor Options for visitation in a
 - Resident Room - Visitor proceeds to directly to the resident's room.
 - a. Visiting a resident should *not* occur in the resident's room when he/she
 - Is under transmission-based precautions (TBP), or
 - Shares the room with another resident (exception: his/her health status prevents him/her from leaving the room, in which case the Provider should attempt to enable in-room visitation adhering to the core principles of COVID-19 infection prevention described in QSO-20-39-NH).
 - Designated Non-Resident Room that is near an entrance and does not require visitors to traverse through a residential area.
- Each Resident/Host of an indoor visit should
 - Wash (or sanitize) hands before and after the visit;
 - Wear a mask
 - a. while traveling internally to and returning from the visit;
 - b. during the visit (as tolerated or capable); and
 - Observe physical distancing.
- Each Indoor Visitor (including "Staff Extender") should
 - At entry:
 - a. Not exhibit any symptoms consistent with COVID-19; and
 - b. Sign an attestation reflecting negative responses to COVID-19 symptom screening questions (sample form attached on p. 12)
 - Visitor Testing: While not required, a qualified Provider is encouraged to test visitors for COVID-19, if feasible. Recommend:
 - Prioritize those who visit regularly (although any visitor can be tested).
 - Recognize documentation of a negative COVID-19 test result obtained privately elsewhere within 2-3 days preceding the visit.
 - Communicate that a negative test does not absolutely rule out infection or eliminate the need to practice prevention strategies such as physical distancing and mask wearing.
 - c. Inability to complete ALL of the entry conditions should result in rescheduling the visit and recommending that the declined visitor consult with his/her primary care provider.
 - During an Indoor visit:
 - a. Wash (or sanitize) hands before and after the visit;
 - b. Wear a mask; and

- c. Observe physical distancing.
 - d. Any indoor visitor who is unable to adhere to the Provider’s visitation policies and procedures should not be permitted to visit or be asked to leave.
- Staff during an indoor visit should
 - Accompany the visitor;
 - Configure seating to comply with physical distancing guidelines;
 - Observe and enforce physical distancing compliance while providing auditory privacy;
 - Disinfect applicable surfaces and equipment (including adaptive utensils and assistive devices) between uses; and
 - Wear appropriate PPE according to the Provider’s policies and procedures and consistent with CDC guidelines.
- Following the Indoor Visit: The Provider should encourage each visitor to monitor for symptoms associated with suspected COVID-19.
 - Anyone who visits indoors and develops signs or symptoms of COVID-19 within 2 days after visiting should immediately notify the Local Health Department and the Provider.
 - The Provider should immediately screen the individual(s) who had contact with the indoor visitor for the level of exposure and follow up with its medical director and the resident’s primary care physician.
- Compassionate Care: Decisions about compassionate care visitation should be made on a case-by-case basis by the Provider, consistent with CMS guidelines. Through a person-centered approach, a Provider should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.
 - End-of-life care visitation within a resident’s room should expect the visitor to observe all appropriate precautions, consistent with CDC guidelines.
 - Other types of “Compassionate Care” include, but are not necessarily limited to:
 - A resident, who
 - a) was living with family before recently entering a nursing home, is struggling with the change in environment and lack of physical family support.
 - b) is grieving after a friend or family member recently passed away.
 - c) needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
 - d) used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
 - e) has an affinity for a familiar domestic pet and would likely benefit from engaging with it (single resident per pet visit).
 - Allowing a visit in these situations would be consistent with the intent of “compassionate care situations.”

B. On-Site, Outdoor Visitation: Provider should establish outdoor options (preferred) for visitation.

Key determinants for deciding to resume limited on-site, outdoor visitation should include:

- 1) The resident’s health status and upholding principles of person-centered care by considering each resident’s physical, mental and psychophysical well-being.

- 2) Ability of resident and visitor to adhere to established physical distancing guidelines of at least six feet between a resident and any other person.
- 3) CMS clarified on 10/19/2020 that outdoor visits during a COVID-19 *facility* outbreak testing/status are permitted according to QSO memo 20-39-NH, as long as the Provider carefully considers how to do so safely.

