



**SEVENTH AMENDED PUBLIC HEALTH ORDER 20-20  
REQUIREMENTS FOR COLORADO SKILLED NURSING FACILITIES, ASSISTED LIVING  
RESIDENCES, INTERMEDIATE CARE FACILITIES, AND GROUP HOMES FOR  
COVID-19 PREVENTION AND RESPONSE  
May 31, 2021**

**PURPOSE OF THE ORDER**

The Colorado Department of Public Health and Environment (CDPHE ) is working to stop the spread of novel coronavirus 2019 (COVID-19). At this time, I find it necessary to implement emergency disease mitigation measures applicable to employees, residents, and visitors to skilled nursing facilities, assisted living residences, intermediate care facilities and group homes in Colorado to protect the health of the residents of these facilities. This Order is amended and restated to ensure all skilled nursing facilities, assisted living residences, intermediate care facilities, and group homes conduct surveillance and outbreak COVID-19 testing of residents and staff for the purposes of mitigating the spread of COVID-19, as well as requiring facilities to submit ongoing vaccination plans to CDPHE.

**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. As of May 31, 2020, there are 542,899 known cases of COVID-19 in Colorado, 30,178 Coloradans have been hospitalized and 6,718 Coloradans have died from COVID-19.
2. COVID-19 spreads from person to person and is thought to be transmitted mainly through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory viruses spread. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Persons infected with COVID-19 may become symptomatic anywhere from two to fourteen days after exposure. Symptoms include fever, cough, body aches, fatigue, chest tightness, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or shortness of breath or difficulty breathing.

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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, intermediate care facilities and group homes 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, assisted living residences, and group homes (**Facilities**) implement visitor requirements 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.
5. I am also ordering these **Facilities** to provide regular reporting to CDPHE regarding resource availability to better understand the statewide resource capacity and needs for these facilities to respond to this pandemic. **Facilities** are also required to conduct surveillance and outbreak testing in accordance with the terms of this Order.
6. I further order these **Facilities** to develop and implement a plan to continue vaccination of both residents and healthcare workers. These plans must contain information to promote ongoing vaccination and determine how the facility will provide the vaccine to all consenting residents and staff.

### ORDER

In order 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, assisted living residences, and group homes are required to implement the restrictions and requirements below pertaining to the implementation of COVID-19 ongoing surveillance testing, outbreak testing when needed, and the allowance of visitors to these facilities as outlined in the [Residential Care Facility Comprehensive Mitigation Guidance](#).

#### I. TESTING REQUIREMENTS

- A. All **Facilities** must implement and maintain ongoing COVID-19 surveillance testing, and outbreak testing as needed, for staff and residents. As the most effective test for detecting infection with COVID-19 at this time is polymerase chain reaction (PCR) tests, **Facilities** are required to utilize PCR testing for all testing requirements in this Order. **Facilities** may use additional testing modalities at their discretion for more frequent or expanded testing and are responsible for reporting all positive and

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negative results of these modalities.

1. CDPHE will provide PCR testing services for all **Facilities** to implement surveillance and outbreak testing, or **Facilities** may choose to procure their own resource for PCR testing that meets or improves upon the testing timeframes for the testing services provided by CDPHE. **Facilities** shall provide the PCR testing service with all information required by the testing service to allow for processing of the tests, and shall follow all CDPHE reporting requirements and guidance.
  - a. Ongoing surveillance testing, and outbreak testing when needed, shall be conducted utilizing a PCR test; however, as needed, other types of tests may be approved by CDPHE.
  - b. Any **Facility** that collects and/or tests SARS-CoV-2 specimens is responsible for reporting all positive, negative, and inconclusive SARS-CoV-2 test results to public health. Some exceptions may apply as outlined in the [Residential Care Facility Comprehensive Mitigation Guidance](#).
2. For the purposes of **Facility** testing, **Facility** staff are defined as employees, consultants, contractors, volunteers, students, caregivers, and others who provide medical or ancillary non-medical care and services to residents. Providers of medical care or ancillary non-medical services for residents of the **Facility** must either participate in the **Facility's** surveillance testing, or bring to the **Facility** evidence of negative PCR test results within the preceding week or within the last three days if the Facility is required to conduct twice weekly testing. Ancillary non-medical services include services such as hairstylists, barbers, cosmetologists, estheticians, nail technicians, and massage therapists.
3. Staff and residents, or resident guardians or representatives, may decline COVID-19 testing. **Facilities** must have written infection control policies and procedures in place to address staff and residents who refuse COVID-19 testing, which include written documentation from the resident or the resident's representative of any refusal to test. If an outbreak occurs within the **Facility**, any staff member that refuses testing must be excluded from the **Facility** for 14 days or until the outbreak is resolved, whichever is longer. If a resident refuses testing during an outbreak they shall be quarantined until the outbreak is resolved, and staff shall care for the individual using full personal protective equipment (PPE) effective against COVID-19.
4. **Facilities** must follow the testing requirements, including testing frequency, as outlined in the [Residential Care Facility Comprehensive Mitigation Guidance](#) for **Facilities**.

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- B. Surveillance and Outbreak Testing Requirements. All **Facilities** must perform surveillance and outbreak testing as outlined in the [Residential Care Facility Comprehensive Mitigation Guidance](#).

