



COVID-19 RESPONSE for Assisted Living Facilities

Abstract

This document provides guidance to Assisted Living Facilities on Response Actions in the event of a COVID-19 exposure.



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1. Points of Contact for this Document

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Version 3.6	12/9/20	Added Attachment 14 LTCR Provider Letter PL 20-46

3. Introduction

Purpose

This document provides assisted living facilities (ALFs) with response guidance in the event of a positive COVID-19 case associated with the facility. A facility must develop a written COVID-19 Response Plan in accordance with 26 TAC §553.2001.

Goals

- Rapid identification of COVID-19 situation in an ALF
- Prevention of spread within the facility
- Protection of residents, staff, and visitors
- Provision of care for an infected resident(s)
- Recovery from an in-house COVID-19 event

Overview

Residents of long-term care (LTC) facilities are more susceptible to COVID-19 infection and the detrimental impact of the virus than the general population. In addition to the susceptibility of residents, a LTC environment presents challenges to infection control and the ability to contain an outbreak with potentially rapid spread among a highly vulnerable population.

This document provides LTC facilities' immediate actions to consider and actions for extended periods after a facility is made aware of potential infection of a resident, provider, or visitor.

4. Required Screening

An ALF must screen all individuals who enter the facility prior to entry, with the exception of emergency services personnel entering the facility in an emergency, including staff at the start of their shift, visitors, new residents, and residents returning to the facility, for symptoms of COVID-19 such as:

- Fever, defined as a temperature of 100.4 Fahrenheit and;
- signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing; fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
- any other signs and symptoms as outlined by the CDC in [Symptoms of Coronavirus at cdc.gov](https://www.cdc.gov/symptoms/);
- contact in the previous 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness, unless the individual is seeking entry to provide critical assistance such as nursing or other services as defined below; or
- has a positive COVID-19 test result from a test performed in the last 10 days.

Prohibit any visitor who has symptoms of COVID-19 from entering the facility.

Isolate a resident who has symptoms of COVID-19 away from other residents, in accordance with 26 TAC [§553.2001](#).

Have an employee who has symptoms of COVID-19 put on a facemask, leave the facility and isolate at home until they are cleared to [return to work](#).

Document in writing all persons who enter the building that at minimum includes date, name, current contact information and presence/absence of fever and symptoms.

Visitor screenings must be documented in a log kept at the entrance to the facility. Visitor screening logs must include the name of each visitor screened, the date and time of the screening, and the results of the screening. The visitor screening log might contain protected health information and must be protected in accordance with applicable state and federal law.

Post signage at all entrances of the facility reminding individuals not to enter the facility prior to being screened.

Do not restrict surveyors. HHSC is constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors might have been in a facility with COVID-19 cases in the previous 10 days, but because they were wearing PPE effectively per the CDC guidelines, they pose a low risk to transmission in the next facility and must be allowed to enter. However, there are circumstances under which surveyors should not enter, such as if they have a fever or any additional signs or symptoms of illness.

5. Who Can Enter the Facility

Providers of Critical Assistance

In accordance with the Expansion of Opening Visitation rules at 26 Texas Administrative Code (TAC) §[553.2003](#)(a), the persons listed below are defined as providers of critical assistance and must be allowed to enter the facility, provided they are wearing all necessary PPE as appropriate to the current COVID-19 status in the facility regardless of whether the ALF meets the criteria for a visitation designation:

- Persons with legal authority to enter such as HHSC surveyors whose presence is necessary to ensure the ALF is protecting the health safety of residents and providing appropriate care, law enforcement officers, representatives of Disability Rights Texas, and representatives of the long term-care ombudsman's office.
- Family members and loved ones of residents at the end-of-life (including clergy to perform religious rituals).
- Persons who provide essential services such as doctors, nurses, home health and hospice staff, whose services are necessary to ensure resident care is provided and to protect the health and safety of residents.

<added> HHSC is following CMS guidance of allowing members of the clergy or lay persons offering religious and spiritual support to enter an ALF as providers of essential services. <added>

This list is not exhaustive. A facility must use its best judgment to determine which persons are "essential" to protect the health and safety of a resident.

Closed Window Visits

An ALF is required to allow closed window visits.

Closed window visitors do not require screening, as they do not enter the building.

Closed window visits are permitted for all residents regardless of their COVID status.

The ALF is not required to screen visitors who are participating in closed window visits.

Closed window visits must be scheduled in advance and are by appointment only.

An ALF that does not meet the criteria for a visitation designation must continue to permit closed window visits.

Reopening Visitation

On August 7, limited visitation designation became available in assisted living facilities. HHSC approved visitation designation allows ALFs to permit general visitation, which includes four types of visitation involving residents and personal visitors: outdoor visits, open window visits, plexiglass indoor visits and vehicle parades

Expansion of Reopening Visitation

On September 24, HHSC added two new visitation types: essential caregiver visits and salon services visits. These two types of visitation do not require HHSC approved visitation designation.

Prior to October 16, 2020, it was optional for ALFs to allow essential caregiver visits or salon services visits, or to apply for any or all of the four types of general visitation.

As of October 16:

- All ALFs are required to permit closed window visits and end-of-life visits for residents regardless of their COVID-19 status, as well as essential caregiver visits for residents with COVID-19 negative or unknown COVID-19 status.
- All ALFs are required to seek HHSC visitation designation to allow general visitation if it has not been requested or approved by HHSC previously. ALFs must allow these types of visits (outdoor visits, open window visits, indoor plexiglass visits, and vehicle parades), upon receiving an approved visitation designation.
- See the expansion of reopening visitation rules at 26 TAC §[553.2003](#) for the complete list of requirements.

An ALF may request exemption from the requirement to permit certain personal visits. Facilities may not request and HHSC will not approve an exemption from closed window visits or visits by persons providing critical assistance, including essential caregivers and end-of-life visits.

If the ALF determines it is unable to meet one or more of the other visitation requirements of 26 TAC §553.2003, ~~then~~ the facility must request exemption from that requirement and explain its inability to meet the visitation requirement on the COVID-19 Status Attestation Form LTCR form 2196.

HHSC will notify the ALF if a temporary exemption for a specific visit type is granted and the time period for exemption.

Required Visitation Attestation

~~<deleted> No later than October 31, 2020, each ALF must submit LTCR form 2196 to the Regional Director in the LTCR region where the facility is located to attest that either the ALF meets or does not meet the criteria for expanded general visitation. HHSC has extended a grace period until November 11, 2020, for facilities to submit LTCR form 2196. <deleted>~~

~~<added> All ALFs were required to submit LTCR form 2196 to the Regional Director in the LTCR region where the facility is located no later than November 11, 2020, attesting that either the ALF meets or does not meet the criteria for expanded general visitation. <added>~~

An ALF that ~~<added>did<added><deleted>does<deleted>~~ not meet the visitation designation criteria~~<added>had to<added><deleted>must<deleted>~~ attest that it:

- ~~<added>was<added><deleted>is<deleted>~~ permitting closed window visits, end of life visits, and essential caregiver visits;
- ~~<added>would<added><deleted>will<deleted>~~ develop and implement a plan to meet the visitation designation criteria as defined in 26 TAC §553.2003; and
- ~~<added>had<added><deleted>has<deleted>~~ included the plan with the form or will submit the plan within five business days of submitting the form.

An ALF must receive an approved general visitation designation from HHSC before it can begin permitting outdoor visits, indoor plexiglass visits, open window visits, and vehicle parades, and must allow these types of visits upon receiving an approved visitation designation.

~~<added> See [Attachment 9](#) Provider Letter PL 20-42 and Attestation Form 2196 for full guidance on required visitation designation and attestation. <added>~~

~~<deleted>To seek a designation for general visitation, an ALF must complete LTCR Form 2196, Expansion of Reopening Visitation Status Attestation, to notify LTCR that the ALF seeks a designation as a visitation facility.~~

~~The form must be emailed to the LTCR Regional Director in the LTCR region where the facility is located.~~

~~Any applicable pictures and facility maps must also be included with LTCR Form 2196.~~

~~The LTCR Regional Director or designee will review the form within three business days of submission and notify the ALF whether it has received been approved for a visitation designation.~~

~~An ALF with previous approval for visitation does not have to submit LTCR Form 2196 or other documentation unless the previous visitation approval has been withdrawn, rescinded, or cancelled, or was for only indoor or outdoor visitation instead of both indoor and outdoor visitation.~~

~~If approved, the ALF must allow outdoor visits, indoor plexiglass visits, open window visits, and vehicle parades in accordance with the applicable emergency rule.~~

~~HHSC LTCR can conduct an on-site visit to confirm an ALF's compliance with the requirements.~~

~~If HHSC determines that the ALF does not meet the requirements for the designation as a visitation facility, the ALF must immediately stop all visitation except a closed window visit, end-of-life visit, and visits by persons providing critical assistance, including designated essential caregivers.~~

~~The form also requires the facility administrator or director to attest to the following:~~

- ~~• the ALF has had no confirmed COVID-19 cases in staff for at least 14 consecutive days in the specified areas, wings, units or buildings;~~
- ~~• there are no active or facility-acquired COVID-19 cases in residents in the specified areas, wings, units, or buildings, and the ALF has included a map indicating which areas, wings, units, or buildings accommodate COVID-19 negative, COVID-19 positive, and unknown COVID-19 status residents; and~~
- ~~• no COVID-19 cases have occurred in the specified areas, wings, units, or buildings of the facility; or~~
- ~~• if there have been previous cases of COVID-19 among staff or residents, HHSC LTCR may conduct a verification survey and confirm the following:~~
 - ~~○ all staff and residents in the specified areas, wings, units, or buildings have fully recovered;~~
 - ~~○ the ALF has adequate staffing to continue to care for all residents and visits permitted in expansion of reopening visitation; and~~
 - ~~○ the ALF is in full compliance with infection control requirements and emergency rules related to COVID-19.~~

~~An ALF must submit the form to the LTCR Regional Director in the region where it is located and not to any other HHSC unit or section, as this will delay approval.~~

~~An ALF with a general visitation designation should be prepared to provide documentation upon HHSC request to demonstrate that it was COVID-19 free for 14 days prior to its request for the designation.~~

~~Facilities can provide COVID-19 testing results for the most recent 14-day period prior to the request for visitation designation.~~

~~If a testing strategy is not used, an ALF can provide staff and resident screening logs covering the most recent 14-day period prior to the request for designation.~~

~~If, at any time after a visitation designation is approved by HHSC, the ALF experiences an outbreak of COVID-19, the ALF must notify the Regional Director in the LTCR Region where it is located that the ALF no longer meets visitation criteria, and the ALF must immediately stop all visitation, except a closed window visit, end-of-life visit, or visits by persons providing critical assistance, including essential caregivers.<deleted>~~

Visitation Definitions

The definitions below are also in the expansion of opening visitation rules at 26 TAC §553.2003(a).

1. Closed window visit--A personal visit between a visitor and a resident during which the resident and visitor are separated by a closed window and the visitor does not enter the building permitted at all facilities, for all residents.
2. COVID-19 negative--A person who has tested negative for COVID-19 or meets the criteria for discontinuation for transmission-based precautions, is not exhibiting symptoms of COVID-19, and has had no known exposure to the virus since the negative test
3. COVID-19 positive--A person who has tested positive for COVID-19 and does not yet meet CDC guidance for the discontinuation of transmission-based precautions.
4. End-of-life visit--A personal visit between a visitor and a resident who is actively dying, permitted in all facilities for all residents at the end of life.
5. Essential caregiver--A family member or other outside caregiver, including a friend, volunteer, private personal caregiver, or court appointed guardian, who is at least 18 years old and is designated to provide regular care and support to a resident.
6. Essential caregiver visit--A personal visit between a resident and an essential caregiver. An essential caregiver visit is permitted in all facilities for COVID-19 negative and unknown COVID-19 status residents.

7. Facility-acquired COVID-19 infection--COVID-19 infection that is acquired after admission to an assisted living facility and was not present at the end of the 14-day quarantine period following admission or readmission.
8. Large assisted living facility--An assisted living facility licensed for 17 or more residents.
9. Open window visit--A personal visit between a visitor and a resident during which the resident and personal visitor are separated by an open window.
10. Outbreak--One or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff.
11. Outdoor visit--A personal visit between a resident and one or more personal visitors that occurs in-person in a dedicated outdoor space.
12. Persons providing critical assistance--Providers of essential services, persons with legal authority to enter, family members or friends of residents at the end of life, and two designated essential caregivers.
13. Persons with legal authority to enter--Law enforcement officers, representatives of the long-term care ombudsman's office, and government personnel performing their official duties.
14. Plexiglass indoor visit--A personal visit between a resident and one or more personal visitors, during which the resident and the visitor are both inside the facility but within a booth separated by a plexiglass barrier and the resident remains on one side of the barrier and the visitor remains on the opposite side of the barrier.
15. Providers of essential services--Contract doctors, contract nurses, home health and hospice workers, and mental health specialists whose services are necessary to ensure resident health and safety.
16. Salon services visit--A personal visit between a resident and a salon services visitor. A salon services visit is permitted in all facilities for COVID-19 negative residents.
17. Salon services visitor--A barber, beautician, or cosmetologist providing hair care or personal grooming services to a resident.
18. Small assisted living facility--An assisted living facility licensed for 16 or fewer residents.
19. Unknown COVID-19 status--A person who is a new admission or readmission or who has spent one or more nights away from the facility, has had known exposure or close contact with a person who is COVID-19

positive, or who is exhibiting symptoms of COVID-19 while awaiting test results.

20. Vehicle parade--A personal visit between a resident and one or more personal visitors, during which the resident remains outdoors on the assisted living facility campus, and a visitor drives past in a vehicle.

See [Attachment 8](#) ALF Expansion of Opening Visitation Rule 26 TAC §553.2003, posted October 16, 2020.

See [Attachment 9](#) Provider Letter PL 20-42 and Attestation Form 2196.

Essential caregiver Visits

An essential caregiver visit must be allowed in all facilities for COVID-19 negative residents and residents with unknown COVID-19 status; such a visit does not require an HHSC designation for general visitation.

- Up to two essential caregiver visitors can be designated per resident.
- Only one essential caregiver at a time can visit a resident.
- Each visit is limited to two hours, unless the ALF can accommodate a visit for a shorter or longer duration and adjusts the duration of the visit accordingly.
- The visit can occur outdoors, in the resident's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other residents.
- Essential caregiver visitors do not have to maintain physical distancing between themselves and the resident they are visiting but must maintain physical distancing between themselves and all other residents and staff.
- The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.
- The ALF must develop and enforce essential caregiver visitation policies and procedures, which include:
 - a testing strategy for designated essential caregivers;
 - a written agreement that the essential caregiver understands and agrees to follow the applicable policies, procedures, and requirements;
 - training each designated essential caregiver on proper personal protective equipment (PPE) usage and infection control measures, hand hygiene, and cough and sneeze etiquette;

- wearing a facemask and other appropriate PPE recommended by CDC guidance and the facility's policy while in the ALF;
 - expectations regarding use of only designated entrances and exits as directed;
 - limiting visitation to the outdoor visitation area, the resident's room, or another area of the facility that limits the visitor's movement through the facility and interaction with other residents;
 - facility staff must escort the essential caregiver from the facility entrance to the designated visitation area at the start of each visit, and then from the designated area to the exit at the end of each visit.
- The ALF must:
 - inform the essential caregiver of applicable policies, procedures, and requirements;
 - approve the visitor's facemask and any other appropriate PPE recommended by CDC guidance and the facility's policy or provide an approved facemask and other PPE;
 - maintain documentation of the essential caregiver visitor's agreement to follow the applicable policies, procedures, and requirements;
 - maintain documentation of the essential caregiver visitor's training as required in paragraph §553.2003(e)(7)(C) of the Expanded Visitation rules;
 - maintain documentation of the date of the last COVID-19 test as reported by the essential caregiver;
 - document the identity of each essential caregiver in the resident's records and verify the identity of the essential caregiver by creating an essential caregiver visitor badge;
 - maintain a record of each essential caregiver visit, including:
 - the date and time of the arrival and departure of the essential caregiver visitor;
 - the name of the essential caregiver visitor;
 - the name of the resident being visited; and
 - attestation that the identity of the essential caregiver visitor was confirmed; and

- prohibit visitation by the essential caregiver if the resident has an active COVID-19 infection.
- The essential caregiver must:
 - wear a facemask over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;
 - have a negative COVID-19 test no more than 14 days before the first essential caregiver visit, unless the assisted living facility chooses to perform a rapid test prior to entry in the assisted living facility
 - self-monitor for signs and symptoms of COVID-19;
 - not participate in visits if the designated essential caregiver has signs and symptoms of COVID-19, active COVID-19 infection, or other communicable diseases; and
 - not participate in visits if the resident has an active COVID-19 infection.