Other conditions that a Provider should address in its plan for hosting outdoor visitors include:

- External Context: Same guidance as for indoor visits (see p. 5).
- Logistics:
 - Provider should designate an outdoor area that is accessible, safe and comfortable with appropriate protection from overexposure to the sun, inclement weather conditions or poor air quality.
 - Recommend: Civil Monetary Penalty (CMP) Fund Grants of up to \$3,000/facility are available to enhance visiting environments, available at: <https://chfs.ky.gov/agencies/os/oig/Pages/cmpfunds.aspx>
 - Accommodate and support outdoor visitation that offers an adequate degree of privacy.
 - Schedule each outdoor visit in advance for a duration – and frequency – that enables each resident an opportunity to receive a visit as equitably distributed as possible, following the Provider’s policies and procedures for visiting hours.
 - Limit the number of visitors present simultaneously to support infection prevention actions.
 - Visited/Host Resident should
 - Wash (or sanitize) hands before and after the visit;
 - Wear a mask
 - a. traveling to and returning from the visit;
 - b. during the visit (as tolerated or capable); and
 - Observe physical distancing.
 - Each Outdoor Visitor should
 - At entry:
 - a. Not exhibit any symptoms consistent with COVID-19; and
 - b. Sign an attestation reflecting negative responses to COVID-19 symptom screening questions (sample form attached on p. 12)
 - Visitor Testing: While not required, a qualified Provider is encouraged to test visitors for COVID-19, if feasible. Recommend:
 - Prioritize those who visit regularly (although any visitor can be tested).
 - Recognize documentation of a negative COVID-19 test result obtained privately elsewhere within 2-3 days preceding the visit.
 - Communicate that a negative test does not absolutely rule out infection or eliminate the need to practice prevention strategies such as physical distancing and mask wearing.

- Inability to complete ALL of the conditions should result in rescheduling the visit and recommending that the declined visitor consult with his/her primary care provider.
- During an outdoor visit:
 - a. Wash (or sanitize) hands before and after the visit;
 - b. Wear a mask; and
 - c. Observe physical distancing.
 - d. Any indoor visitor who is unable to adhere to the Provider’s visitation policies and procedures should not be permitted to visit or be asked to leave.
- Staff during an outdoor visit should
 - Accompany the visitor;
 - Configure seating to comply with physical distancing guidelines;
 - Observe and enforce physical distancing compliance while providing auditory privacy;
 - Disinfect applicable surfaces and equipment (including assistive devices) between uses; and
 - Wear appropriate PPE according to the Provider’s policies and procedures and consistent with CDC guidelines.
- Following the Outdoor Visit: The Provider should encourage each visitor to monitor for symptoms associated with suspected COVID-19.
 - Anyone who visits indoors and develops signs or symptoms of COVID-19 within 2 days after visiting should immediately notify the Local Health Department and the Provider.
 - The Provider should immediately screen the individual(s) who had contact with the indoor visitor for the level of exposure and follow up with its medical director and the resident’s primary care physician.

C. Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs

- Section 483.10(f)(4)(i)(E) and (F) requires the Provider to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000).
 - P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to “investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported or if there is probably cause to believe the incidents occurred.” 42 U.S.C. § 15043(a)(2)(B).
 - Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.” 42 CFR 51.42(c); 45 CFR 1326.27.
- Each Provider must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).
 - Example: If a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff

or effective communication cannot be provided without such entry (e.g., video remote interpreting), the Provider must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions.

