

EMERGENCY ORDER 2020-01 (THIRD AMENDED AND REISSUED)
REGULATIONS ON HOUSING FOR VULNERABLE POPULATIONS

This Third Amended and Reissued Emergency Order 2020-01 adds Section 2, Paragraph 8, to require facilities to report positive tested cases of COVID-19. The attestation has been modified to recognize the newly established reporting requirement.

On March 13, 2020 a State of Emergency was declared in the City of Coral Springs relating to the Novel Coronavirus Disease 2019.

Pursuant to Section 252.46, *Florida Statutes* and Chapter 19 of the Code of the City of Coral Springs, the City has the power to issue emergency orders with the force of law. The City Manager has expressly been authorized to issue Emergency Orders.

On March 11, 2020, the Florida Department of Emergency Management issued Order DEM 20-002, relating to the screening of visitors to nursing homes, assisted living facilities, adult day care homes, long-term care facilities, and adult group homes.

This order applies to nursing homes, assisted living facilities, adult day care homes, long-term care facilities, adult group homes, and all other places that only provide senior citizen living in apartment or condominium style living ("Facilities," collectively).

Facilities house the population that are believed to be the most vulnerable to COVID-19.

THEREFORE, I HEREBY ORDER:

Section 1. All Facilities within the jurisdictional boundaries of the City of Coral Springs to submit a completed copy of the attestation attached hereto as Exhibit "A". Such attestation shall be submitted electronically, through U.S. mail, courier, or in person on July 21, 2020 and every fourteen (14) calendar days thereafter to the Coral Springs Fire Department. City Staff is hereby directed to create a list of all non-compliant Facilities and publish such list publically.

Section 2. In addition to all regulations that may be provided by any other Executive Order or Emergency Order, as amended:

- (1) The Facility shall deny entry to any non-resident that exhibits flu like and COVID-19 like symptoms or that person has a fever of over 99.9 degrees Fahrenheit.
- (2) The Facility shall direct any resident that exhibits flu like and COVID-19 like symptoms or that has a fever of over 99.9 degrees Fahrenheit to remain self-isolated within their room or residence until such a time that they remain symptom free for a period of at least 48 hours without the aid of medication.
- (3) Facilities shall issue or make available personal protective equipment to their employees that come in contact with any other person at the Facility. Personal protective gear shall include, at a minimum, surgical masks and medical grade examination gloves. Facilities shall replace employee personal protective equipment

that become damaged or contaminated. Examination gloves shall be disposed of after each use.

- (4) Surgical masks shall be worn at all times when in any common area by any employee of a Facility.
- (5) Facilities shall require any person residing at a Facility that exhibits any flu like or COVID-19 like symptoms to wear a surgical mask if that person leaves their assigned residence or room. If medical attention is required for the person residing at the Facility, the Facility shall immediately call 911 for an emergency or, if not emergency, immediately call that resident's primary care physician or other doctor that provides care to that resident. If the resident does not have a doctor, the Facility shall call Coral Springs Fire Rescue at (954) 344-1800.
- (6) All common area amenities of any Facility, such as gyms, recreation rooms, communal dining, and similar rooms are hereby ordered closed.
- (7) Facilities shall ask the following questions to all people attempting to enter the Facility and deny admission to any person who answers affirmatively:
 - a. Do you have your personal protective equipment with you?
 - b. Are you feeling sick or have you experienced any COVID-19 signs and symptoms lately?
 - c. Have you been in contact with or are living with anyone who has recently tested positive for COVID-19?
 - d. Have you been tested for COVID-19 and are currently waiting test results?
 - e. Are you scheduled for a COVID-19 test today?
- (8) Facilities shall notify the City of any patient or staff member that tests positive for COVID-19. The Facility shall make such notice within twenty-four (24) hours after constructive or actual knowledge of a positive test to the email address CSFD@coralsprings.org.

Section 3. The Fire Department shall notify the Department of Health Care Administration of any violation of this Order by any nursing home or assisted living facility.

Section 4. A violation of this Order is a public health and safety violation. Without limiting any other remedy provided to the City, the Code Compliance Division may enforce this Order in accordance with Chapter 162, Florida Statutes, and Article V of the Land Development Code of the City of Coral Springs. Notwithstanding the foregoing, hearings before the Special Magistrate are hereby authorized to be via telephone or other telecommunications media provided such hearings follow fundamental due process.

Section 5. This Third Amended Order is hereby effective immediately. This Order shall continue in effect until terminated.

ORDERED ON AND FILED WITH THE CLERK OF THE CITY OF CORAL SPRINGS ON NOVEMBER 20 2020.

Ordered by: Frank Babinec
Frank Babinec (Nov 20, 2020 14:48 EST)
City Manager Frank Babinec

Ratified by the City Commission on 12/21/2020

COMPLIANCE WITH EMERGENCY ORDER 2020-01 ATTESTATION

1. My name is _____.
2. I am currently employed with _____
_____ (“Employer”) as
_____ (job title).
3. My Employer operates a Facility as defined by Emergency Order 2020-01.
4. Over the past fourteen (14) calendar days, the Facility has prohibited any person (including but not limited to patient visitors, contractors, employees, and volunteers) into the Facility that:
 - a. Is or was infected with COVID-19 without two consecutive negative test results separated by 24 hours;
 - b. Is showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;
 - c. Has or may have been in close contact with a person infected with COVID-19 who has not tested negative for COVID-19 or 14 calendar days have elapsed since such close contact;
 - d. Has traveled internationally within the past 14 calendar days;
 - e. Has not allowed entry into the Facility of any person who is not permitted to enter the Facility in accordance with Coral Springs Emergency Order 20-01.
5. The Facility has reported all positive COVID-19 tests (if any) within 24 hours of such positive test to the City.
6. My Employer IS IS NOT an Assisted Living Facility or Nursing Home, as provided for by Florida law. If my Employer is an Assisted Living Facility or Nursing Home, my employer is compliant with Emergency Rules 59AER20-4 or 59AER20-5.
7. The Facility has and/or will immediately contact the Florida Department of Emergency Management, Florida Department of Health, and the City of Coral Springs if a prohibited person enters the Facility before the next required certification date pursuant to Emergency Order 2020-01.

I HEREBY ATTEST THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

(Signature)

(Print Name)

(Date)