Salon Visits

An ALF can allow a salon services visitor to enter the facility to provide hair care or personal grooming services to COVID-19 negative residents. Salon visits do not require an HHSC designation for general visitation.

Salon services visitors must meet all requirements listed above for essential caregiver visitors. In addition, a salon services visitor agrees to comply with the most current version of the Minimum Standard Health Protocols- Checklist for Cosmetology Salons/Hair Salons.

6. Preparing for COVID-19

See [Attachment 1](#): *ALF COVID-19 Response Infographics & Flowcharts*, for visual aids outlining ALF response activities.

Education

Educate residents and families about COVID-19 actions that the facility is taking to protect them and their loved ones (including visitor restrictions), as well as actions residents can take to protect themselves in the facility.

Encourage residents to consider their level of risk before deciding to go out and educate them about steps they should take to protect themselves from infection.

Educate residents about physical distancing and encourage them to avoid unnecessary physical contact and to keep a distance of at least 6 feet from other people.

Educate residents and any visitors regarding the importance of handwashing. Assist residents in performing proper [hand hygiene](#) if they are unable to do so themselves. Educate residents to cover their coughs and sneezes with a tissue, then throw the tissue away in the trash, and wash their hands.

See [Attachment 2](#): *S.P.I.C.E. graphic* and focus on the following five basic actions (S.P.I.C.E.) to anchor your activities. SPICE is not intended to be all-encompassing.

- **S**urveillance – monitor each resident at least twice daily (if well) or three times a day (if sick) for symptoms.
- **P**rotection/PPE – protect workforce and residents through the use of soap and water; hand sanitizer; facemask. If coughing or potential splash precautions are needed, wear a gown and face/eye shields. Refer to DSHS guidance [and](#) see [Attachment 3](#), *Use of PPE*.
- **I**solate – isolate residents with confirmed cases to the extent possible.
- **C**ommunicate – notify appropriate parties of a positive case.
- **E**valuate – assess infection control processes, spread of infection and mitigation efforts, staffing availability.

Educate and train staff on adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have staff demonstrate competency with donning and doffing (putting on and removing) PPE. See [Attachment 3](#): *Use of PPE* for graphics demonstrating the proper way for donning and doffing PPE.

Review isolation/quarantine plans and use of PPE with staff.

Monitor CDC guidance on infection control, as it is updated frequently.

Planning

PPE- Plans for supplies should focus on ensuring that the facility maintains a two-week supply of PPE in accordance with 26 TAC 553.2001(c)(4) and that all required PPE is easily accessible to staff. It is not reasonable for all ALFs to have the same amount of PPE, which will vary depending on the facility size, type, and resident and staff needs.

Obtain PPE through your normal supply chain or through other resources available to you first. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or [Regional Advisory Councils](#). If you can't get PPE from vendor(s) and have exhausted all other options, reference the [State of Texas Assistance Request \(STAR\) User Guide](#) for instructions on submitting a request for supplies. Please note that this is not a guarantee of receiving PPE. Supplies of PPE may be insufficient to meet demand.

Increase environmental cleaning. Clean and disinfect all frequently touched surfaces such as doorknobs/handles, elevator buttons, bathroom surfaces/fixtures, remote controls, and wheelchairs. Limit the sharing of personal items and equipment between residents. Provide additional work supplies to avoid sharing (pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.)

Implement universal use of source control (face masks or, as applicable, cloth face coverings) for everyone in the facility.

Group activities, including group dining, are no longer limited to groups of 10, but the facility must provide sufficient staff to ensure physical distancing of at least six feet between individuals.

Make sure EPA-registered hospital-grade disinfectants are available to allow for frequent disinfection of high-touch surfaces and shared resident care equipment. Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against COVID-19.

Provide supplies for recommended hand hygiene. Have alcohol-based hand sanitizer with 60–95 percent alcohol easily accessible outside of ~~each~~ residents' rooms and in ~~resident care and~~ common areas. Advise staff not to keep hand sanitizer bottles in their pockets. This practice causes hands and sanitizer bottles to become contaminated. Make sure sinks are well-stocked with soap and paper towels for handwashing.

Make necessary PPE available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room.

Review your infection control policies and procedures required by 26 TAC §553.41(n). Comply with all CDC guidance related to infection control.

Review your emergency preparedness and response plan required by 26 TAC §553.44. Update as needed. Ensure that any emergency plans specific to hurricanes or other natural disasters account for COVID-19.

Staff

Implement universal use of facemask for staff while inside the facility. Follow the CDC's guidance for [optimizing the supply of PPE](#). Staff should only use cloth face coverings when all other options have been exhausted and then only use them when not providing care or in contact with residents, and, only if there are no confirmed cases of COVID-19 in the facility. The CDC does not consider cloth face coverings to be PPE, or adequate to prevent the spread of COVID-19.

Develop a staffing contingency plan to implement if a significant number of staff are unavailable to work.

Enforce sick leave policies for ill staff and healthcare providers. Sick leave policies that do not penalize staff with loss of status, wages, or benefits will encourage staff who are ill to stay home.

Screen staff daily at the beginning of their shift as is required for anyone entering the facility.

Require staff to report via phone prior to reporting for work if they have known exposure or symptoms. If symptomatic, staff should not report to work.

In accordance with GA-28, minimize the movement of staff between facilities wherever possible.

Follow current CDC guidance: [return to work criteria for HCP with COVID-19](#) and [strategies for mitigating HCP staffing shortages](#). See [Attachment 4](#), Return-to-Work and End-of-Isolation Flowcharts.

Residents

Ask residents to report if they feel feverish or have symptoms of respiratory infection and coronavirus. Actively monitor all residents upon admission and twice daily for fever or chills, respiratory symptoms (including shortness of breath, difficulty breathing, new or change in cough, sore throat, and oxygen saturation), fatigue, muscle or body aches, headaches, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea. If a resident has fever or symptoms, implement increased infection control measures.

Encourage residents to wear a facemask or cloth face covering (as tolerated) for source control whenever they leave their room or are around others, including whenever they leave the facility.

<added> Residents of an ALF have the right to leave and return to the facility for any reason, and the facility cannot restrict residents from exercising this right.

<added> The facility has a responsibility to ensure the resident is making an informed decision. Specifically, the facility must ensure the resident understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19. If the resident makes an informed decision and chooses to leave the facility, the facility must also educate the resident and family member about infection control and prevention procedures, including:

- avoiding crowds;
- wearing a facemask or face covering, if tolerated for the resident, but necessary for the family member and medical provider;
- performing hand hygiene;
- cough and sneeze etiquette;
- physical distancing (maintaining at least six feet of distance between themselves and others besides the family member and medical provider);
- being aware of others who may potentially or actually have COVID-19; and
- reporting any contact with another person who may potentially or actually have COVID-19 to the facility.

Upon the resident's return to the facility, <added>practice the following infection control procedures and provide staff assistance if needed: <deleted>the facility must ensure that<deleted>:

- The facemask <added>or cloth face covering <added> the resident wore outside the facility <added> should be replaced with a fresh one<added> <deleted> is discarded or cloth face covering is laundered<deleted>;
- <added>Ensure that<added>the resident's hands are washed thoroughly, or alcohol-based hand sanitizer is used;
- <added>Suggest <added>the resident changes into clean clothes<deleted>, with staff assistance if needed, and the resident's clothing that was worn outside the facility is laundered immediately<deleted>;
- <added>Ensure that<added>all hard surface items the resident brings back into the facility are disinfected appropriately; and
- <added>Ensure that<added>the resident is screened, as is required for anyone entering the facility.

A resident who leaves the facility, is not gone overnight, and did not have contact with others who may potentially or actually have COVID-19, does not have to be quarantined upon returning to the facility, even if the resident leaves with someone other than an essential caregiver or facility staff. The resident status would remain the same as it was before leaving the facility, as long as all infection prevention protocols are followed. If a resident returns on the same day, the facility should discuss with the resident (or their visit companion) what activities occurred while the resident was outside the facility, using the following questions as a guide:

- Were you in any crowded spaces whether that be in public or at a large household gathering?
- Were you unable to maintain a physical distance of at least 6 feet from someone who was not wearing a facemask (excluding mealtimes) when you were in out in public or visiting with others in a household?
- Did you encounter anyone who tested positive for COVID-19 within the last 14 days or, or who does not yet meet [CDC end of isolation criteria](#)?
- Did you encounter anyone who was exhibiting any symptoms related to COVID-19 whether that be in public or at a household gathering?

A “yes” to any of these questions should be further investigated. Ask the resident or their visit companion the following questions to help determine if exposure occurred:

- If you attended a gathering at a family member or friend's household, how many others attended? Was the gathering mostly indoors or mostly outdoors? Did attendees maintain social distancing, wear face masks, or practice other infection control measures such as proper hand hygiene?
- If you came in close contact with someone at a household gathering who was not wearing a face mask or practicing other infection control procedures, how long did that close contact occur?
- Did attendees at the household gathering maintain social distancing during mealtimes, when they were unable to wear a face mask?

If the facility determines that a resident who left the facility and returned the same day requires a ~~14-day~~ quarantine ~~period~~, the facility must document the decision and its rationale.

If a resident is gone overnight, they will return with unknown COVID status and require a ~~14-day~~ quarantine ~~period~~.

Keep in mind that quarantine does not mean the resident must remain in their room for ~~the duration of the quarantine period~~ ~~14~~

~~days~~<deleted>. Consistent and continual monitoring is a must, as well as following infection control protocols and using facemasks.

<added> On December 8, 2020, the CDC released guidance to shorten quarantine periods for individuals who might have been exposed to COVID-19. If no symptoms develop during daily monitoring, quarantine can end:

- *After day 10 without testing.*
- *After day 7 after receiving a negative COVID-19 test result (test must occur on day 5 or later).*

After stopping quarantine, you should:

- Watch for symptoms until 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or health care provider.
- Wear a mask, stay at least 6 feet from others, wash hands frequently, avoid crowds.
- [Other steps to prevent spread of COVID-19.](#) <added>

<added (heading and text)>

Activities, Dining, and Volunteers

HHSC posted Long-Term Care Regulation Provider Letter Number PL 20-53, which provides guidance and outlines provider responsibilities for resident activities, including communal dining and holiday related activities. [See Attachment 10](#) for the full content and link to PL 20-53. <added>

Residents in Memory Care Units and Alzheimer's Certified Units

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units and Alzheimer's certified units where numerous residents with cognitive impairment reside together. These residents can have a difficult time following recommended infection prevention practices such as physical distancing, washing hands, avoiding touching their face, and wearing a cloth face covering for source control.

Changes to resident routines, disruptions in daily schedules, use of unfamiliar equipment, or working with unfamiliar caregivers can lead to fear and anxiety, resulting in increased depression and behavioral changes such as agitation, aggression, or wandering.

Follow recommended guidance below for considerations regarding residents with dementia, in memory care or Alzheimer's certified units.

Recommendations from the CDC:

[Considerations for Memory Care Units in Long-term Care Facilities](#)

7. Responding to a COVID-19 Outbreak

If an outbreak of COVID-19 is suspected or identified in your facility, strict measures must be put in place to halt disease transmission.

ALFs are required to report probable outbreaks to the local health department, local health authority or DSHS pending COVID-19 test results. If you suspect a resident or staff member might have COVID-19, do not wait for test results to implement outbreak control measures.

If, at any time after facility visitation designation is approved by HHSC, the area, unit, wing, hall, or building accommodating residents who are COVID-19 negative, or facility-wide for small assisted living facilities that received visitation designation ~~<deleted>in accordance with subsection (g) of this section, <deleted>~~ experiences an outbreak of COVID-19, the facility must:

- Notify the Regional Director in the LTRC Region where the facility is located that the area, unit, wing, hall, building or facility no longer meets visitation criteria. ~~<deleted>~~ **<added>The Region will investigate, make an assessment, and implement a testing strategy based on the specific situation. <added>and**
- All visit types authorized under the facility's visitation designation, including outdoor visits, open window visits, vehicle parades, and indoor plexiglass visits, must be cancelled until the area, unit, wing, hall, building, or facility meets the criteria described in **<added>§553.2003(h) or (i).** ~~<added> <deleted>subsections (h) or (i) of this section. <deleted>~~

Outbreak definitions

- A confirmed outbreak of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff.
- A probable outbreak is defined as one of more cases of respiratory illness within a one-week period without a positive test for COVID-19.

Once a case of COVID-19 is identified in the ALF, immediate action must be taken to isolate the resident who is positive for COVID-19 away from other residents ~~<deleted> in accordance with 26 TAC §553.2001 <deleted>.~~

Symptoms of COVID-19 can vary in severity. Initially, symptoms can be mild and not require transfer to a hospital if the facility can follow the infection prevention and control practices recommended by the CDC.

<added heading>

Transferring COVID-19 Positive Residents

If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the facility must, in accordance with 26 TAC [§553.2001\(b\)](#):

- transfer the resident to an alternate facility that has agreed to accept and care for the facility's COVID-19 positive residents until they are fully recovered;
- assist the resident and family members to transfer the resident to the alternate facility; and
- isolate the resident in an area that is separate from other residents until the resident is transferred.

<added>HHSC posted Long-Term Care Regulation Provider Letter Number PL 20-48, which provides guidance for developing a written process for transferring a resident with an active COVID-19 infection to a facility or higher level of care if the ALF is unable to provide appropriate care. Please see [Attachment 10](#) for full content. <added>

If the resident is transferred to an alternate facility or higher level of care, perform a final, full clean of the room and use an EPA-registered disinfectant that has qualified under its emerging viral pathogens program for use against COVID-19.

<added heading>

Providing Care for a COVID-19 Positive Resident

If an ALF is to provide care to resident(s) with COVID-19, it will require a separate, well-ventilated area to use as an isolation unit. Use an area that provides meaningful separation between the isolation unit and the rest of the facility. A curtain or a moveable screen does not provide meaningful separation.

Restrict ill residents to their rooms and have them wear a facemask whenever another person enters the room.

Have HCP wear all recommended PPE when caring for residents who are COVID-19 positive and residents with unknown COVID status, regardless of symptoms. This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown.

To prevent transmission, ALFs should use separate staffing teams for COVID-19-positive residents. They also should work with state and local leaders to designate alternative facilities or units within a facility to separate COVID-19-negative residents from COVID-19-positive residents, as well as those with unknown COVID-19 status. This might be difficult for smaller facilities, but the ability to separate COVID negative and COVID positive is vital in the prevention of transmission.

- Quarantine residents with exposure or symptoms.
- Isolate residents with positive cases.
- Different ALFs may have limited space capability to do so, but a facility should, to the best of its ability, group (or cohort) residents into separate groups: infected, negative and unknown COVID-19 status.
- Increase cleaning and sanitizing.
- Increase resident monitoring and screening.

PPE - Ensure adequate supply of PPE to care for COVID-19 positive residents.

- Maintain enough PPE for a two-week period.
- Document efforts to obtain PPE if a facility is having difficulty obtaining PPE from their [Regional Advisory Council \(RAC\)](#).
- Designate spaces for staff to don and doff PPE that minimizes the movement of staff through other areas of the facility.

8. Required Reporting

ALFs must:

- Report **the first confirmed case** of COVID-19 in staff or residents as a self-reported incident.
- Report the first new case of COVID-19 after a facility has been without cases for 14 days or more as a self-reported incident.
- Notify HHSC of these incidents through [TULIP](#) or by calling Complaint and Incident Intake ([CII](#)) at 1-800-458-9858 within 24 hours of the positive test.

Form 3613-A Provider Investigation Report should also be completed and submitted within five days from the day a confirmed case is reported to CII. The provider investigation report may be submitted:

- via TULIP
- by email at ciiprovider@hhsc.state.tx.us
- by fax at 1-877-438-5827<added>

Do not report subsequent cases and addendums to HHSC.

ALFs are required to report communicable diseases, including **all** confirmed cases of COVID-19, to the local health authority with jurisdiction over their facility. This is in accordance with the Communicable Disease and Prevention Act, Texas Health and Safety Code, Chapter 81. It is also specified in Title 25 of the Texas Administrative Code, Chapter 97.

If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone.

Find contact information for your local/regional health department here:

<https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/>

Work with your LHD to complete the COVID-19 case report form as necessary. Post a list of state contacts where it is visible on all shifts.

