

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

ORDER

Whereas, on March 10, 2020, Governor Ned Lamont (the Governor), in response to the global pandemic of 2019 Coronavirus disease (COVID-19), declared a public health and civil preparedness emergency throughout the State of Connecticut pursuant to Sections 19a-131a and 28-9 of the Connecticut General Statutes, to remain in effect through September 9, 2020, unless sooner terminated by the Governor; and

Whereas, the Governor's Executive Order No. 7K, dated March 23, 2020, authorized the Commissioner of Public Health (the Commissioner) to temporarily waive, modify or suspend any regulatory requirements adopted by the Commissioner or any Boards or Commissions under Chapters 368a, 368d, 368v, 369 to 381a, inclusive, 382a, 383 to 388, inclusive, 398 to 399, inclusive, 400a, 400c and 474 of the Connecticut General Statutes as the Commissioner deems necessary to reduce the spread of COVID-19 and to protect the public health; and

Whereas, due to the COVID-19 pandemic, there is a significant need for the expansion of the healthcare workforce in Connecticut; and

Whereas, the ability of behavioral health facilities and nursing homes to address the COVID-19 pandemic would be enhanced by suspension of certain restrictions on advanced practice registered nurses, physician assistants and other medical staff in such facilities.

Now, Therefore, in an effort to reduce the spread of COVID-19 and to protect the public health, and, in accord with the authority set forth above, for the duration of the public health and civil preparedness emergency, unless sooner modified or terminated by me or unless the Governor sooner repeals or modifies Executive Order No. 7K or the declared public health and civil preparedness emergency, **I hereby order that, effective immediately:**

A. BEHAVIORAL HEALTH FACILITIES

1. Licensure of private freestanding mental health residential living centers.

Staffing.

Section 19a-495-551(k)(7)(C) of the Regulations of Connecticut State Agencies is hereby modified to allow for a minimum overall ratio of total number of staff to residents of at least 1:10 provided at least one staff member is present whenever a resident is in the building.



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2. Licensure of private freestanding facilities for the care or the treatment of substance abusive or dependent persons.

Physicals.

Section 19a-495-570(m)(5)(C)(i) of the Regulations of Connecticut State Agencies is hereby modified to allow that the documented physical examination may be completed via telemedicine within ten (10) days of admission.

B. NURSING HOMES

1. Chronic and convalescent nursing homes and rest homes with nursing supervision.

Medical Staff.

Section 19-13-D8t(i)(4)(A) of the Regulations of Connecticut State Agencies is hereby modified to suspend the requirement that the active organized medical staff meet at least once every ninety (90) days but such staff shall have a meeting via video or telecommunication device (i.e. Zoom, Facetime, or other similar program) once every ninety (90) days.

Nurse's Aide and Feeding Assistant Training and Employment. Feeding Assistant.

Section 19-13-D8t(1)(9)(B) of the Regulations of Connecticut State Agencies is hereby modified to forego the required minimum of ten (10) hours of training in a state-approved feeding assistant training program provided the nursing home develops and requires successful completion of a condensed training program pre-approved by the Department for a feeding assistant. The facility shall insure that such training includes: (a) feeding techniques; (b) safety and emergency procedures, including immediate reporting of an emergency to a licensed practical nurse or registered nurse, and emergency measures for choking, including the Heimlich Maneuver; (c) assistance with feeding and hydration; (d) infection control; (e) recognizing changes in resident behavior; (f) appropriate responses to patient behavior; (g) the importance of reporting behavioral and physical changes to a licensed practical nurse or registered nurse; (h) communication and interpersonal skills; (i) resident rights; and (j) emergency procedures specific to the building. At the conclusion of the training and, as necessary, the facility shall ensure that the feeding assistant be assessed for competency in feeding skills by a Registered Nurse and keep documentation of such training and competencies. The facility shall identify and maintain a record of the staff who will provide supervision of such feeding assistant for each shift.

Medical and professional services. Physician's visits.

Section 19-13-D8t(n)(5)(A) of the Regulations of Connecticut State Agencies is hereby modified to allow the nursing home medical staff to examine residents as necessary, and the interval between such examinations may exceed sixty (60) days but shall not exceed ninety (90) days, as long as it does not jeopardize the health of the resident. Such medical staff shall ensure the resident's physician's order is current in order to provide appropriate care for the resident.

Medical and professional services. Medical Examination.

Section 19-13-D8t(n)(7) of the Regulations of Connecticut State Agencies is hereby modified to allow nursing home medical staff to postpone a resident's annual comprehensive medical examination and any routine testing until it is determined safe to do so during the COVID-19 pandemic, provided the facility shall continue to make arrangements for critical examinations and testing as determined by its medical staff.

Physical Plant. Beds.

Section 19-13-D8t(v)(7)(C) of the Regulations of Connecticut State Agencies is hereby modified to allow beds to be positioned in a manner to promote resident care, provided the facility ensures the following requirements

are met: the bed position does not act as a restraint; the call bell, over bed light and privacy curtain are of functional use to the resident; and the position of the bed does not create a hazard, i.e. against a heating source, create an entrapment possibility or create an obstacle to evacuation. To prevent the spread of pathogens, there should be at least six (6) feet of space between beds. If the facility wishes to continue these services following the response efforts related to the COVID-19 pandemic, the facility shall request a waiver.

2. Intravenous therapy programs in chronic and convalescent nursing homes and rest homes with nursing supervision.

Intravenous (IV) Therapy.

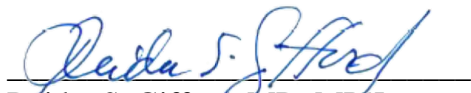
Section 19-13-D8u(b) of the Regulations of Connecticut State Agencies is hereby modified, in an effort to minimize the transfer of residents from a nursing home to an acute care setting, by permitting a registered nurse in a nursing home who has been properly trained by the director of nursing or by an intravenous infusion company or consultant to (1) draw blood from a central line for laboratory purposes, provided the facility has an agreement with a laboratory to process such specimens; and (2) administer a dose of medication ordered via an intravenous injection, provided such medications are limited to Lasix, up to a 40mg dose, Solu-medrol, a 10mg-40mg dose, Solu-cortef, up to a 100mg dose, and Decadron, a 0.5-20mg dose. Such facility shall notify the Department in writing of its intention to provide such services. Any facility wishing to continue such services following the COVID-19 response efforts shall request a waiver.

3. Licensure of an out-patient dialysis unit and standards for in-hospital dialysis units.

Dialysis.

Section 19-13-D55a(g)(4) of the Regulations of Connecticut State Agencies is modified to allow a charge nurse in a freestanding dialysis unit to assist in patient care, provided the facility ensures that a registered nurse is on duty during all hours of operation and the nurse manager adjusts staffing based on a patient acuity system used to determine the appropriate number and types of patient care staff required to meet the predicted needs of patients on each shift.

Ordered this 22nd day of May 2020



Deidre S. Gifford, MD, MPH
Acting Commissioner