### II. VISITATION REQUIREMENTS

- A. **Facilities** must allow for indoor and outdoor visitation at all times for all residents, regardless of vaccination status, except in certain circumstances as outlined in the [Residential Care Facility Comprehensive Mitigation Guidance](#). **Facilities** must meet all surveillance testing and outbreak requirements in Section I of this Order on an ongoing basis as part of these visitation requirements.
- B. The following services must be allowed within all **Facilities**, regardless of whether they meet the criteria for indoor visitation; however, these service providers, other than emergency medical service providers, must be screened for symptoms and excluded if positive, and must follow the [Residential Care Facility Comprehensive Mitigation Guidance](#):
1. Essential health care service providers, who must also be tested in accordance with the testing frequency described in this order before allowing for entry into the **Facility**
  2. Religious exercise
  3. Adult Protective Services
  4. Long Term Care Ombudsman
  5. Designated Support Persons as defined in this Order
  6. Compassionate Care Visitation
  7. Emergency medical and service personnel.
- C. **Facility** residents with disabilities, which may include, but not be limited to, altered mental status, physical, intellectual or cognitive disability, communication barriers or behavioral concerns, who need assistance due to the specifics of their disability, may designate up to two support people to be with them to support their disability related needs. Only one designated support person may be present to provide services for the resident with disabilities at a time.<sup>1</sup> In accordance with Section II.B of this Order, support personnel shall be screened in accordance with the current criteria for performing a temperature check and [symptom screening](#), offered testing by the **Facility** in accordance with the staff testing requirements in Section I of this Order,

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<sup>1</sup>Guidance on civil rights requirements for places of public accommodation can be found here: <https://docs.google.com/document/d/14DNDIBBr8guROAjywtfplxio24qbexF6xatv2t7bpRU/edit>

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and must follow the [Residential Care Facility Comprehensive Mitigation Guidance](#) as well as other relevant **Facility** policies for visitation. Facilities may not restrict visitation of support personnel without a reasonable clinical or safety cause.

- D. Facilities** that restrict or limit visitor access for any of the foregoing reasons must:
1. Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.);
  2. Assign staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date; or
  3. 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.
- E. RESTRICTIONS REGARDING THIRD PARTIES.** **Facilities** shall review how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, and transportation providers (e.g., when taking residents to offsite appointments, etc.), and revise policies, practices and procedures to implement necessary actions and best practices to prevent potential disease transmission.

### III. COVID-19 PLANS AND FACE COVERING REQUIREMENTS

- A. COVID-19 Prevention and Response Plans.** Each **Facility** shall create and maintain an up-to-date COVID-19 prevention and response plan that details the steps the **Facility** follows to maintain COVID-19 prevention and vaccination strategies on an ongoing basis. This prevention and response plan must be readily available for review by county and state disease control staff and state health facility inspectors.
- B. COVID-19 Vaccination Plans.** By June 14, 2021, each facility shall establish and maintain a COVID-19 mitigation plan that promotes vaccine confidence and acceptance, and must continue to offer vaccinations to all consenting staff and residents. Each facility shall submit information to CDPHE that details how the facility ensures vaccinations are offered and provided to all consenting staff and residents. A template for this plan is available on the [CDPHE website](#). The plan must include:
1. How the facility assesses and addresses the vaccination status of new staff and residents;
  2. The identification of designated staff who coordinate vaccination information, administration and tracking of the vaccination status of staff and residents on an ongoing basis;

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3. Ongoing measures to promote vaccine confidence and acceptance; and
4. The vaccination status of all current staff and residents.

Submission of this information may be completed utilizing this [Ongoing Vaccination Plan Template](#) and must be submitted via email to [residentialcaresriketeam@state.co.us](mailto:residentialcaresriketeam@state.co.us) by June 14, 2021.

- C. Face coverings are required in congregate care settings in accordance with the [Residential Care Facility Comprehensive Mitigation Guidance](#). **Facilities** that are regulated by CDPHE and the Centers for Medicare and Medicaid Services (CMS) must follow either [CMS guidance](#) or CDPHE guidance, whichever is more restrictive.

### IV. REPORTING REQUIREMENTS

- A. All **Facilities** in Colorado shall report to CDPHE information pertaining to their available resources to respond to the COVID-19 pandemic. Items that may be reported include, but are not limited to, **Facility** bed capacity, supply of PPE, and available staffing for the facilities. CDPHE will provide the reporting platforms and the form and format for submission of the required information, which may be modified as the response to this pandemic evolves. **Facilities** must adhere to reporting requirements as specified in the [Residential Care Facility \(RCF\) Comprehensive Mitigation Guidance](#).
- B. Reporting of resource information to CDPHE is required by each **Facility** type in the form and format as determined by CDPHE.

### V. ENFORCEMENT

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. This Order will be enforced by all appropriate legal means. Local authorities are encouraged to determine the best course of action to encourage maximum compliance. Failure to comply with this order could result in penalties, including jail time, and fines, and may also be subject to discipline on a professional license based upon the applicable practice act.

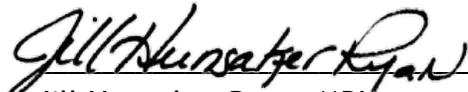
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**VI. SEVERABILITY**

If any provision of this Order or the application thereof to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**VII. DURATION**

This Seventh Amended Order is effective on June 1, 2021 and will continue to be in effect until further amended or rescinded.

  
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Jill Hunsaker Ryan, MPH  
Executive Director

May 31, 2021  
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Date