9. HHSC LTCR Activities with ALFs that have COVID-19 Cases

For a report of a positive COVID-19 test (resident or staff) in an ALF, LTCR will take the following actions:

- Verify the ALF is prohibiting non-essential visitors.
- Generate an incident intake for potential investigation.
- Conduct a focused review of facility infection control processes.
- Communicate with the local health department/local health authority and DSHS.
- Determine the number of residents positive for COVID-19.
- Determine the number of staff positive for COVID-19.
- Review facility isolation precautions and determine how residents are isolated in the facility (dedicated wing/unit, private room) to ensure compliance with requirements.
- Determine whether ALFs have implemented a testing strategy when a facility has a confirmed case.
- Determine that all staff who test positive for COVID-19 have been sent home and the facility knows to coordinate any return to work with the local health department.
- Determine if ALFs have sufficient amounts of PPE.
- Determine if ALFs are screening residents and staff, and at what frequency.
- Determine if others (contract staff, family members) are also being tested.
- Determine if there is a local control or quarantine order.
- Ensure the control/quarantine orders are followed.
- Perform a call-down to all other ALFs in a county that is in a COVID-19 hot spot when staff at one facility tests positive for COVID-19.
- Determine whether ALFs are following rules and regulations related to admission and discharge and are readmitting residents when appropriate.
- Determine whether staff, residents, and families are notified of positive COVID-19 cases in the facility.
- Track ALFs by program type and number of positive cases.
- Track hospitalizations of COVID-19-positive ALF residents.
- Track deaths of COVID-19-positive ALF residents.
- Maintain communication with ALFs after investigations are complete to obtain updates.

10. Resident End of Isolation and Staff Return to Work

Resident End of Isolation

Follow current [CDC guidance on when and how to end isolation](#) of a resident who has recovered from Covid-19.

See [Attachment 4](#), *End-of-Isolation Flowchart*.

Work with your LHD or DSHS to establish a resident recovery plan, including when a resident is considered recovered and next steps for care. A recovery plan is the guidance for determining when to discontinue transmission-based precautions and continued care of a resident. The recovery plan may be different depending on whether a test-based or non-test-based strategy is used. Criteria includes:

- Discontinuation of transmission-based precautions without testing.
- Discontinuation of transmission-based precautions with testing.
- Whether using a testing-based strategy for discontinuation of transmission-based precautions is preferred.

Staff Returning to Work

Follow current CDC guidance on [when and how staff recovering from COVID-19 can return to work](#) and [mitigating staff shortages](#).

See [Attachment 4](#), *Return-to-Work and End-of-Isolation Flowcharts*.

Note: If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, base their return to work on the criteria associated with that diagnosis.

11.State/Regional/Local Support

HHSC will serve as the lead state agency in the state's response to an LTC COVID-19 event and take the following actions:

- Developing testing recommendations in consultation with DSHS
- Assisting with and ensuring appropriate movement of residents from one facility to another
- Providing subject matter experts (SME)
- Coordinating with local emergency management
- Contacting providers to ensure they have the most current information issued on COVID-19

HHSC also is coordinating a Texas COVID-19 Assistance Team – ALF (TCAT-ALF), which includes representatives from HHSC, DSHS, local health department (as applicable), and emergency management (as applicable.) This teams assist ALFs with management of a COVID-19 event through provision of subject matter expertise, resource request management, and support through initial response activities. The TCAT-ALF will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-ALF deactivation.

To activate TCAT-ALF assistance, contact the

[LTCR Associate Commissioner](#).

Vulnerable Populations Rapid Response Team

In addition to the activities above, HHSC and DSHS will coordinate formation of a Rapid Assessment Quick Response Force.

The team will assist ALFs by providing a rapid response and medical triage team that can be deployed by DSHS through the Emergency Medical Task Force upon notification of a positive COVID-19 resident. If needed, an additional team can be sent to assist the facility with immediate needs.

To activate Rapid Assessment Quick Response Force assistance, contact the LTCR [Associate Commissioner](#) and [DSHS](#).

12. Supplemental Resources

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List of Acronyms

Acronym	Full Name
ABHR	Alcohol-based hand rub
AIIR	Airborne infection isolation room
ALF	Assisted living facility
CDC	The Centers for Disease Control and Prevention
DSHS	Texas Department of State Health Services
EMS	Emergency medical services
EPA	Environmental Protection Agency
HA	Health authority
HCP	Healthcare personnel
HHSC	Texas Health and Human Service Commission
LHA	Local health authority
LHD	Local health department

LTC	Long-term care
LTCF	Long-term care facility
LTCR	Long-term Care Regulation
LVN	Licensed vocational nurse
OSHA	Occupational Safety and Health Administration
POC	Point of Contact
PPE	Personal protective equipment
RN	Registered nurse
SME	Subject matter expert
TCAT	Texas COVID-19 Assistance Team
TDEM	Texas Division of Emergency Management

Resources and Links

Association for Professionals in Infection Control and Epidemiology:

- [APIC Resources for Long-term Care](#)

EPA:

- [List N: Disinfectants for Use Against SARS-CoV-2](#)

FEMA:

- [COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season.](#)

CDC:

- [Cleaning and Disinfecting Your Facility](#)
- [Considerations for Memory Care Units in Long-term Care Facilities](#)
- [Considerations When Preparing for COVID-19 in Assisted Living Facilities](#)
- [COVID-19 Travel Recommendations by Country](#)
- [Donning and Doffing PPE Graphic](#)
- [Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

- [Interim U.S. Guidance for Risk Assessment and Public Health Management and Healthcare Personnel and Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#)
- [Key Strategies to prepare for COVID-19 in Long-term Care Facilities \(LTCFs\)](#)
- [N95 User Seal Check](#)
- [PPE Burn Rate Calculator](#)
- [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#)
- [Proper N95 Respirator Use for Respiratory Protection Preparedness](#)
- [Strategies for Optimizing the Supply of Facemasks](#)
- [Stress and Coping](#)
- [Symptoms of Coronavirus](#)

DSHS:

- [Coronavirus Disease 2019 \(COVID-19\)](#)
- [Interim Guidance for Persons Isolated at Home, Including Healthcare Personnel, with Confirmed Coronavirus Disease 2019](#)
- [Local Health Entities](#)
- [Public Health Regions](#)
- [Regional Advisory Councils](#)
- [State of Texas Assistance Request \(STAR\)](#)
- [Strategies for Healthcare Personnel with Confirmed COVID-19 to Return to Work from Home Isolation](#)
- [Template Screening Log](#)
- [Texas Local Public Health Organizations](#)

HHS:

- [Difference Between Isolation and Quarantine](#)

HHSC:

- [Complaint and Incident Intake](#)

- [COVID-19: Facemasks & Respirators Questions and Answers](#)
- [Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities](#)
- [TULIP](#)

Legislative Reference Library of Texas

- [Executive Orders by Governor Greg Abbott](#)

OSHA

- [Counterfeit and Altered Respirators: The Importance of NIOSH Certification](#)
- [Maintenance and Care of Respirators](#)
- [Medical Evaluations](#)
- [OSHA Respiratory Protection Standard \(29 CFR §1910.134\)](#)
- [Respirator Fit Testing](#)
- [Respirator Safety: Donning & Doffing](#)
- [Respirator Types](#)
- [Respiratory Protection for Healthcare Workers](#)
- [Respiratory Protection Training Requirements](#)
- [The Differences Between Respirators and Surgical Masks](#)
- [Voluntary Use of Respirators](#)

TDEM

- [COVID-19 Testing Locations.](#)

Attachment 1: Facility Activities Required for ALF COVID-19 Response



What can you do to identify a COVID-19 situation, help prevent the spread within the facility, and care for infected residents?

Prepare before a positive case (actions focused on response)

- Review/create a COVID-19 plan for residents
- Determine/review who is responsible for specific functions under the facility plans
- Identify desired or applicable waivers
- Develop a communication plan (external and internal)
- Evaluate supplies/resources including PPE
- Enact resident/staff/visitor screening
- Determine what community sources are available for COVID testing and how residents, staff and visitors, if applicable, can be tested (a "testing plan")
- Evaluate supply chains and other resources for essential materials including PPE

Immediately 0-24 Hours React

- Activate resident isolation/facility cohort plan, including establishing a unit, wing, or group of rooms for any COVID-19 positive residents
- Supply PPE to care for COVID-19 positive residents
- Screen residents for signs and symptoms
- Screen staff for signs and symptoms
- [Clean and disinfect](#) the facility
- Determine if HCP are providing services in other ALFs
- Establish contact with receiving agencies (hospitals, other ALFs)
- Identify lead at facility and determine stakeholders involved external to facility
- Engage with community partners (public health, health care, organizational leadership, local/state administrators)
- Activate all communication plans
- Determine need for facility restrictions/lock-down
- Maintain resident care

- Work with the local health department/authority or DSHS to activate a testing strategy

Extended 24-72 Hours Protect

- Supply PPE for HCP and staff
- Screen residents for signs and symptoms
- Screen staff for signs and symptoms
- Activate resident transport (resident out/in) protocols
- Establish contact with transporting/receiving agencies (hospitals, other ALFs)
- Continue engagement with community partners
- Determine need for facility restrictions/lock-down
- Maintain resident care

Long-Term 72 Hours+ Transition

- Screen residents for signs and symptoms
- Screen staff for signs and symptoms
- Continue decontamination procedures
- Establish contact with transporting/receiving agencies (hospitals, other ALFs)
- Maintain resident care

Attachment 2: SPICE Graphic

Focus on the following five basic actions (S.P.I.C.E.) to anchor your activities. SPICE is not intended to be all-encompassing.

SPICE for COVID-19

Surveillance

- Sign and Symptoms
- Temperature Checks
- Testing

Protection/Personal Protective Equipment

- Staff
- Residents
- Supply/Burn-rate

Isolate

- Resident(s) isolated
- Staff isolated

Communicate

- Manager or Administrator Contact #:
- Local Health Department # or DSHS:
- DSHS Contact #:
- Hospital #:

Evaluate

- Review 0-24-hour checklist
- Prevent delay of critical actions
- Communication plan

Attachment 3: Use of PPE in ALFs

Links to CDC guidance: [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) and [Using Personal Protective Equipment \(PPE\)](#).

- To address asymptomatic transmission, the CDC recommends that providers consider implementing policies requiring everyone entering the facility to wear a face mask (if tolerated) while in the building. **EXCEPTION:** Face masks and cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Residents who are COVID-negative can wear a cloth face covering or a face mask while outside their room in the facility, or when other individuals are in the resident's room.
- Cloth face coverings should be laundered daily or when they become soiled, damp, or hard to breathe through. Proper hand hygiene should be performed immediately before and after any contact with a cloth face covering.
- Residents with unknown COVID status should wear a facemask when they are outside their room in the facility (unless contraindicated), except for when they are eating or drinking.
- When caring for residents with COVID-19, staff should:
 - ▶ Follow standard precautions.
 - ▶ Use an N95 facemask or respirator (if available and if they have been trained and appropriately fit tested) rather than a cloth face covering or facemask.
 - ▶ Use eye protection.
 - ▶ Use nonsterile, disposable gloves and isolation gowns, which are used for routine care in healthcare settings.
- After leaving the room of a resident with COVID-19, staff can remove a facemask and store it for reuse. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean paper bag or breathable container.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



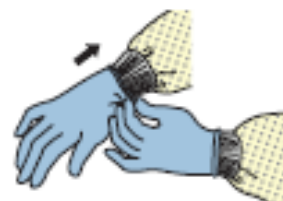
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated —DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**

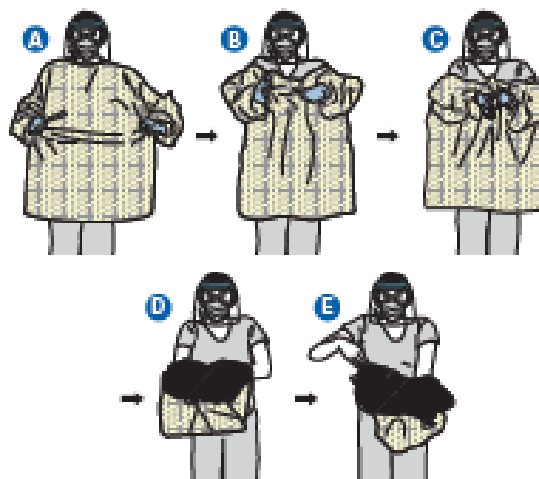


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



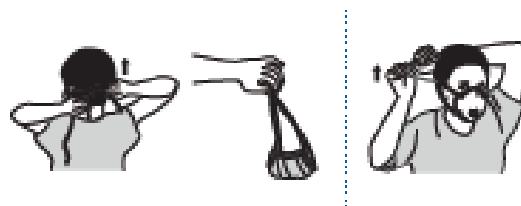
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

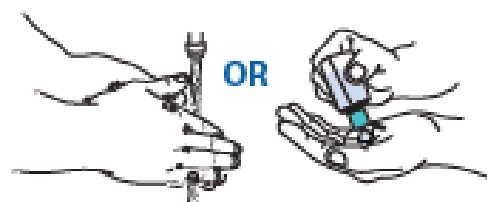


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated —DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



How to Wear a Medical Mask Safely

Dos

- Wash your hands before touching the mask
- Inspect the mask for tears or holes
- Find the top side, where the metal piece or stiff edge is
- Ensure the colored-side faces outwards
- Place the metal piece or stiff edge over your nose
- Cover your mouth, nose, and chin
- Adjust the mask to your face without leaving gaps on the sides
- Avoid touching the mask
- Remove the mask from behind the ears or head
- Keep the mask away from you and surfaces while removing it
- Discard the mask immediately after use preferably into a closed bin
- Wash your hands after discarding the mask

Don'ts:

- Do not Use a ripped or damp mask
- Do not wear the mask only over mouth or nose
- Do not wear a loose mask
- Do not touch the front of the mask
- Do not remove the mask to talk to someone or do other things that would require touching the mask
- Do not leave your used mask within reach of others
- Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least a 6-foot distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →



Don'ts →



Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

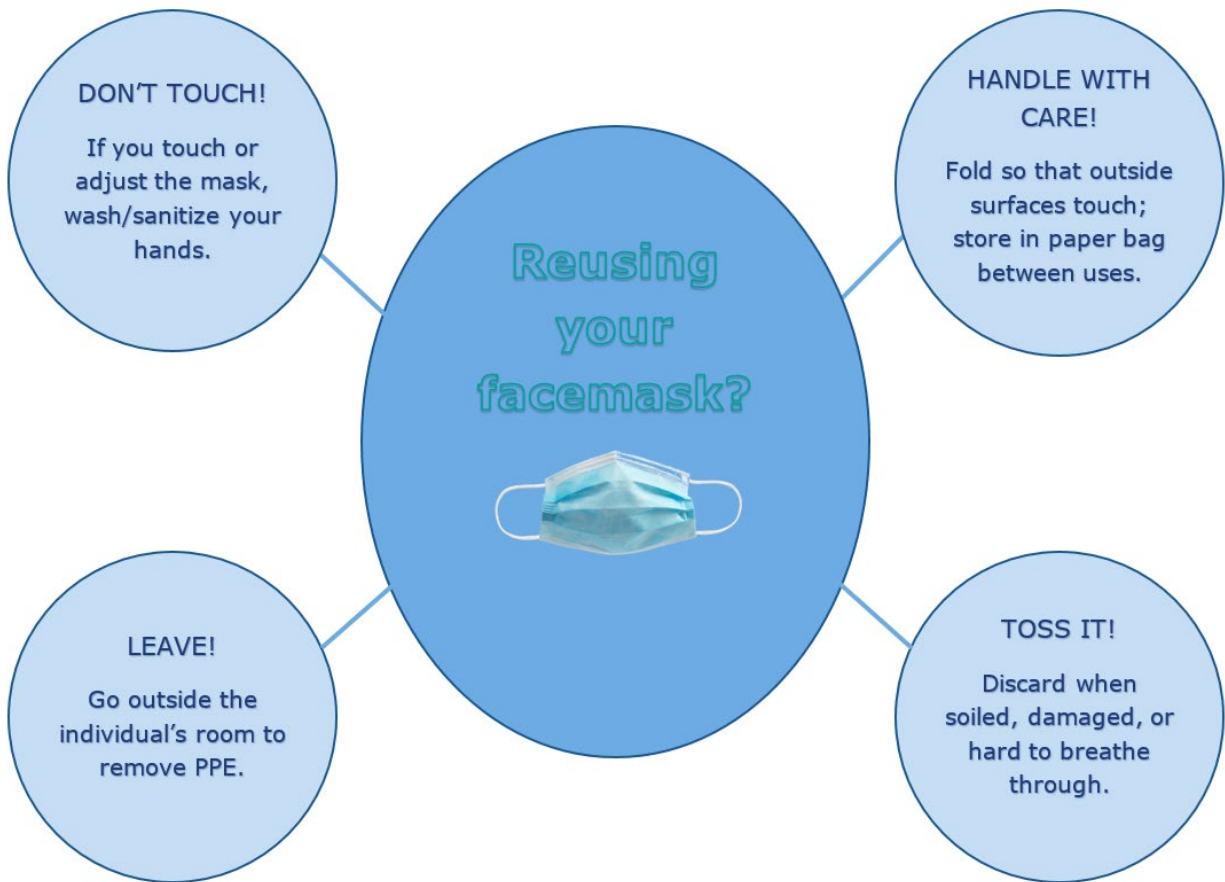
EPI·win



To extend your supplies of PPE, staff may need to reuse a facemask in accordance with CDC guidelines.

