



March 12, 2020

**NOTICE OF PUBLIC HEALTH ORDER 20-20  
RESTRICTING VISITORS AT ALL COLORADO SKILLED NURSING FACILITIES,  
ASSISTED LIVING RESIDENCES AND INTERMEDIATE CARE FACILITIES**

The Colorado Department of Public Health and Environment (CDPHE or “state health department”) is working to stop the spread of novel coronavirus 2019 (COVID-19). At this time, I find it necessary to implement emergency measures to restrict visitors to skilled nursing facilities, assisted living residences, and intermediate care facilities in Colorado to protect the health of the residents of these facilities.

**FINDINGS**

1. COVID-19 was first detected in Wuhan, China in late 2019, and since then has spread to over 60 countries including the United States. There are 39 known presumptive positive cases of COVID-19 in Colorado as of March 12, 2020, and there is every expectation that more cases will be diagnosed.
2. COVID-19 is a respiratory illness transmitted like other respiratory illness through person-to-person contact or by contacting surfaces contaminated with the virus. Persons infected with COVID-19 may become symptomatic anywhere from five to fourteen days after exposure. Symptoms include fever, cough or shortness of breath or difficulty breathing.
3. Individuals with serious chronic health conditions and older adults are most at risk for becoming very ill with this disease, and nursing facilities, assisted living residences, and intermediate care facilities serve residents who are at this level of risk.
4. Pursuant to the authority in section 25-1.5-102(1), C.R.S., I am ordering that Colorado licensed or certified skilled nursing facilities, intermediate care facilities and assisted living residences implement visitor restrictions and daily facility screening protocols for those entering the facility, in order to reduce the likelihood of possible introduction of COVID-19 into these facilities.

**ORDER**

**Effective March 12, 2020 to protect the public’s health and to prevent further spread of the disease, all Colorado licensed or certified skilled nursing facilities, intermediate care facilities and assisted living residences are required to implement the following restrictions and requirements regarding visitors to these facilities:**

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- I. Facilities must follow CMS guidelines related to screening, limiting and restricting visitors (CMS Ref. QSO-20-14-NH (March 9, 2020) <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf> and must:
  1. Restrict visitation of non-essential individuals.
    - a. Facilities shall post signage clearly summarizing the essential individual visitor policy, such as vendors providing necessary supplies or services for the facility or residents, and individuals necessary for the physical and/or mental well-being of the resident.
  2. For essential individuals entering the building, including personnel, contracted individuals or essential visitors, screen 100% prior to entry into the building, consistent with screening criteria. Essential individuals should be limited.
    - a. All screenings must be documented via a [form](#) and logged.
    - b. Screening documentation must be maintained until further notice and made available upon request to CDPHE. After screening, if an essential visitor is allowed into the facility, they must:
      - i. Limit their movement within the facility to the resident's room
      - ii. Limit surfaces touched
      - iii. Use appropriate personal protective equipment (PPE) - gown, gloves and mask
      - iv. Limit physical contact with resident
      - v. There can only be two essential visitors per resident at a given time.
  3. If a facility has a suspected, presumptive, or confirmed COVID-19 patient, the facility must:
    - a. Consult with the county's local public health agency.
    - b. Notify CDPHE as the licensing authority.
    - c. Further restrict visitation after consultation with the local public health agency.
    - d. Maintain a log of visitors and staff interacting with a patient who is isolated for presumptive or confirmed COVID-19.
    - e. Be able to identify the staff who interacted with the resident and resident's environment.
    - f. Restrict all internal group activities to prevent infection exposure to other residents.
- II. **Alternative Communications.** Facilities that restrict or limit visitor access for any of the foregoing reasons must:

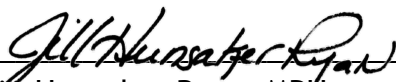
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- a) Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.);
- b) Assign staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date; or
- c) Offer a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

**III. Restrictions regarding Third Parties.** Facilities shall review how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and revise policies, practices and procedures to implement necessary actions and best practices to prevent potential disease transmission.

IV. CDPHE is tasked with protecting the health and welfare of the citizens of Colorado by investigating and controlling the causes of epidemic and communicable disease. This Public Health Order is necessary to control any potential transmission of disease to others. Section 25-1.5-102(1), C.R.S. Immediate issuance of this Order is necessary for the preservation of public health, safety, or welfare, and the requirements of the Administrative Procedure Act, article 4, title 24, C.R.S. do not apply to this Order.

**FAILURE TO COMPLY WITH THIS ORDER IS SUBJECT TO THE PENALTIES CONTAINED IN SECTION 25-1-114, C.R.S., INCLUDING A FINE OF UP TO ONE THOUSAND (1,000) DOLLARS AND IMPRISONMENT IN THE COUNTY JAIL FOR UP TO ONE YEAR.**

  
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Jill Hunsaker Ryan, MPH  
Executive Director

March 12, 2020  
Date