- This would not preclude the Provider from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

D. Communication

Prior to resuming the services addressed in this guidance memo, the Provider should:

- Communicate in writing with each resident and his/her responsible party about the Provider's new policies and procedures regarding COVID-19;
 - Consider having the resident (or guardian) and visitor sign an acknowledgement form concerning
 - Receipt of this communication and agreement to abide by the new policies and procedures described; and
 - Acceptance of the risks associated with entering the facility, such as:
There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents are potentially at high risk of becoming seriously ill with COVID-19. Our policies and procedures are based on what is currently known about the transmission and severity of COVID-19. Compliance with these policies and procedures will reduce the risk of transmission of COVID-19, but will not eliminate the risk to the residents, staff or visitors. By entering the facility, the undersigned acknowledges the inherent risk of exposure to COVID-19 to himself/herself, other residents, staff and other visitors.
- Communicate in writing with each employee about the Provider's new policies, protocols and procedures regarding COVID-19.
 - The CDC has developed several free posters in a variety of languages, available at: <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>
- Communicate in writing with the Long-Term Care Ombudsman about the Provider's new policies, protocols and procedures regarding COVID-19 at nhoa@ombuddy.org.
- Holiday Season: Proactively inform residents and their respective responsible parties about ways in which this year's holiday season will likely require adjustments concerning gifts, activities, visitation and guest dining, etc. The Provider should consider:
 - Recruiting staff members to assist with supporting residents who do not leave and/or have visitors.
 - Establishing criteria and procedures for residents to safely accept
 - gifts or packages;
 - commercially prepared and appropriately packaged consumables (fruit or carry-out restaurant food); or
 - privately prepared and appropriately packaged consumables (such as baked goods, candy or holiday meal).

Additional Resources

CDC COVID-19 Guidance:

- Retirement Communities and Independent Living – Plan, Prepare and Respond, at <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/>
- Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities, at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
- Considerations for Memory Care Units in Long-term Care Facilities, at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>
- Resources for Businesses and Employers, at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>
- Risk-Assessment Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html/>

OSHA Guidance on Preparing Workplaces for COVID-19, at <https://www.osha.gov/Publications/OSHA3990.pdf>

KY COVID-19 Updates:

<https://govstatus.egov.com/kycovid19>

- *Sample* COVID-19 Screening Attestation Form – **On-Site** (attached)



Eric Friedlander
Secretary



Adam Mather
Inspector General



Victoria L. Elridge
DAIL Commissioner

SAMPLE VISITOR ATTESTATION FORM – ON-SITE

Purpose: Our organization is committed to a safe and secure environment.

Policy: All visitors pledge to self-monitor and self-report to avoid exposures to communicable diseases such as COVID-19.

Rationale: COVID-19 virus is extremely dangerous for older adults. Many populations outside of older adults do not show symptoms, but they may be able to transmit the virus to others. Because of this, we are asking for the following commitment from you:

We ask the following of visitors and others who are entering and interacting within the facility to commit to the following precautions and practices:

1. Handwashing: While you are here but also while you are not here, we ask you to wash your hands frequently. For example, before you leave one area and enter another wash your hands with soap and friction. Use hand sanitizer when soap is not available.
2. Avoid individuals who have any of the following COVID-19 symptoms:
 - a. Feeling of fever
 - b. Cough
 - c. Shortness of breath
 - d. Difficulty breathing
 - e. Chills
 - f. Rigors
 - g. Headache
 - h. Sore throat
 - i. Congestion or runny nose
 - j. Muscle or body aches
 - k. Change in sense of smell or taste
3. Avoid individuals who have been in a setting where COVID 19 cases have been confirmed.
4. Avoid gatherings of people.
5. Not visit our facility if you or someone in your household is ill or has been diagnosed with COVID-19.
6. Not visit our facility if you been in contact with anyone who is ill or has been diagnosed with COVID-19.
7. Wear a mask when in our facility and when out in the community
8. Observe physical distancing when visiting with our residents and when out in the community.
9. Report contact with any individual with suspected or confirmed infection with COVID-19 to the director of the facility.

As a part of our protection activities, we ask for these practices to be attested to by your signature. In addition, we will be asking you to submit to having your temperature taken when you come to visit. We appreciate your commitment in protecting our community.

Signature _____ Date _____