Reusing Your Facemask?

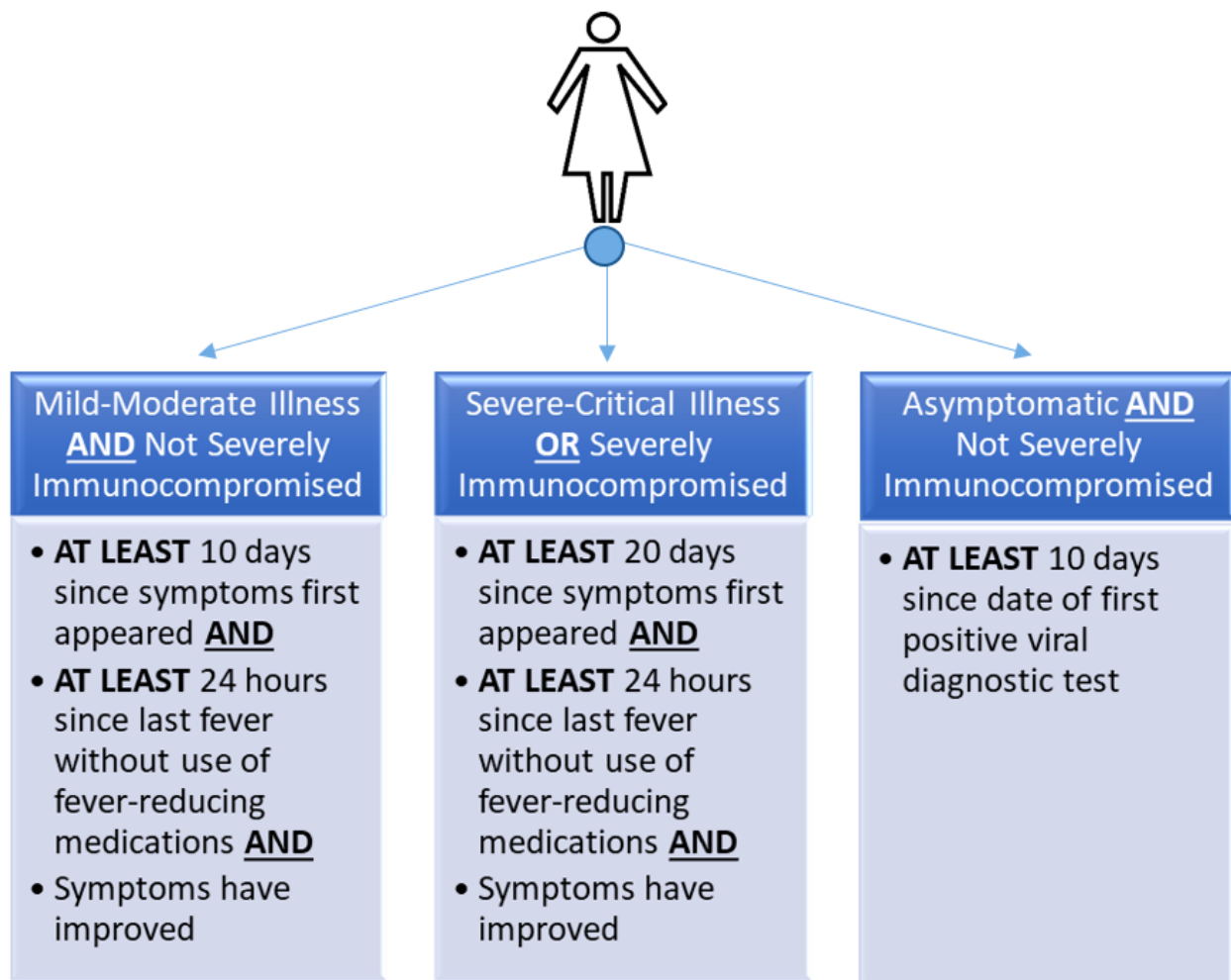
- Don't touch! If you touch or adjust the mask, wash/sanitize your hands.
- Handle with Care! Fold so that the outside surfaces touch; store in paper bag between uses.
- Toss it! Discard when soiled, damaged or hard to breathe through.
- Leave! Go outside the resident's room to remove PPE.



Attachment 4: Return-to-Work and End-of-Isolation Flowcharts

When can staff return to work? CDC recommends a symptom-based strategy.

Staff With COVID-19



Mild-Moderate Illness *and* not severely immunocompromised

- **At least** 10
- since symptoms first appeared *and*
- **At least** 24 hours since last fever without use of fever-reducing medications *and*
- Symptoms have improved

Symptoms have improved Severe-Critical Illness *or* Severely Immunocompromised

- **At least** 20 days since symptoms first appeared ***and***
- **At least** 24 hours since last fever without use of fever-reducing medications ***and***
- Symptoms have improved

Asymptomatic *and* Not Severely Immunocompromised

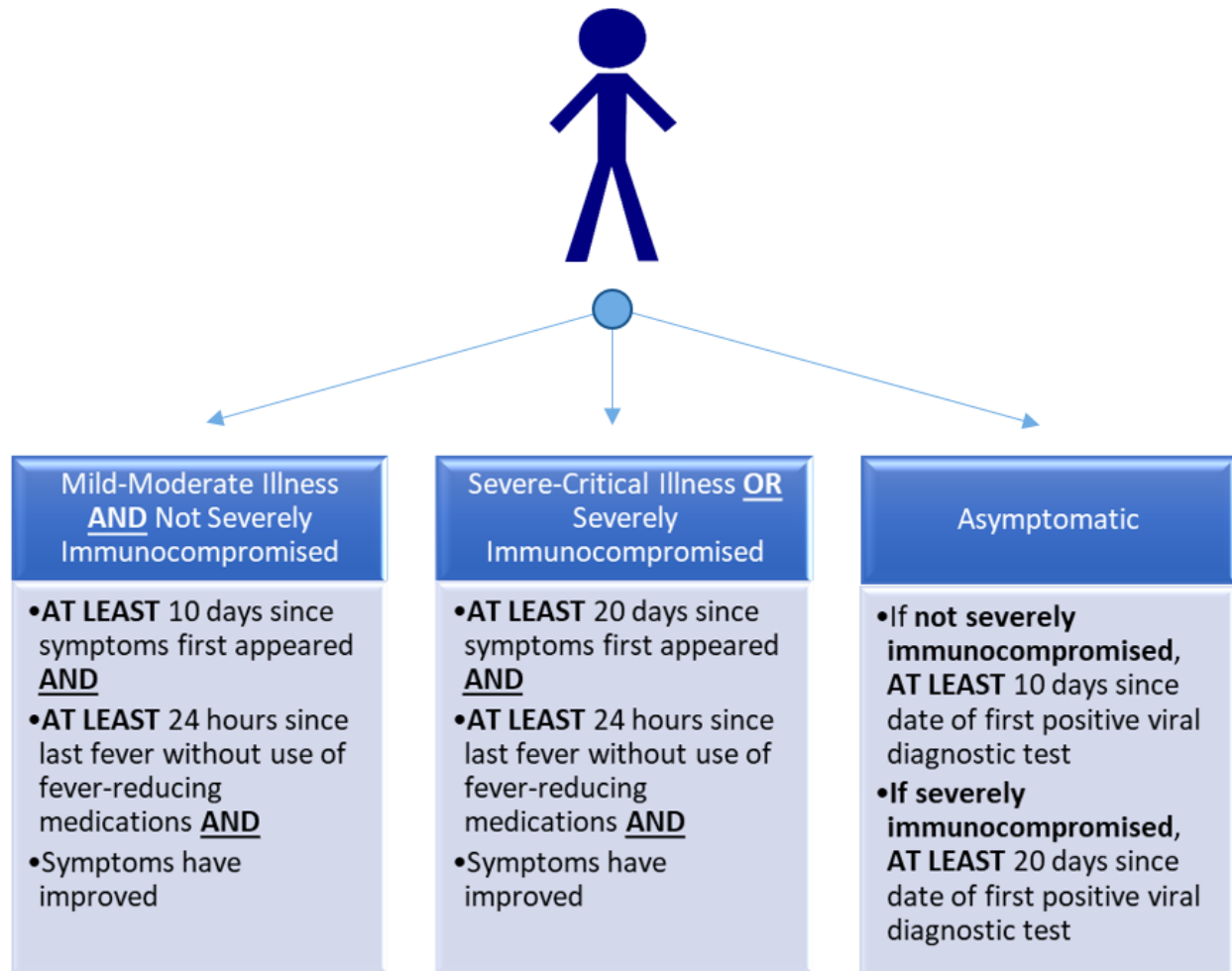
- **At least** 10 days since date of first positive viral diagnostic test

After returning to work, staff should:

- Wear a facemask (not a cloth face covering) at all times in the facility until all symptoms are completely resolved or at baseline.
- Wear an N95 or equivalent when warranted, including when caring for residents with COVID-19
- Self-monitor for symptoms. Immediately stop work, leave the facility, and seek immediate care if symptoms recur or worsen.

When can residents end isolation? The CDC recommends a symptom-based strategy.

Residents With COVID-19



Mild-Moderate Illness *and* Not Severely Immunocompromised

- **At least** 10 days since symptoms first appeared *and*
- **At least** 24 hours since last fever without use of fever-reducing medications *and*
- Symptoms have improved

Severe-Critical Illness *or* Severely Immunocompromised

- **At least** 20 days since symptoms first appeared *and*
- **At least** 24 hours since last fever without use of fever-reducing medications *and*
- Symptoms have improved

Asymptomatic

- **If not severely immunocompromised, at least** 10 days since date of first positive viral diagnostic test
- **If severely immunocompromised, At least** 20 days since date of first positive viral diagnostic test

Attachment 5: Sample ALF Symptom Monitoring Log

Instructions: Screen all staff at the beginning of their shift. Actively take their temperature and document shortness of breath, new or change in cough, and sore throat. Mark the symptoms below with 'Y' for Yes if present and 'N' for No if absent. Don't leave any spaces blank. If temperature is greater than 100.4° F or any symptom is marked Y, direct staff to put on a facemask and leave the workplace.

DATE:

NAME	TIME	°F	cough shortness of breath or difficulty breathing?	sore throat fatigue chills muscle or body aches?	headache new loss of taste or smell?	Congestion or runny nose?	Nausea or vomiting or diarrhea?

Attachment 6: ALF Infection Control Checklist for COVID-19

Entering the facility

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures? ~~<deleted> 26 TAC §553.45(e) <deleted>~~
- Are there multiple entrances and exits in use, or has the facility limited access points of entry?
- Are signs posted at entrances with instructions to individuals to cover their mouth and nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions and soiled surfaces?
- Are there instructions posted to notify staff of any symptoms of respiratory infection to allow for assessment and use of PPE as applicable? ~~<deleted> 26 TAC §553.41(n) <deleted>~~
- Did staff follow procedures to process surveyor screening prior to entry? ~~<deleted> 26 TAC §553.45 <deleted>~~

Triage/Registration/Visitor Handling

After screening and upon entry to the facility, ask if the facility has any residents who have a laboratory-tested positive case of COVID-19.

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate probable COVID-19 cases?
- Is there a process that occurs after a probable case is identified to include immediate notification of facility leadership for infection control?
- What is the facility's current visitor policy in response to COVID-19?

~~<deleted>~~

~~○ Is the facility restricting visitors to the following situations?~~

- ~~▪ Essential services 26 TAC §553.45(b)(1)~~
- ~~▪ Individuals with legal authority to enter 26 TAC §553.45(b)(2)~~
- ~~▪ Family members and loved ones at end of life (actively dying) 26 TAC §553.45(b)(3)~~

~~What is the facility's infection control procedures for allowing family visits for end of life when the resident is dying of COVID-19 complications? <deleted>~~

Resident Observations and Interviews

Observe and interview every resident.

What information has the facility given to residents regarding:

- hand hygiene
- reporting symptoms of respiratory illness
- leaving the facility
- limitations on visitors

Hand Hygiene:

Interview appropriate staff to determine if hand hygiene supplies (e.g., hand sanitizer, soap, paper towels, garbage bags for disposal, bleach wipes) are readily available and who they contact for replacement supplies.

- Are staff performing hand hygiene when indicated? 26 TAC §553.41(n)
- If alcohol-based hand sanitizer is available, is it readily accessible and preferentially used by staff for hand hygiene? 26 TAC §553.41(n)
- If there are shortages of hand sanitizer, are staff performing hand hygiene using soap and water?
- Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids, between working with residents)? 26 TAC §553.41(n)
- Do staff perform hand hygiene (even if gloves are used) in the following situations: 26 TAC §553.41(n)
 - Before and after contact with the resident?
 - After contact with blood, body fluids, or visibly contaminated surfaces?
 - After contact with objects and surfaces in the resident's environment and common areas?
 - After removing personal protective equipment (e.g., gloves, gown, facemask) and before performing a procedure such as a sterile task (e.g., wound dressing care, feeding tube maintenance)?

PPE

<deleted>26-TAC-§553.41(n) <deleted>

What is the facility's status on available PPE?

If the facility is experiencing shortages, what methods are they using to conserve available supplies?

Are residents wearing masks (homemade or commercially produced)?

- Are they being used properly?
- Are staff using masks?
- If the facility is using handmade masks, are they fitted properly?
- Have staff been fit tested, if applicable to the type of mask?
- Are staff wearing gloves?
- Are gloves worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin?
- Are gloves removed after contact with blood or body fluids, mucous membranes, or non-intact skin?
- Are gloves changed and hand hygiene performed before moving from a contaminated body site to a clean body site during resident care?
- Are staff using isolation gowns?
- Are staff using goggles?
- Are staff using face shields?

In what situation are each being used? *Interview staff to determine their understanding of the use and conservation of PPE.*

Evaluate how the facility staff dons and doffs PPE.

- If PPE use is extended/reused, is it done according to national, state, and local guidelines?
- If the facility is using reusable PPE, how is it sanitized, decontaminated, and maintained between uses?

PPE Usage and Treatment of COVID-19 Positive or Probable Residents:

Do staff wear gloves, isolation gowns, eye protection, and an N95 or higher-level respirator if available? A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

Interview appropriate staff to determine if PPE is available, accessible and used by staff.

- Is there appropriate signage to indicate precautions for isolation of the affected resident?
- Is an isolation gown worn for direct resident contact if the resident has uncontained secretions or excretions?
- Is PPE appropriately removed and discarded after resident care, prior to leaving room, followed by hand hygiene?

Education, Monitoring, and Screening of Staff

- Is there evidence the facility staff has been educated on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- Do all staff have access to the facility administrator<added>or manager<added>?
- Do staff <deleted>have or <deleted>have access to contact information for the Local Health Department, HHSC, Department of State Health Services, and local hospital for emergencies and medical guidance?
- How has the provider conveyed updates on COVID-19 to all staff?

Shift Change

The facility can use a log to document staff and resident screening. The screening documentation must at a minimum include the following: name, date, temperature and time taken, signs and symptoms (shortness of breath, new or change in cough, sore throat), exposure to a facility with confirmed COVID-19 cases.

- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness?

- Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?

Where and how is the screening documented?

If a resident has a temperature above normal ranges, but below the CDC-recommended COVID-19 criterion, how is this communicated during shift change to facilitate monitoring of possible symptoms?

Staff Monitoring

26 TAC §553.41(n)

If staff develop symptoms at work, does the facility:

- have a process for staff to report their illness or developing symptoms?
- ensure they have a facemask and have them return home for appropriate medical evaluation?
- inform the facility's administrator and include information on residents, equipment, and locations of the persons they came in contact with?
- Follow [current CDC return to work guidance](#) and current [CDC risk assessment guidance](#) about returning to work.

