

EMERGENCY ORDER 2020-01 (AMENDED AND REISSUED)

REGULATIONS ON HOUSING FOR VULNERABLE POPULATIONS

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. As of March 15, 2020 (and each day thereafter that such State of Emergency exists), all Facilities within the jurisdictional boundaries of the City of Coral Springs to submit a completed copy of the affidavit attached hereto as Exhibit "A".

Such affidavit shall be submitted electronically every seven (7) calendar days from March 30, 2020 and every seven (7) 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 for within Emergency Order 2020-11, as amended:

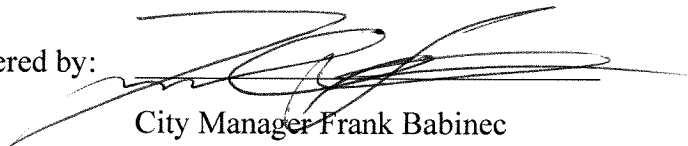
- (1) The Facility shall deny entry to any non-resident that exhibits flu like and COVID-19 like symptoms or that person has a fever of over 99.9 degrees Fahrenheit.
- (2) The Facility shall direct any resident that exhibits flu like and COVID-19 like symptoms or that has a fever of over 99.9 degrees 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.

Section 3. This Amended Order is hereby reissued and effective immediately. This Order shall continue in effect until terminated.

ORDERED ON AND FILED WITH THE CLERK OF THE CITY OF CORAL SPRINGS ON MARCH 27, 2020.

Ordered by:



City Manager Frank Babinec

Ratified by Commission on April 1, 2020.

COMPLIANCE WITH EMERGENCY ORDER 2020-01 AFFIDAVIT

BEFORE ME, the undersigned authority, on this _____ day of _____, 20__ personally appeared _____ (name), who, after being first duly sworn and cautioned, under oath, deposes and says:

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 seven (7) 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 traveled or been on a cruise ship within the past 14 calendar days;
 - f. Who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency within the past 14 calendar days;
 - g. Resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.
5. The Facility 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.

_____ (Signature)

_____ (Print Name)

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this _____ day of _____, _____ (year), by _____ (Affiant’s name).

Notary Public Signature: _____

Notary Public Printed Name: _____