

65GER20-1 Mandatory Testing for Specific Agency-Licensed Facilities

(1) DEFINITIONS. For the purposes of this emergency rule, the term:

(a) “Agency” means the Agency for Persons with Disabilities.

(b) “Direct service provider” is as defined in section 393.063(13), F.S.

(c) “Facility” means an Agency-licensed foster care facility under section 393.063(18), group home facility under 393.063(19), residential habilitation center under 393.063(34), developmental disabilities center under section 393.063(11), any forensic facility the Agency operates under section 916.106(10), and any civil facility designated by the Agency under 916.106(4)(b), F.S.

(d) “Household member” means any person residing in a live-in foster care setting licensed by the Agency under chapter 393, whether or not the person is considered staff of the facility.

(e) “Staff” means all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. Staff may include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted among from staff and patients. This definition is consistent with the Centers for Disease Control and Prevention definition of healthcare personnel as defined in Appendix 2. Terminology.

(2) APPLICABILITY. The requirements of this emergency rule apply to facilities, as defined in this rule.

(3) MANDATORY TESTING FOR COVID-19.

(a) Beginning August 24, 2020, facilities shall not admit into the facility any staff or household member of the facility who has not been tested for COVID-19.

(b) Facilities shall require all staff and household members be tested every two (2) weeks thereafter with testing resources provided by the state.

(c) Staff and household members who have been infected and recovered from COVID-19 are required to show two consecutive negative test results separated by 24-hours prior to returning to the facility.

(4) DOCUMENTATION.

(a) If bi-weekly testing is conducted off-site, then staff or household members must provide testing results or proof of testing, which ever applies, to the facility.

(b) Facilities shall document all staff and household member testing, including the name of the individual, time, and dates of the test.

(c) Facilities shall require all tested staff and household members to notify the facility of the test results the same day the results are received. Upon staff or the household member receiving test results, documentation of the results must be provided to the facility.

(d) Facilities shall keep copies of all staff and household member testing documentation on site.

(5) REVOCATION OF LICENSE, FINES OR SANCTIONS. A violation of any part of this rule is a sufficient basis for the Agency to seek any remedy authorized by Chapter 393, F.S., including but not limited to, license revocation, license suspension, the imposition of administrative fines, or initiation of injunctive proceedings in any court of competent jurisdiction. Violation of any part of this rule is a class 1 violation pursuant to Rule 65G-2.0041, F.A.C.

Rulemaking authority, 393.501, 393.067 F.S., Law Implemented 20.197, 393.063, 393.067, 393.0673, 916.106, F.S. History–New