Resident Service Plans

Review resident care plans and information for current resident health conditions.

- Did the facility conduct a review of all resident care plans to establish a baseline for health conditions and symptoms of illness?
- What actions were taken to update plans if necessary and to inform residents about changes in facility policy? 26 TAC §553.41(c)(2).

Medication Administration

Review the medication list and medication administration record for each resident.

- If medications were changed recently or in response to COVID-19 policy implementation, were the residents aware of the changes?
- Were legally authorized representatives informed?
- Were doctor's instructions followed for medication administration and transportation for testing relating to drug regimen?

Hydroxychloroquine:

- Are there residents in the facility taking a Hydroxychloroquine regimen prescribed in response to a COVID-19 diagnosis?
- If so, are the residents being monitored for signs and symptoms of toxicity?
- Who is monitoring signs and symptoms for those residents?
- Have any residents taking the drug showed signs of improvement as reported by the physician?
- Have any residents taking the drug showed signs of improvement as observed by staff?
- Have any residents died while taking hydroxychloroquine?

Meal Preparation and Service, Activities

- For meals taken in the dining room or common areas, has the facility allowed for physical distancing during mealtime and for residents who require assistance with feeding?
- Is the facility practicing physical distancing for activities when they are appropriate during the response to COVID-19?

Sanitation and Housekeeping

~~<deleted>26 TAC §553.41(h)(8) and (12) <deleted>~~

Interview housekeeping staff.

What additional cleaning and disinfection procedures are in place to mitigate spread of illness?

- Does the facility have adequate housekeeping staff to clean and disinfect resident rooms and common areas as frequently as necessary to ensure appropriate infection control?
- Does the facility have adequate supply of housekeeping equipment and supplies?
- Does housekeeping staff know whom to contact if supplies are getting low?

Emergency Preparedness- Staffing Levels in Emergencies

26 TAC §553.62(d)

- Does the ALF have a policy and procedures for ensuring staffing to meet the needs of the residents when needed during an emergency, such as the COVID-19 outbreak?

- Does the ALF have adequate staffing to care for residents based on current census and resident needs?
- Does staff know how to report inadequate staffing needs to the administrator?
- In an emergency, did the ALF implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if emergency staff was not needed)

Reporting and Response after a Positive COVID-19 Case

Determine the following for each onsite visit positive COVID case reported or discovered onsite.

Review ALF isolation precautions and determine how residents are isolated in the ALF (dedicated wing, private room) to ensure compliance with requirements.

- If the ALF has known positive cases of COVID-19, were they appropriately reported to HHSC (cases after April 1, 2020) and to local health department or DSHS? Texas Health and Safety Code Chapter 81
- Is there a local control or quarantine order?
- Is the ALF aware of the order?
- Are the control or quarantine orders being followed as appropriate?
- Where the staff work for multiple facilities and or agencies, did the ALF track such employment?
- If a staff member tested positive for COVID-19, did the ALF contact other facilities where the employee is currently working?

What is the number of residents positive for COVID-19?

What is the number of staff positive for COVID-19? Determine if others (contract staff, family members, vendors) are also being tested.

After a positive COVID-19 case has been identified in the ALF, what are ALF procedures for admission and discharge?

Regional office staff must perform a call-down to all other facilities in when staff at one ALF tested positive for COVID-19.

Determine whether staff, residents, and families are notified of positive COVID-19 cases in the ALF.

How is the ALF tracking hospitalization of COVID-19-positive ALF residents?

How is the ALF tracking deaths of COVID-19-positive ALF residents?

How is the ALF tracking quarantine periods for COVID-19-positive residents and staff?

Attachment 7 26 TAC §553.2001 Covid-19 Emergency Rule

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 553 LICENSING STANDARDS FOR ASSISTED LIVING FACILITIES

SUBCHAPTER K COVID-19 RESPONSE

§553.2001. Assisted Living Facility COVID-19 Response.

(a) The following words and terms, when used in this section, have the following meanings.

(1) Cohort--A group of residents placed in rooms, halls, or sections of an assisted living facility with others who have the same COVID-19 status or the act of grouping residents with other residents who have the same COVID-19 status.

(2) COVID-19 negative--A person who has tested negative for COVID-19, is not exhibiting symptoms of COVID-19, and has had no known exposure to the virus since the negative test.

(3) COVID-19 positive--A person who has tested positive for COVID-19 and does not yet meet Centers for Disease Control and Prevention (CDC) guidance for the discontinuation of transmission-based precautions.

(4) COVID-19 status--The status of a person based on COVID-19 test results, symptoms, or other factors that consider the person's potential for having the virus.

(5) Isolation--The separation of people who are COVID-19 positive from those who are COVID-19 negative and those whose COVID-19 status is unknown.

(6) PPE--Personal protective equipment. PPE is specialized clothing or equipment worn by assisted living facility staff for protection against transmission of infectious diseases such as COVID-19, including masks, goggles, face shields, gloves, and disposable gowns.

(7) Quarantine--The separation of a people with unknown COVID-19 status from those who are COVID-19 positive and those who are COVID-19 negative.

(8) Unknown COVID-19 status--A person who is a new admission, readmission, or has spent one or more nights away from the facility, has had known exposure or close contact with a person who is COVID-19 positive, or who is exhibiting symptoms of COVID-19 while awaiting test results.

(b) An assisted living facility must have a protocol in place included in their COVID-19 response plan that describes how the facility will transfer a COVID-19 positive

resident to another facility capable of isolating and caring for the COVID-19 positive resident, if the facility cannot successfully isolate the resident.

(1) An assisted living facility must have contracts or agreements with alternative appropriate facilities for caring for COVID-19 positive residents.

(2) An assisted living facility must assist the resident and family members to transfer the resident to the alternate facility.

(c) An assisted living facility must have a COVID-19 response plan that includes:

(1) Designated space for:

(A) COVID-19 negative residents;

(B) residents with unknown COVID-19 status; and

(C) COVID-19 positive residents, when the facility is able to care for a resident at this level or until arrangements can be made to transfer the resident to a higher level of care.

(2) Spaces for staff to don and doff PPE that minimize the movement of staff through other areas of the facility.

(3) Resident transport protocols.

(4) Plans for obtaining and maintaining a two-week supply of PPE, including surgical facemasks, gowns, gloves, and goggles or face shields.

(5) If the facility cares for or houses COVID-19 positive residents, a resident recovery plan for continuing care when a resident is recovering from COVID-19.

(d) An assisted living facility must screen all residents, staff, and people who come to the facility, in accordance with the following criteria:

(1) fever, defined as a temperature of 100.4 Fahrenheit and above, or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;

(2) signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;

(3) additional signs and symptoms as outlined by the CDC in Symptoms or Coronavirus at [cdc.gov](https://www.cdc.gov);

(4) contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness, unless the person is entering the facility to provide critical assistance; and

(5) international travel within the last 14 days.

(e) An assisted living facility must screen residents according to the following timeframes:

(1) for the criteria in subsection (d)(1) - (5) of this section upon admission or readmission to the facility; and

(2) for the criteria in subsection (d)(1) - (3) of this section at least twice a day.

(f) An assisted living facility must screen each employee or contractor for the criteria in subsection (d)(1) - (5) of this section before entering the facility at the start of their shift. Staff screenings must be documented in a log kept at the facility entrance and must include the name of each person screened, the date and time of the evaluation, and the results of the evaluation. Staff who meet any of the criteria must not be permitted to enter the facility and must be sent home.

(g) An assisted living facility must assign each resident to the appropriate cohort based on the resident's COVID-19 status.

(h) A resident with unknown COVID-19 status must be quarantined and monitored for fever and symptoms of COVID-19 per CDC guidance.

(i) A COVID-19 positive resident must be isolated until the resident meets CDC guidelines for the discontinuation of transmission-based precautions, if cared for in the facility.

(j) If a COVID-19 positive resident must be transferred for a higher level of care, the facility must isolate the resident until the resident can be transferred.

(k) An assisted living facility must implement a staffing policy requiring the following:

(1) the facility must designate staff to work with each cohort and not change designation from one day to another, unless required in order to maintain adequate staffing for a cohort;

(2) staff must wear appropriate PPE based on the cohort with which they work;

(3) staff must inform the facility per facility policy prior to reporting for work if they have known exposure or symptoms;

(4) staff must perform self-monitoring on days they do not work; and

(5) the facility must develop and implement a policy regarding staff working with other long-term care (LTC) providers that:

(A) limits the sharing of staff with other LTC providers and facilities, unless required in order to maintain adequate staffing at a facility;

(B) maintains a list of staff who work for other LTC providers or facilities that includes the names and addresses of the other employers;

(C) requires all staff to inform the facility immediately, if there are COVID-19 positive cases at the staff's other place of employment;

(D) requires the facility to notify the staff's other place of employment, if the staff member is diagnosed with COVID-19; and

(E) requires staff to inform the facility which cohort they are assigned to at the staff's other place of employment. The facility must maintain the same cohort designation for that employee in all facilities in which the staff member is working, unless required in order to maintain adequate staffing for a cohort.

(I) All assisted living facility staff must wear a facemask while in the facility. Staff who are caring for COVID-19 positive residents and those caring for residents with unknown COVID-19 status must wear an N95 mask, gown, gloves, and goggles or a face shield. All facemasks and N95 masks must be in good functional condition as described in COVID-19 Response Plan for Assisted Living Facilities, and worn appropriately, completely covering the nose and mouth, at all times.

(1) A facility must comply with CDC guidance on the optimization of PPE when supply limitations require PPE to be reused.

(2) A facility must document all efforts made to obtain PPE, including the organization contacted and the date of each attempt.

(m) An assisted living facility must report COVID-19 activity as required by 26 TAC §553.41(n)(3) (relating to Standards for Type A and Type B Assisted Living Facilities). COVID-19 activity must be reported to HHSC Complaint and Incident Intake as described below:

(1) Report the first confirmed case of COVID-19 in staff or residents, and the first confirmed case of COVID-19 after a facility has been without cases for 14 days or more, to HHSC Complaint and Incident Intake through Texas Unified Licensure Information Portal (TULIP), or by calling 1-800-458-9858 within 24 hours of the positive confirmation.

(2) Submit Form 3613-A, Provider Investigation Report, to HHSC Complaint and Incident Intake through TULIP or by calling 1-800-458-9858 within five days from the day a confirmed case is reported.

(n) If an executive order or other direction is issued by the Governor of Texas, the President of the United States, or another applicable authority, that is more restrictive than this rule or any minimum standard relating to an assisted living

facility, the assisted living facility must comply with the executive order or other direction.

Attachment 8 Expansion of Reopening Visitation

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 553 LICENSING STANDARDS FOR ASSISTED LIVING FACILITIES

SUBCHAPTER K COVID-19 EMERGENCY RULE

§553.2003. Assisted Living Facility COVID-19 Response – Expansion of Reopening Visitation.

(a) The following words and terms, when used in this subchapter, have the following meanings.

(1) Closed window visit--A personal visit between a visitor and a resident during which the resident and visitor are separated by a closed window and the visitor does not enter the building permitted at all facilities, for all residents.

(2) COVID-19 negative--A person who has tested negative for COVID-19 or meets the criteria for discontinuation for transmission-based precautions, is not exhibiting symptoms of COVID-19, and has had no known exposure to the virus since the negative test.

(3) COVID-19 positive--A person who has tested positive for COVID-19 and not yet meet Centers for Disease Control and Prevention (CDC) guidance for the discontinuation of transmission-based precautions.

(4) End-of-life visit--A personal visit between a visitor and a resident who is actively dying, permitted in all facilities for all residents at the end of life.

(5) Essential caregiver--A family member or other outside caregiver, including a friend, volunteer, private personal caregiver or court appointed guardian, who is at least 18 years old, designated to provide regular care and support to a resident.

(6) Essential caregiver visit--A personal visit between a resident and an essential caregiver as described in subsection (o) of this section. An essential caregiver visit is permitted in all facilities for COVID-19 negative and unknown COVID-19 status residents.

(7) Facility-acquired COVID-19 infection--COVID-19 infection that is acquired after admission to an assisted living facility and that was not present at the end of the 14-day quarantine period following admission or readmission.

(8) Large assisted living facility—An assisted living facility licensed for 17 or more residents.

(9) Open window visit--A personal visit between a visitor and a resident during which the resident and personal visitor are separated by an open window.

(10) Outbreak--One or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff.

(11) Outdoor visit--A personal visit between a resident and one or more personal visitors that occurs in-person in a dedicated outdoor space.

(12) Persons providing critical assistance--Providers of essential services, persons with legal authority to enter, family members or friends of residents at the end of life, and two designated essential caregivers as described in subsection (o) of this section.

(13) Persons with legal authority to enter--Law enforcement officers, representatives of the long-term care ombudsman's office, and government personnel performing their official duties.

(14) Plexiglass indoor visit--A personal visit between a resident and one or more personal visitors, during which the resident and the visitor are both inside the facility but within a booth separated by a plexiglass barrier and the resident remains on one side of the barrier and the visitor remains on the opposite side of the barrier.

(15) Providers of essential services--Contract doctors, contract nurses, home health and hospice workers, and mental health specialists whose services are necessary to ensure resident health and safety.

(16) Salon services visit--A personal visit between a resident and a salon services visitor as described in subsection (q) of this section. All facilities may permit salon services visits for COVID-19 negative residents.

(17) Salon services visitor--A barber, beautician or cosmetologist providing hair care or personal grooming services to a resident.

(18) Small assisted living facility--An assisted living facility licensed for 16 or fewer residents.

(19) Unknown COVID-19 status--A person who is a new admission or readmission or who has spent one or more nights away from the facility, has had known exposure or close contact with a person who is COVID-19 positive, or who is exhibiting symptoms of COVID-19 while awaiting test results.

(20) Vehicle parade--A personal visit between a resident and one or more personal visitors, during which the resident remains outdoors on the assisted living facility campus, and a visitor drives past in a vehicle.

(b) An assisted living facility must screen all visitors prior to entry as described in subsection (c). Visitor screenings must be documented in a log kept at the entrance to the facility. Visitor screening logs must include the name of each person screened, the date and time of the screening, and the results of the screening. The visitor screening log may contain protected health information and must be protected in accordance with applicable state and federal law. An assisted living facility is not required to screen emergency services personnel entering the facility in an emergency or personal visitor participating in a vehicle parade or a closed window visit.

(c) Visitors who meet any of the following screening criteria must leave the assisted living facility campus and reschedule the visit:

(1) fever defined as a temperature of 100.4 Fahrenheit and above;

(2) signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;

(3) any other signs and symptoms as outlined by the CDC in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov); or

(4) contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness, unless the visitor is seeking entry to provide critical assistance; or

(5) has a positive COVID-19 test result from a test performed in the last 10 days.

(d) An assisted living facility must allow persons providing critical assistance, including essential caregivers, to enter the assisted living facility if they pass the screening in subsection (c) of this section, except as provided in subsection (o)(8)(H) and (o)(9)(F) of this section.

(e) An assisted living facility must allow essential caregiver visits, end-of life visits and closed window visits in accordance with this section. Approved visitation designation for a facility is not required for a closed window visit, end-of-life visit, or visits by persons providing critical assistance, including essential caregivers as defined in subsection (a)(1), (4), and (5) of this section.

(f) Except as approved by HHSC under subsection (k) of this section, an assisted living facility with an approved visitation designation by HHSC must allow outdoor visits, open window visits, vehicle parades, and plexiglass indoor visits with residents with COVID-19 negative status.

(g) An assisted living facility must request a facility visitation designation by submitting a completed Long-term Care Regulation (LTCR) Form 2196, COVID-19 Status Attestation Form, including a facility map indicating which areas, which include enclosed rooms such as bedrooms or activities rooms, units, wings, halls, or buildings which accommodate COVID-19 negative, COVID-19 positive, and unknown COVID-19 status residents, to the Regional Director in the LTCR Region where the facility is located. A facility with previous approval for visitation does not have to submit Form 2196 and a facility map, unless the previous visitation approval has been withdrawn, rescinded, or cancelled.

