ORDER OF HEALTH OFFICER
November 9, 2020

WHEREAS, the World Health Organization has declared the worldwide outbreak of COVID-19 Novel Coronavirus a pandemic;

WHEREAS, all states in the United States, including Montana, have experienced confirmed cases of COVID-19;

WHEREAS, the Yellowstone County Unified Health Command has activated response plans and protocols to prepare for cases of COVID-19 in Yellowstone County;

WHEREAS, the Yellowstone County Unified Health Command has also worked to identify, contact, and as appropriate quarantine, monitor, and/or test individuals in Yellowstone County who have been potentially exposed to COVID-19 in coordination with the State of Montana Department of Public Health and Human Services and the U.S. Centers for Disease Control and Prevention;

WHEREAS, proactively implementing mitigation and containment measures to slow the spread of the virus is in the best interests of Yellowstone County and its people;

WHEREAS, the reignition of the economy and the status of the community’s mental health is also vital and in the best interests of Yellowstone County and its people;

WHEREAS, safeguards have been implemented to mitigate the circumstances of this outbreak’s impact on the services, personnel, equipment, supplies and facilities of Yellowstone County;

WHEREAS, based upon all of the above, the Governor of the State of Montana, in consultation with public health authorities, on April 22, 2020 implemented a plan titled “Reopening the Big Sky: A Phased Approach” (“Plan”);

WHEREAS, on July 15, 2020, the Governor of the State of Montana issued an order requiring, under certain circumstances, the use of masks (“Mask Order”);

WHEREAS, the Plan provided specific, phased circumstances under which it is expected the State of Montana and its people may begin the process of opening previously closed or altered businesses, organizations and workplaces;

WHEREAS, the Plan provides local Health Officers the ability to analyze the spread of COVID-19 within their own communities and adjust the Plan as necessary;

WHEREAS, many of the safeguards implemented have been demonstrated not sufficient to curb the spread of COVID-19 in Yellowstone County;
WHEREAS, pursuant to Section 50-2-118 of the Montana Code Annotated, a Local Public Health Officer in carrying out the purpose of the public health system shall take steps to limit contact between people in order to protect the public health from imminent threats;

WHEREAS, based on the significant increase of cases reaching over 90/100000/day for a single Morbidity and Mortality Weekly Report (MMWR) week ended October 31, 2020, the Local Public Health Officer has determined that additional measures beyond the Plan must be implemented within Yellowstone County;

WHEREAS, on October 12, 2020, the Local Public Health Officer issued an Order revising prior restrictions and requirements as part of the additional measures;

WHEREAS, on October 14, 2020, the Local Public Health Officer’s Order was amended and clarified; and,

WHEREAS, it is necessary to continue the October 12 and October 14, 2020 Orders.

NOW, THEREFORE, IT IS HEREBY ORDERED, pursuant to Title 50, Chapter 2, Part 1, and specifically Section 50-2-118 of the Montana Code Annotated:

Effective at 12:01 AM MST on November 10, 2020 for a period of time up to and through 11:59pm on December 9, 2020, the Local Health Officer’s Orders of October 12, 2020 and October 14, 2020 are extended. This Order likewise incorporates any and all additional Directives, Orders or written opinions of the Governor or his designees.

Further, Effective at 12:01 AM MST on November 10, 2020, indoor compassionate visitation to residents of senior and assisted living facilities, including but not necessarily limited to skilled nursing facilities, assisted living facilities, memory care facilities, and adult group homes, shall be allowed subject to the following requirements and restrictions:

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
• A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
• Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Limitations to such visitation include the following:
• NO active cases of COVID-19 among staff or residents of the facility.
• Compliance with any current Governor’s directive related to visitation;
• Compliance with any federal regulatory body that is applicable;
• Visitation must include physical barrier and/or maintain SIX feet of separation with resident at all times;
• Visitors MUST be masked at all times;
• No food or beverages allowed during visitation;
• Residents must be masked unless their attending medical care provider indicates in writing that masking is clinically contraindicated;
• Visitation cannot involve any person – resident or visitor – currently under quarantine or isolation restrictions; and
• The facility must screen each visitor for symptoms of COVID-19 prior to the start of each visitation experience.
• The facility may require, if they have the capacity require COVID-19 testing for visitors.

No policy can define each situation that may constitute a compassionate care situation. We encourage facilities to consult with state leadership, families, and ombudsman, to help determine if a visit should be conducted for compassionate care. Also, while compassionate care situations may extend past end-of-life situations, these visits should not be routine and allowed on a limited basis as an exception to otherwise restricted visitation.

This Amended Order is effective as indicated above pending further notification or modification of this order by the Local Public Health Officer.

JOHN FELTON
HEALTH OFFICER FOR CITY-COUNTY OF YELLOWSTONE, MONTANA