(h) To receive a facility visitation designation, an assisted living facility must demonstrate:

(1) there are separate areas, which include enclosed rooms such as bedrooms, or activities rooms, units, wings, halls, or buildings for resident cohorts who are COVID-19 positive, COVID-19 negative or unknown COVID-19 status;

(2) separate staff are working in the separate areas, units, wings, halls, or buildings for residents who are COVID-19 positive, COVID-19 negative or unknown COVID-19 status;

(3) there have been no confirmed COVID-19 cases for at least 14 consecutive days in staff working in the area, unit, wing, hall, or building, which accommodates residents who are COVID-19 negative;

(4) there have been no facility-acquired COVID-19 confirmed cases for at least 14 consecutive days in residents in the COVID-19 negative area, unit, wing, hall, or building;

(5) staff are designated to work with only one resident cohort and the designation does not change from one day to another;

(6) evidence upon HHSC request of daily screening for staff and residents, if a testing strategy is not used; and

(7) if an assisted living facility has had previous cases of COVID-19 in staff or residents in the area, unit, wing, hall, or building, which accommodates residents who are COVID-19 negative, HHSC LTCR may conduct a verification survey to confirm the following:

(A) all staff and residents in the COVID-19 negative area, unit, wing, hall, or building have fully recovered;

(B) the assisted living facility has adequate staffing to continue care for all residents and monitor visits permitted by this section; and

(C) the assisted living facility is in compliance with infection control requirements and emergency rules related to COVID-19.

(i) A small assisted living facility that cannot provide separate areas, including enclosed rooms such as bedrooms or activities rooms, units, wings, halls, or buildings for residents who are COVID-19 positive, COVID-19 negative or unknown COVID-19 status must demonstrate:

(1) there have been no confirmed COVID-19 cases for at least 14 consecutive days in staff;

(2) there have been no facility-acquired COVID-19 confirmed cases for at least 14 consecutive days in residents; and

(3) if an assisted living facility has had previous cases of COVID-19 in staff or residents, HHSC LTCR may conduct a verification survey and confirm the following:

(A) all staff and residents have fully recovered;

(B) the assisted living facility has adequate staffing to continue care for all residents and monitor visits permitted by this section; and

(C) the assisted living facility is in compliance with infection control requirements and emergency rules related to COVID-19.

(j) An assisted living facility that does not meet the criteria in subsection (h) or (i) of this section to receive a visitation designation, must:

(1) continue to permit closed window visits and visits by persons providing critical assistance, including essential caregiver visits and end-of-life visits;

(2) develop and implement a plan describing the steps the facility intends to take in order to meet the criteria; and

(3) submit the plan to the Regional Director in the LTCR Region where the facility is located within five business days of submitting the form or of receiving notification from HHSC that the facility was not approved for visitation designation.

(k) An assisted living facility may request exemption from requirements of this section that a facility with a visitation designation allow certain personal visits. Facilities may not request and HHSC will not approve an exemption from closed window visits or visits by persons providing critical assistance, including essential caregivers and end-of-life visits. If the assisted living facility determines it is unable to meet one or more of the other visitation requirements of this section, the facility must request exemption from that requirement and explain its inability to meet the visitation requirement on the COVID-19 Status Attestation Form. HHSC will notify the assisted living facility if a temporary exemption for a specific visit type is granted and the time period for exemption.

(l) Except if approved by HHSC for an exemption under subsection (k) of this section, an assisted living facility with a facility visitation designation must allow outdoor visits, open window visits, vehicle parades, and plexiglass indoor visits involving residents and personal visitors. The following requirements apply to all visitation required under this subsection, and other visitation types as specified:

(1) Visits must be scheduled in advance and are by appointment only.

(2) Visitation appointments must be scheduled to allow time for cleaning and sanitation of the visitation area between visits.

(3) An assisted living facility must allow outdoor visits, open window visits, vehicle parades, and plexiglass indoor visits for residents who are COVID-19 negative, as can be accommodated by the assisted living facility. Residents with unknown COVID-19 status or COVID-19 positive status cannot participate in outdoor visits, open window visits, vehicle parades, or plexiglass indoor visits.

(4) The assisted living facility must allow closed window visits and end-of-life visits for residents who are COVID-19 negative, COVID-19 positive, or unknown COVID-19 status, as can be accommodated by the assisted living facility.

(5) Physical contact between residents and visitors is prohibited, except for essential caregiver and end-of-life visits.

(6) An assisted living facility must allow visits where adequate space is available that meets criteria and when adequate staff are available to monitor visits. Essential caregiver visits and end-of-life visits can take place in the resident's room or other area of the facility separated from other residents. The assisted living facility must limit the movement of the visitor through the facility to ensure interaction with other residents is minimized.

(7) The visitor must wear a facemask or face covering over both the mouth and nose throughout the visit, except visitors participating in a vehicle parade or closed window visit.

(8) The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.

(9) The assisted living facility must ensure physical distancing of at least six feet is maintained between visitors and residents at all times and limit the number of visitors and residents in the visitation area as needed to ensure physical distancing is maintained. Essential caregiver and end-of-life visitors do not have to maintain physical distancing between themselves and the resident they are visiting

but must maintain physical distancing between themselves and all other residents, staff, and other visitors.

(10) The assisted living facility must limit the number of visitors per resident per week, and the length of time per visit, to ensure equal access by all residents to visitors.

(11) Cleaning and disinfecting of the visitation area, furniture, and all other items must be performed, per CDC guidance, before and after each visit.

(12) The assisted living facility must ensure a comfortable and safe outdoor visiting area for outdoor visits, and vehicle parades, considering outside air temperatures and ventilation.

(13) For outdoor visits, the assisted living facility must designate an outdoor area for visitation that is separated from residents and limits the ability of the visitor to interact with residents.

(14) The assisted living facility must provide hand washing stations, or hand sanitizer, to the visitor and resident before and after visits, except visitors participating in a vehicle parade or closed window visit.

(15) The visitor and the resident must practice hand hygiene before and after the visit, except visitors participating in a vehicle parade or closed window visit.

(m) The following requirements apply to vehicle parades:

(1) Visitors must remain in their vehicles throughout the parade.

(2) The assisted living facility must ensure physical distancing of at least six feet is maintained between residents throughout the parade.

(3) The assisted living facility must ensure residents are not closer than 10 feet to the vehicles for safety reasons.

(4) The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.

(n) The following requirements apply to plexiglass indoor visits:

(1) The plexiglass booth must be installed in an area of the facility where it does not impede a means of egress, does not impede or interfere with any fire safety equipment or system, and does not offer access to the rest of the facility or contact between the visitors and other residents.

(2) Prior to using the booth, the facility must submit for approval a photo of the plexiglass visitation booth and its location in the facility to the Life Safety Code Program Manager in the LTCR Region in which the facility is located.

(3) The visit must be monitored by facility staff for the duration of the visit.

(4) The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.

(5) The visitor must wear a facemask or face covering over both the mouth and nose throughout the visit.

(6) The facility shall limit the number of visitors and residents in the visitation area as needed.

(o) The following requirements apply to essential caregiver visits:

(1) There may be up to two permanently designated essential caregiver visitors per resident.

(2) Only one essential caregiver at a time may visit a resident.

(3) Each visit is limited to two hours, unless the assisted living facility can only accommodate a visit for a shorter duration or that it can accommodate a longer duration and adjusts the duration of the visit accordingly.

(4) The visit may occur outdoors, in the resident's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other residents.

(5) Essential caregiver visitors do not have to maintain physical distancing between themselves and the resident they are visiting but must maintain physical distancing between themselves and all other residents and staff.

(6) The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.

(7) The assisted living facility must develop and enforce essential caregiver visitation policies and procedures, which include:

(A) a testing strategy for designated essential caregivers;

(B) a written agreement that the essential caregiver understands and agrees to follow the applicable policies, procedures, and requirements;

(C) training each designated essential caregiver on proper personal protective equipment (PPE) usage and infection control measures, hand hygiene, and cough and sneeze etiquette;

(D) wearing a facemask and other appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;

(E) expectations regarding using only designated entrances and exits as directed;

(F) limiting visitation to the outdoor visitation area, the resident's room, or other area of the facility that limits the visitor's movement through the facility and interaction with other residents;

(G) facility staff must escort the essential caregiver from the facility entrance to the designated visitation area at the start of each visit; and

(H) facility staff must escort the essential caregiver from the designated visitation area to the facility exit at the end of each visit.

(8) The assisted living facility must:

(A) inform the essential caregiver of applicable policies, procedures, and requirements;

(B) approve the visitor's facemask and any other appropriate PPE recommended by CDC guidance and the facility's policy or provide an approved facemask and other PPE;

(C) maintain documentation of the essential caregiver visitor's agreement to follow the applicable policies, procedures, and requirements;

(D) maintain documentation of the essential caregiver visitor's training as required in paragraph (7)(C) of this subsection;

(E) maintain documentation of the date of the last COVID-19 test as reported by the essential caregiver.

(F) document the identity of each essential caregiver in the resident's records and verify the identity of the essential caregiver by creating an essential caregiver visitor badge:

(G) maintain a record of each essential caregiver visit, including:

(i) the date and time of the arrival and departure of the essential caregiver visitor;

(ii) the name of the essential caregiver visitor;

(iii) the name of the resident being visited; and

(iv) attestation that the identity of the essential caregiver visitor was confirmed; and

(H) prohibit visitation by the essential caregiver if the resident has an active COVID-19 infection.

(9) The essential caregiver must:

(A) wear a facemask over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;

(B) have a negative COVID-19 test no more than 14 days before the first essential caregiver visit, unless the assisted living facility chooses to perform a rapid test prior to entry in the assisted living facility;

(C) sign an agreement to leave the facility at the appointed time unless otherwise approved by the facility;

(D) self-monitor for signs and symptoms of COVID-19;

(E) not participate in visits if the designated essential caregiver has signs and symptoms of COVID-19 or an active COVID-19 infection; and

(F) not participate in visits if the resident has an active COVID-19 infection.

(p) A facility may allow a salon services visitor to enter the facility to provide services to a resident only if:

(1) the salon services visitor passes the screening described in subsection (c) of this section;

(2) the salon services visitor agrees to comply with the most current version of the Minimum Standard Health Protocols- Checklist for Cosmetology Salons/Hair Salons, located on website: <https://open.texas.gov/>; and

(3) the requirements of subsection (q) of this section are met.

(q) The following requirements apply to salon services visits:

(1) Each visit is limited to two hours, unless the assisted living facility determines that it can only accommodate a visit for a shorter duration or that it can accommodate a longer duration and adjusts the duration of the visit accordingly.

(2) The visit may occur outdoors, in the resident's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other residents.

(3) Salon services visitors do not have to maintain physical distancing between themselves and each resident they are visiting but must maintain physical distancing between themselves and all other residents and staff.

(4) The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.

(5) The assisted living facility must develop and enforce salon services visitation policies and procedures, which include:

(A) a testing strategy for salon services visitors;

(B) a written agreement that the salon services visitor understands and agrees to follow the applicable policies, procedures, and requirements;

(C) training each salon services visitor on proper PPE usage and infection control measures, hand hygiene, and cough and sneeze etiquette;

(D) the salon services visitor must wear a facemask and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;

(E) expectations regarding using only designated entrances and exits as directed;

(F) limiting visitation to the area designated by the facility in accordance with (o)(2) of this subsection;

(G) facility staff must escort the salon services visitor from the facility entrance to the designated visitation area at the start of each visit; and

(H) facility staff must escort the salon services visitor from the designated visitation area to the facility exit at the end of each visit;

(6) The assisted living facility must:

(A) inform the salon services visitor of applicable policies, procedures, and requirements;

(B) approve the visitor's facemask or provide an approved facemask;

(C) maintain documentation of the salon services visitor's agreement to follow the applicable policies, procedures and requirements;

(D) maintain documentation of the salon services visitor's training as required in paragraph (5)(C) of this subsection;

(E) maintain documentation of the date of last COVID-19 test as reported by the salon services visitor;

(F) document the identity of each salon services visitor in the facility's records and verify the identity of the salon services visitor by creating a salon services visitor badge; and

(G) maintain a record of each salon services visit, including:

(i) the date and time of the arrival and departure of the salon services visitor;

(ii) the name of the salon services visitor;

(iii) the name of the resident being visited; and

(iv) attestation that the identity of the salon services visitor was confirmed; and

(H) prevent visitation by the salon services visitor if the resident has an active COVID-19 infection.

(7) The salon services visitor must:

(A) wear a facemask over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;

(B) have a negative COVID-19 test result from a test performed no more than 14 days before the first salon services visit, unless the assisted living facility chooses to perform a rapid test prior to entry in the assisted living facility.

(C) sign an agreement to leave the facility at the appointed time unless otherwise approved by the facility.

(D) self-monitor for signs and symptoms of COVID-19;

(E) not participate in visits if the salon services visitor has signs and symptoms of COVID-19, active COVID-19 infection; and

(F) not participate in visits if the resident has an active COVID-19 infection.

(8) The facility may cancel the salon services visit if the salon services visitor fails to comply with the facility's policy regarding salon services visits or applicable requirements in this section.

(r) An assisted living facility must provide instructional signage throughout the facility and proper visitor education regarding:

(1) the signs and symptoms of COVID-19;

(2) infection control precautions; and

(3) other applicable facility practices (e.g. use of facemask or other appropriate PPE, specified entries and exits, routes to be designated visitation areas, hand hygiene).

(s) If, at any time after facility visitation designation is approved by HHSC, the area, unit, wing, hall, or building accommodating residents who are COVID-19 negative, or facility-wide for small assisted living facilities that received visitation designation in accordance with subsection (g) of this section, experiences an outbreak of COVID-19, the facility must notify the Regional Director in the LTCR

Region where the facility is located that the area, unit, wing, hall, building or facility no longer meets visitation criteria, and all visit types authorized under the facility's visitation designation, including outdoor visits, open window visits, vehicle parades, and indoor plexiglass visits, must be cancelled until the area, unit, wing, hall, building or facility meets the criteria described in subsections (h) or (i) of this section.

(t) If an assisted living fails to comply with the requirements of this section, HHSC may rescind the visitation designation and may impose licensure remedies in accordance with Subchapter H of this chapter.

(u) If an executive order or other direction is issued by the Governor of Texas, the President of the United States, or another applicable authority, that is more restrictive than this rule or any minimum standard relating to an assisted living facility, the assisted living facility must comply with the executive order or other direction.

Attachment 9 Long-Term Care Regulation Provider Letter 20-42

<https://apps.hhs.texas.gov/providers/communications/2020/letters/PL2020-42.pdf>

Number: PL 20-42 (replaces PL 20-38)

Title: COVID-19 Response - Expansion of Reopening Visitation

Provider Type: Assisted Living Facilities (ALF)

Date Issued: October 16, 2020

1.0 Subject and Purpose

As part of the continued reopening of the State of Texas, HHSC has adopted expanded emergency rules to allow for essential caregiver visits, salon services visits, and limited indoor and outdoor visitation in ALFs. ALFs are required to allow closed window visits, end-of-life visits, and visits of persons providing critical assistance, including essential caregivers for residents. ALFs are also required to seek a visitation designation to allow additional general visitation. This letter describes the requirements for these visits. See the expansion of reopening visitation rules at 26 TAC §[553.2003](#) for the complete list of requirements.

2.0 Facility Visitation Designation Requirements

An ALF must receive an approved general visitation designation from HHSC before it can begin permitting outdoor visits, indoor plexiglass visits, open window visits, and vehicle parades, and must allow these types of visits upon receiving an approved visitation designation.

To receive an approved general visitation designation, an ALF must:

- demonstrate that it has separate areas which include enclosed rooms such as bedrooms or activities rooms, units, wings, halls, or buildings designated for COVID-19 positive, COVID-19 negative, and unknown COVID-19 status individual cohorts;
- have separate, dedicated staff who work exclusively in the separate areas, units, wings, halls, or buildings;
- have no facility-acquired COVID-19 cases in residents for at least 14 consecutive days; and
- have no COVID-19 cases in staff working in the area, unit, wing, hall, or building that accommodates residents who are COVID-19 negative.

Note: to receive an approved general visitation designation, a small ALF that cannot provide separate areas including enclosed rooms such as bedrooms or activities

rooms, units, wings, halls, or buildings for residents who are COVID-19 positive, COVID-19 negative, or unknown COVID-19 status, based on the status of the entire facility, must:

- have no facility-acquired COVID-19 cases in residents for at least 14 consecutive days; and
- have no confirmed COVID-19 cases in staff for at least 14 consecutive days.

An ALF must provide instructional signage throughout the facility and proper visitor education regarding:

- signs and symptoms of COVID-19;
- infection control precautions; and
- other applicable facility practices (e.g., the use of facemasks or other appropriate PPE, specified entries and exits, routes to designated visitation areas, and hand hygiene)

An ALF that does not meet the criteria for a visitation designation must continue to permit closed window visits and end-of-life visits for residents regardless of their COVID-19 status, as well as essential caregiver visits for residents with COVID-19 negative or unknown COVID-19 status. Such an ALF must also must develop and implement a plan to meet the visitation criteria and submit the plan to the regional director in the Long-term Care Regulation (LTCR) region where the ALF is located within five business days of submitting the new 2196 Expansion of Reopening Visitation Status Attestation Form, or within five business days of receiving notification from HHSC that the ALF was not approved for general visitation designation. See section 11.0 of this document for information about LTCR form 2196.

3.0 Plexiglass Indoor Visitation

Upon receiving an approved visitation designation and in accordance with the requirements in the expanded visitation rules, an ALF must allow indoor plexiglass visits for all residents who are COVID-19 negative. Prior to using the plexiglass barrier or booth, the ALF must submit a photo of it and its location in the facility for approval from HHSC. The plexiglass barrier or booth is not required to be constructed with three sides or to meet specific size specifications. It can be any layout and size that aids in infection prevention and control and is approved by HHSC. The plexiglass barrier or booth must not be installed in an area of the facility where it:

- blocks or obstructs a means of egress (e.g., exit door, hallway or the way out of a room);
- blocks or interferes with any fire safety equipment or system; or

- offers access to the rest of the facility or contact between the visitors and other residents.

During an indoor plexiglass visit, the ALF must ensure:

- physical distancing of at least six feet is maintained between residents and visitors;
- visitors wear a facemask or face covering over both the mouth and nose throughout the visit;
- residents wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit; and
- both the visitor and the individual practice proper hand hygiene.

4.0 Open Window Visits

Upon receiving an approved visitation designation and in accordance with the requirements in the expanded visitation rules, an ALF must allow open window visits for all residents who are COVID-19 negative. During an open window visit, the ALF must ensure:

- physical distancing of at least six feet is maintained between residents and visitors;
- visitors wear a facemask or face covering over both the mouth and nose throughout the visit;
- residents wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit; and
- both the visitor and the individual practice proper hand hygiene.

5.0 Vehicle Parades

Upon receiving an approved visitation designation and in accordance with the requirements in the expanded visitation rules, an ALF must allow vehicle parades for all residents who are COVID-19 negative. The ALF must provide a comfortable and safe outdoor visiting area for vehicle parades, considering outside air temperatures and ventilation. During a vehicle parade, the ALF must ensure:

- visitors must remain in their vehicles throughout the parade;
- physical distancing of at least six feet is maintained between residents throughout the parade;
- residents are not closer than 10 feet to the vehicles for safety reasons; and

- residents wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.

6.0 Outdoor Visits

Upon receiving an approved visitation designation and in accordance with the requirements in the expanded visitation rules, an ALF must allow outdoor visits for all residents who are COVID-19 negative. The ALF must provide a comfortable and safe outdoor visiting area for outdoor visits, considering outside air temperatures and ventilation. During an outdoor visit, the ALF must ensure:

- physical distancing of at least six feet is maintained between residents and visitors;
- visitors wear a facemask or face covering over both the mouth and nose throughout the visit;
- residents wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit; and
- both the visitor and the individual practice proper hand hygiene.

7.0 Essential Caregiver Visits

An essential caregiver visit is defined as a personal visit between an individual and an essential caregiver, permitted in all facilities for COVID-19 negative and unknown COVID-19 status residents.

- ALFs must allow essential caregiver visits.
- An ALF does not need an approved general visitation designation from HHSC to allow essential caregiver visits.
- Up to two essential caregivers can be designated per individual, but each visit is limited to one essential caregiver at a time.
- Each essential caregiver visit must be by appointment and limited to two hours, unless the ALF can only accommodate a visit for a shorter or longer amount of time and adjusts the length accordingly.
- Essential caregiver visits can occur outdoors, in the resident's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other residents.
- The essential caregiver must be screened before being allowed to enter the facility and trained by the ALF on the appropriate use of personal protective equipment (PPE).
- The resident must wear a facemask or cloth face covering over both the mouth and nose (if tolerated) throughout the visit.

- Essential caregivers do not have to maintain physical distancing between themselves and the resident they are visiting but must maintain physical distancing between themselves and other residents and staff.
- An essential caregiver visit is not allowed if the visitor has signs or symptoms of COVID-19, an active COVID-19 infection, or other communicable diseases, or if the resident has an active COVID-19 infection.

7.1 Requirements for Essential Caregiver Visits

The ALF must:

- develop and enforce essential caregiver visitation policies and procedures as stated in the expanded emergency rules. This includes:
 - developing a testing strategy for essential caregiver visitors;
 - training the essential caregivers on proper use of PPE; and
 - informing the essential caregivers of expectations related to infection control;
- inform the essential caregivers of applicable policies, procedures, and requirements and maintain documentation of the essential caregiver's agreement to follow them;
- approve the essential caregiver visitor's facemask and any other appropriate PPE recommended by Centers for Disease Control and Prevention (CDC) guidance and the ALF's policy; or provide a caregiver with an approved facemask and any other appropriate PPE;
- document the identity of each essential caregiver in the resident's file and create an essential caregiver badge;
- maintain a record of each essential caregiver visit. This includes:
 - the date and time of the arrival and departure;
 - the name of the essential caregiver;
 - the name of the resident being visited; and
 - attestation that the identity of the essential caregiver visitor was confirmed;
- escort the essential caregiver visitor in and out of the designated visitation area; the visit itself does not need to be monitored by facility staff.

The essential caregiver visitor must:

- wear a facemask over both the mouth and nose and other appropriate PPE recommended by CDC guidance and the ALF's policy while in the facility;
- have had a negative COVID-19 test no more than 14 days before the first essential caregiver visit, unless the ALF performs a rapid test prior to entry into the facility;
- sign an agreement to leave the facility at the appointed time unless otherwise approved by the ALF; and
- self-monitor for signs and symptoms of COVID-19.

8.0 End-of-life Visits

An end-of-life visit is a personal visit between a visitor and a resident who is at the end-of-life and is permitted in all facilities for all residents at the end-of-life. An ALF must allow end-of-life visits for all residents with COVID-19 positive, COVID-19 negative, or unknown COVID-19 status. An ALF does not need an approved general visitation designation from HHSC to allow end-of-life visits.

9.0 Closed Window Visits

A closed window visit is a personal visit between a visitor and a resident during which the resident and visitor are separated by a closed window and the visitor does not enter the building. An ALF must allow closed window visits for all residents with COVID-19 positive, COVID-19 negative, or unknown COVID-19 status. An ALF does not need an approved general visitation designation from HHSC to allow closed window visits.

10.0 Salon Service Visits

An ALF can allow a salon services visitor to enter the facility to provide services to a COVID-19 negative resident if the requirements in the expanded emergency rules are met, including screening of the barber or beautician. An ALF does not need an approved general visitation designation from HHSC to allow salon services visits. A salon services visit is not allowed if the visitor has signs or symptoms of COVID- 19, an active COVID-19 infection, or other communicable diseases, or if the resident receiving the service has an active COVID-19 infection or unknown COVID-19 status.

11.0 LTCR Form 2196

Each ALF must submit LTCR form 2196 to the Regional Director in the LTCR region where the facility is located and must provide information about whether the ALF meets or does not meet the criteria for expanded general visitation. Each ALF must submit a completed form 2196 to the Regional Director no later than October 31, 2020.

An ALF that does not meet the visitation designation criteria must attest that it:

- is permitting closed window visits, end of life visits, and essential caregiver visits;
- will develop and implement a plan to meet the visitation designation criteria as defined in 26 TAC §553.2003; and
- has included the plan with the form or will submit the plan within five business days of submitting the form.

To seek a designation for general visitation, an ALF must complete LTCR Form 2196, Expansion of Reopening Visitation Status Attestation, to notify LTCR that the ALF seeks a designation as a visitation facility. The form must be emailed to the LTCR Regional Director in the LTCR region where the facility is located. Any applicable pictures and facility maps must also be included with LTCR Form 2196.

The LTCR Regional Director or designee will review the form within three business days of submission and notify the ALF whether it has received been approved for a visitation designation. An ALF with previous approval for visitation does not have to submit LTCR Form 2196 or other documentation unless the previous visitation approval has been withdrawn, rescinded, or cancelled, or was for only indoor or outdoor visitation instead of both indoor and outdoor visitation.

If approved, the ALF must allow outdoor visits, indoor plexiglass visits, open window visits, and vehicle parades in accordance with the applicable emergency rule. HHSC LTCR can conduct an on-site visit to confirm an ALF's compliance with the requirements. If HHSC determines that the ALF does not meet the requirements for the designation as a visitation facility, the ALF must immediately stop all visitation except a closed window visit, end-of-life visit, and visits by persons providing critical assistance, including designated essential caregivers.

The form also requires the facility administrator or director to attest to the following:

- the ALF has had no confirmed COVID-19 cases in staff for at least 14 consecutive days in the specified areas, wings, units or buildings;
- there are no active or facility-acquired COVID-19 cases in residents in the specified areas, wings, units, or buildings, and the ALF has included a map indicating which areas, wings, units, or buildings accommodate COVID-19 negative, COVID-19 positive, and unknown COVID-19 status residents; and
- no COVID-19 cases have occurred in the specified areas, wings, units, or buildings of the facility; or
- if there have been previous cases of COVID-19 among staff or residents, HHSC LTCR may conduct a verification survey and confirm the following:
 - all staff and residents in the specified areas, wings, units, or buildings have fully recovered;

- the ALF has adequate staffing to continue to care for all residents and visits permitted in expansion of reopening visitation; and
- the ALF is in full compliance with infection control requirements and emergency rules related to COVID-19.

An ALF must submit the form to the LTCR Regional Director in the region where it is located and not to any other HHSC unit or section, as this will delay approval.

An ALF with a general visitation designation should be prepared to provide documentation upon HHSC request to demonstrate that it was COVID-19 free for 14 days prior to its request for the designation. Facilities can provide COVID-19 testing results for the most recent 14-day period prior to the request for visitation designation. If a testing strategy is not used, an ALF can provide staff and resident screening logs covering the most recent 14- day period prior to the request for designation.

If, at any time after a visitation designation is approved by HHSC, the ALF experiences an outbreak of COVID-19, the ALF must notify the Regional Director in the LTCR Region where it is located that the ALF no longer meets visitation criteria, and the ALF must immediately stop all visitation, except a closed window visit, end-of-life visit, or visits by persons providing critical assistance, including essential caregivers. The ALF can submit a new request for designation when it meets all visitation criteria.

Under Section 37.10 of the Texas Penal Code, a person commits a criminal offense if he or she makes a false entry in a governmental record; makes, presents, or uses any record or document with knowledge of its falsity and intent that it be taken as a genuine governmental record; or makes, presents, or uses a governmental record with knowledge of its falsity.

In addition, making a false statement on the attestation form can result in the imposition of an administrative penalty as described in Texas Health and Safety Code, Chapter 247, section 247.0451(a).

12.0 Background/History

To protect residents in ALFs, HHSC has adopted expanded emergency rules requiring limited indoor and outdoor visitation and identified essential caregiver visits as visits by persons providing critical assistance.

13.0 Resources

Contact Information for Submitting LTCR Form 2196 to the LTCR Regional Director:
<https://hhs.texas.gov/about-hhs/find-us/long-term-careregulatory-regional-contact-numbers>

LTCR Form 2196

Emergency rule in 26 TAC, Chapter 553, §553. 2003

14.0 Contact Information

If you have any questions about this letter, please contact the Policy, Rules and Training Section by email at PolicyRulesTraining@hhsc.state.tx.us or call (512) 438-3161.

LTCR FORM 2196: Expansion of Reopening Visitation Status Attestation Form for ALF Only

Form LTC 2196 is an attachment LTC Provider Letter 20-42.

Link: [LTC Provider Letter 20-42](#)

Instructions: Submit Form 2196 to your Regional Director to request designation as a visitation facility. You must wait for approval prior to implementing new expansion of reopening visitation protocols. The link opens a directory for finding the LTC Regional Contact number for your region.

Link: <https://hhs.texas.gov/about-hhs/find-us/long-term-care-regulatory-regional-contact-numbers>

<added>

Attachment 10 Long-Term Care Regulation Provider Letter PL 20-48

<https://apps.hhs.texas.gov/providers/communications/2020/letters/PL2020-48.pdf>

Transferring COVID-19 Positive Residents

Date Issued: November 3, 2020

1.0 Subject and Purpose

An ALF must have a written process for transferring a resident with an active COVID-19 infection to another facility or higher level of care if the ALF is unable to provide appropriate care. As part of the transfer process, an ALF must have a written agreement with an alternate facility to temporarily admit residents who have COVID-19 if the alternate facility has the available capacity and can provide the level of care required. An ALF must have at least one back-up plan established in the event the designated receiving facility is not capable of accepting residents when requested.

2.0 Policy Details & Provider Responsibilities

An ALF caring for a resident with COVID-19 must have a designated space to isolate the resident from all other residents and dedicated staff to provide care for all COVID positive residents. Meeting these requirements may be challenging, especially for small ALFs. Additionally, an ALF may have the appropriate isolation space and dedicated staff to care for residents with COVID-19, but if a resident's condition changes so that he or she requires transfer to a higher level of care, the ALF must take prompt action to affect a transfer. Therefore, all ALFs must have a transfer process and agreements with other facilities should this situation arise.

2.1 The process for transferring a resident with an active COVID-19 infection

The transfer process must include the facility's policies and procedures for the following:

- Isolate a resident requiring transfer away from other residents and implement all applicable infection control precautions until the resident can be transferred.
- Have staff monitor the resident for worsening symptoms or a change in condition that would require a call to 911, including warning signs of respiratory distress. Subsection 2.2 lists the most common emergency warning signs of respiratory distress.

- Make arrangements with the receiving facility to temporarily admit the resident until the resident is cleared to return to their home facility.
- Work with the receiving facility to ensure continuity of care, including filling any prescriptions as necessary and making the receiving facility aware of any scheduled medical appointments, and coordinate the transfer of any other relevant medical information.
- Provide the receiving facility with a copy of the resident's service plan.
- Ensure that all items that the resident will need at the receiving facility are securely packed and that they are transferred along with the resident.
- Provide transportation to the receiving facility or arrange appropriate transportation according to the resident's condition and preference.
- Inform the following persons that the facility is transferring the resident and include the date of transfer and anticipated length of stay:
 - the resident, the resident's legally authorized representative, and any emergency contact(s);
 - the resident's primary care physician or medical team, as applicable; and
 - any home and community support services agency or health care professional who provides care for the resident in the facility.

2.2 Emergency warning signs of respiratory distress

Seek emergency medical care or call 911 immediately if a resident suddenly starts showing any one of these signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This is not an exhaustive list of symptoms of respiratory distress. Call a medical provider or 911 for any other symptoms that are severe or concerning.

3.0 Background/History

To protect residents in ALFs, HHSC has adopted emergency rule 26 TAC §553.2001 that requires ALF providers to include in their COVID-19 response plan a protocol

that describes how the facility will transfer a COVID-19 positive resident to another facility or to a higher level of care, as applicable, capable of providing the necessary level of care, if the facility cannot provide the care required.<added>

<added>

Attachment 11 Long-Term Care Regulation Provider Letter PL 20-50

<https://apps.hhs.texas.gov/providers/communications/2020/letters/PL2020-50.pdf>

Influenza (Flu) Vaccine Guidance During COVID-19

Date Issued: November 17, 2020

1.0 Subject and Purpose

This letter provides a brief overview of the Adult Influenza Vaccine Initiative and guidance on the administration of the influenza vaccine to residents and staff with and without COVID-19. This document also informs facilities when an individual should receive the influenza vaccine, even if the facility is not the vaccine administrator.

2.0 Policy Details & Provider Responsibilities

2.1 The Adult Influenza Vaccine Initiative

DSHS is providing a one-time-only allocation of adult influenza vaccine doses through the [Adult Influenza Vaccine Initiative](#) to target high risk populations disproportionately affected by or at risk for COVID-19. These populations include residents and staff of long-term care facilities, who are also at risk for contracting the influenza virus.

This initiative includes training and education provided to staff and access to an automated vaccine ordering and reporting system, all at no additional cost to providers.

Providers enrolled in this initiative must register and report doses administered in the Texas Immunization Registry (ImmTrac2).

Provider enrollment process:

1. Complete enrollment and obtain your ImmTrac2 Organization Code.
2. Complete Module 10 of the CDC "You Call the Shots" Training.
3. Complete the Adult Influenza Vaccine Initiative Provider Agreement form.
4. Agree to screen for patient eligibility and maintain screening records.
5. Agree to maintain vaccine safety and inventory.

2.2 Vaccination of Persons with Confirmed or Suspected COVID-19

In general, the annual influenza vaccination should be deferred for persons with suspected or confirmed COVID-19 until the criteria for the [discontinuation of transmission-based precautions](#) have been met. While mild illness is not a contraindication to vaccination, vaccination visits for those who have not met all criteria to discontinue isolation should be postponed in order to avoid potentially exposing healthcare personnel and others to the virus that causes COVID-19.

There are additional considerations when administering the influenza vaccine to residents in long-term care facilities. In the long-term care setting, healthcare personnel are already entering residents' rooms to provide care and administering the influenza vaccine should not result in additional exposures. According to [CDC's Pandemic Guidance for Vaccines](#):

- Symptomatic residents with confirmed COVID-19: Consider deferring vaccination until at least 10 days have passed since symptoms' onset, **and** at least 24 hours have passed since resolution of fever without the use of fever-reducing medications, **and** other symptoms have improved.
- Residents with asymptomatic or pre-symptomatic confirmed COVID-19 AND residents who have had close contact with a person with COVID-19 in the past 14 days may be vaccinated. If there are concerns that post-vaccination symptoms may be mistaken for COVID-19 symptoms and cause diagnostic confusion, consider deferring vaccination until quarantine or isolation has ended.

Follow [CDC Infection Prevention and Control Guidance](#) to prevent the spread of COVID-19 in health care settings during vaccine administration procedures.

2.3 Vaccination of persons without COVID-19 and persons with no known exposure to COVID-19

Routine annual influenza vaccination is recommended for all persons at least 6 months or older who consent to receiving the vaccine and who do not have contraindications. Follow normal vaccination requirements and procedures for staff and residents without COVID-19.

2.4 People who SHOULD NOT get the flu vaccine

People with severe, life-threatening allergies to influenza vaccine or any ingredient in the vaccine should NOT receive the influenza vaccine. Such ingredients might include gelatin and antibiotics. See [Special Considerations Regarding Egg Allergy](#) for more information about egg allergies and influenza vaccine.

2.5 People who should talk to their health care provider before getting the flu vaccine

If a resident or staff have one of the following conditions, consult a healthcare provider before administering the vaccine.

- Allergy to eggs or any of the ingredients in the vaccine. See Special Considerations Regarding Egg Allergy for more information about egg allergies and flu vaccine.
- History of Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get a flu vaccine.

If the person is not feeling well, discuss symptoms with healthcare provider.

3.0 Background/History

CDC recommends getting a flu vaccine by September or October. However, getting vaccinated any time during the flu season can help protect staff and residents and reduce the spread of influenza in the long-term care settings. Staff and residents who meet the eligibility criteria to get vaccinated are encouraged to do so. They also have the right to refuse the influenza vaccine.

Due to the COVID-19 pandemic, reducing the spread of respiratory illnesses, such as the flu, is especially important during this flu season.

Protective measures used for COVID-19 such as physical distancing, use of face masks, and frequent handwashing should be maintained and adhered to as we progress through influenza season.

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Attachment 12 Long-Term Care Regulation Provider Letter PL 20-53

<https://apps.hhs.texas.gov/providers/communications/2020/letters/PL2020-53.pdf>

Guidance for Activities, Dining, and Volunteers

Date Issued: November 20, 2020

1.0 Subject and Purpose

This provider letter outlines provider responsibilities for resident activities, including communal dining and holiday related activities. This provider letter also gives specific stipulations on the use of volunteers and guidance on protocol for residents who leave a facility. This guidance can be used as a general reference through the duration of the public health emergency, the COVID-19 pandemic.

2.0 Policy Details & Provider Responsibilities

Facilities can offer facility-coordinated group activities and communal dining services, as well as allow volunteers to enter the facility. Volunteers must adhere to infection control principles, screening requirements, and testing requirements, where applicable, in accordance with the emergency rules. Additionally, facilities must assist residents in making any decision to leave the facility.

2.1 Infection Control and Prevention Principles

The CDC, CMS, and HHSC outline principles of COVID-19 infection control and prevention¹. These guidelines apply to all group activities, communal dining, and anyone who enters the facility as a staff member, visitor, volunteer, or provider of an essential service. These infection prevention and control measures include the following:

- All persons who enter the facility are screened for signs and symptoms of COVID-19;
- Frequent hand hygiene (use of alcohol-based hand rub is preferred when hands are not visibly dirty);
- Use of face covering or facemask (facemask necessary for all visitors; resident may wear a facemask or cloth facial covering as tolerated);
- Maintenance of physical distancing of at least six feet per program guidance and as applicable for the task or situation;
- Instructional signage posted throughout the facility with specified entries, exits, and routes to designated areas, including spaces for visitation, along

with specific parts of the facility dedicated to resident cohorts based on COVID-19 status;

- Frequent cleaning and disinfection of shared areas;
- Education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices;
- Appropriate use of personal protective equipment (PPE); and
- Effective cohorting of residents within separate areas based on COVID-19 status (negative, positive, and unknown).

Facilities must operationalize Infection Control and Prevention Principles and should consider all available resources when planning group activities and utilizing volunteers.

2.2 Screening

Each provider must screen all residents, staff, and anyone else who enters the facility, for the following criteria, before entering the facility:

- fever defined as a temperature of 100.4 Fahrenheit and above;
- signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
- additional signs and symptoms as outlined by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing);
- contact in the last 14 days, unless to provide critical assistance, with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness; and
- has a positive COVID-19 test result from a test performed in the last 10 days.

Anyone who does not pass screening must immediately leave the facility campus.

2.3 Facility Coordinated Group Activities

Facility coordinated group activities, including holiday-related group activities, are limited to residents who are COVID-19 negative and residents who have recovered from COVID-19 according to the CDC's criteria for the [discontinuation of transmission based precautions](#). Residents with an active COVID-19 infection and residents with unknown COVID-19 status must be excluded from participating in group activities.

Facilities can utilize volunteers as essential workers, or contract with other persons or entities (“activity contractors”), to host or assist with facility-coordinated group activities, including holiday related group activities. Volunteers and activity contractors entering the facility must adhere to the Infection Control and Prevention Principles. Section 2.5 outlines other requirements related to the utilization of volunteers.

Governor Abbott’s Executive Order No. GA-30 limits the amount of people allowed for group activities to 10 people. For long-term care facilities, this limit applies to the people providing a group activity (volunteers and activity contractors), not the number of residents attending the activity. Additionally, the limit does not apply to religious services held at a facility. However, infection control and prevention principles must be followed in all cases, including maintaining social distancing.

While the 10-person limit does not apply to facility residents, the facility must limit the number of residents participating in any given activity to allow for physical distancing between all activity participants, adherence to the infection control guidelines, and ensure the safety of the residents. The facility can limit the number of people participating in an activity based on the status of COVID-19 infections in the facility.

The facility must limit participation in group activities to residents and those individuals who entered into an agreement with the facility to host or otherwise assist in that facility-coordinated activity (volunteers and activity contractors). Resident visitors, including essential caregivers, cannot participate in group activities unless they are hosting or assisting in the specific facility-coordinated activity as a volunteer. Visitors, including essential caregivers, hosting or assisting a facility-coordinated activity would be considered a volunteer or essential worker and would have to meet the requirements for volunteers as described in this provider letter.

2.4 Dining

2.4.1 Communal Dining

Residents can participate in communal dining. However, communal dining is limited to residents who are COVID-19 negative and residents who have recovered from COVID-19 according to the CDC’s criteria for the discontinuation of transmission based precautions. The Infection Control and Prevention Principles, including physical distancing of at least 6 feet between residents, still apply. The number of residents permitted for any dining activity or in any dining space will depend on the specifics of the facility and space available to allow for physical distancing between all residents. Facilities can consider additional limitations on dining based on the status of COVID-19 infections in the facility.

2.4.2 Food Delivered by Essential Caregiver Visitors

An essential caregiver can personally bring outside food and drink to a resident during a visit. Essential caregivers are not required to maintain a distance of 6 feet

between themselves and the resident they are visiting⁵. A resident can eat or drink during an essential caregiver visit. However, essential caregivers cannot eat or drink during the visit with a resident because essential caregivers are required to wear a facemask over their nose and mouth throughout the entire visit.

2.4.3 Food Delivered by Other Visitors

Visitors other than essential caregivers can bring outside food and drink for a resident during a visit but must drop off the meal or food item in a designated delivery area, as determined by the facility. A resident can eat or drink during a visit. However, a visitor cannot eat or drink during the visit because visitors must wear a facemask over their nose and mouth throughout the entire visit.

2.4.4 Food Delivered by Other Persons

A resident can receive outside meals or food items delivered by persons other than a visitor. Facilities must designate an outside area for food and other items to be delivered. Facility staff must bring the delivered food from the designated outside area to the resident. Facilities should refer to CDC guidance for handling deliveries.

2.5 Volunteers

Facilities can use volunteers as essential workers to provide supplemental tasks to the facility (e.g. monitoring visits between residents and family members, escorting essential caregivers, assisting with cleaning and sanitizing). Volunteers who enter a facility to provide supplemental tasks must receive training on infection prevention and control standards and all other training provided to volunteers prior to the COVID-19 public health emergency (such as identifying and preventing abuse, neglect, and exploitation)⁹. The facility can use people who volunteered at the facility before the COVID-19 public health emergency, but the facility must provide training on COVID-19 infection prevention and control standards. The facility cannot rely on volunteers in lieu of paid staff to fill required staff positions and perform direct care services.

Facilities also can use volunteers to host or assist with facility-coordinated group activities (e.g., high school choir, bingo with residents, book club). Volunteers who only enter a facility to host or assist with facility-coordinated group activities must receive training on infection prevention and control standards. A volunteer cannot eat or drink while assisting with group activities or communal dining because volunteers must wear a facemask over their nose and mouth at all times.

Volunteers must pass all screening requirements, as outlined above, and must be overseen by facility staff¹⁰. Volunteers must also adhere to the same PPE requirements as staff. Volunteer testing requirements are described in section 2.6.

Facilities should execute a written agreement with all volunteers documenting training requirements and facility policies regarding infection prevention and control standards.

2.6 Testing for COVID-19

ALFs can develop a testing strategy for staff, volunteers, and other individuals performing supplemental tasks or facility-coordinated activities who regularly come to the facility under this arrangement. Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities under this arrangement, are considered staff. To determine testing frequency, facilities should consider factors such as the frequency of activities, frequency of volunteer visits, county positivity rate, and other factors specific to their facility.

Unless the resident is symptomatic, routine testing of residents in an ALF is not recommended. Each ALF must screen residents at least twice a day.

Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities, who tests positive for COVID-19 or develops signs and symptoms of COVID-19 within 48 hours of visiting the facility is considered an outbreak in the facility. According to the CDC, for a resident, visitor, or staff with confirmed COVID-19 who developed symptoms, the exposure window is considered to be 2 days before symptom onset. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test. ALFs should consult with their local health department for assistance with determining the date of exposure.

2.7 Residents Who Leave the Facility

Residents who live in an ALF have the right to participate in activities of social, religious, or community groups. Facilities must educate the resident on the risks associated with different activities. If a resident makes an informed decision to leave the facility, the facility must educate the resident (and resident's family if possible) about infection control and prevention procedures, including:

- wearing a facemask or face covering, if tolerated for the resident;
- performing hand hygiene;
- cough and sneeze etiquette;
- physical distancing (maintaining at least six feet of distance between themselves and others);
- being aware of others who potentially could have COVID-19 or are confirmed to have COVID-19; and
- reporting to the facility any contact with another person who potentially has COVID-19 or is confirmed to have COVID-19.

For residents who leave a facility to go out into the community, the facility will have to determine whether the resident meets any of the criteria for “unknown COVID-19 status,” which include¹⁷:

- spending one or more nights away from the facility;
- having exposure or close contact with a person who is COVID-19 positive; and
- having exposure or close contact with a person who is exhibiting symptoms of COVID-19 while awaiting test results.

If the resident meets any of these criteria, the resident will need to be placed in a 14-day quarantine upon return to the facility.

A resident who leaves the facility, is not gone overnight, and did not have contact with others who potentially has COVID-19 or is confirmed to have COVID-19, does not have to be quarantined upon returning to the facility. This is regardless of a resident’s means of transportation.

If a resident returns on the same day, the facility should discuss with the resident (or their visit companion) what activities occurred while the resident was outside the facility, using the following questions as a guide:

- Were you in any crowded spaces whether that be in public or at a large household gathering?
- Were you in any situation where you were unable to maintain a physical distance of at least 6 feet from someone who was not wearing a facemask, (excluding mealtimes) when you were in out in public or visiting with others in a household?
- Did you encounter anyone who tested positive for COVID-19 within the last 14 days or who does not yet meet CDC end of isolation criteria?
- Did you encounter anyone who was exhibiting any symptoms related to COVID-19 whether that be in public or at a household gathering?

A “yes” to any of these questions should be further investigated. Ask the resident or their visit companion the following questions to help determine if exposure occurred:

- If you attended a gathering at a family member or friend’s household, how many others attended? Was the gathering mostly indoors or mostly outdoors? Did attendees maintain physical distancing, wear facemasks, or practice other infection control measures such as proper hand hygiene?
- If you came in close contact with someone at a household gathering who was not wearing a face mask or practicing other infection control procedures, how long did that close contact occur?

- Did attendees at the household gathering maintain physical distancing during mealtimes, when they were unable to wear a facemask?

If the facility determines that a resident who left the facility and returned the same day requires a 14-day quarantine, the facility must document the decision and its rationale.

As a reminder, facilities must include in their infection prevention and control plans protocols for expanding quarantine areas as needed to accommodate an increase in unknown COVID-19 status residents. See the ALF COVID-19 Response Plan for guidance related to using shared rooms for unknown COVID-19 residents, if necessary.

3.0 Background/History

Facility coordinated group activities and communal dining, as well as the use of volunteers, has been restricted for long-term care residents during the COVID-19 pandemic. These types of activity and socialization are essential to resident well-being as the pandemic continues. This guidance aims to achieve a balance between the safety and well-being of residents and staff in long-term care facilities, while also preventing the potential spread of COVID-19 in the facility. <added>

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Attachment 13 Long-Term Care Regulation Provider Letter PL 20-49

Process to Request Free COVID-19 Point of Care Antigen Test Kits

Date Revised: November 23, 2020

1.0 Subject and Purpose

This provider letter has been revised to update the link for the BinaxNOW training for ALF staff who will be administering the COVID-19 BinaxNOW tests. This letter describes the process to request distribution of a limited number of free BinaxNOW COVID-19 point of care (POC) antigen test kits under limited circumstances to certain ALFs. The limitations in place are designed to help the Texas Health and Human Services Commission (HHSC) and the Texas Division of Emergency Management (TDEM) prioritize requests.

This initiative is new and unrelated to the antigen machines or the Centers for Medicare and Medicaid Services (CMS) distributions of BinaxNOW COVID-19 test kits.

2.0 Policy Details & Provider Responsibilities

To request consideration for the free BinaxNOW POC antigen COVID-19 test kits, an ALF must complete the Attestation for Free Test Kits (LTCR Form 2198) template applicable to ALF providers. An ALF provider must submit the completed attestation to the HHSC Regional Director or designee for the region in which the ALF is located.

The Regional Director or designee will elevate the completed attestation form to the State Operations Center in TDEM. Staff from HHSC Long-term Care Regulation (LTCR) and the TDEM will review the completed attestation form for accuracy and completeness. Staff may require and request documentation from the ALF to support the attestation.

2.1 Eligibility

The attestation criteria require an ALF to:

- be located in a county where the COVID-19 positivity rate is greater than 10% and in a rural area where there are limited free test sites available;
- have a current Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver or a CLIA laboratory certificate;
- only use the test kits to test essential caregivers;

- administer the test only by ALF staff who successfully complete training provided by Abbott Laboratories or who are clinicians with appropriate education and training;
- follow all reporting requirements associated with the use of the Binax cards;
- report test results appropriately;
- not be part of a large corporation; and
- continue to seek out community resources to secure testing.

The term essential caregiver means a family member or other outside caregiver, including a friend, volunteer, private personal caregiver or court appointed guardian, who is at least 18 years old and has been properly designated to provide regular care and support to the resident. The definition of essential caregiver does not include other persons providing critical assistance to the resident, such as contract doctors, clinical professionals, etc.

Typically, the term large corporation means 20 or more facilities or agencies in the State of Texas.

If an ALF does not meet the free kit criteria in the attestation but would like to request consideration, the ALF must describe the circumstances warranting consideration in the appropriate section of the attestation template. HHSC and TDEM will evaluate the request on a case-by-case basis.

2.2 CLIA Waivers

An ALF must have a current CLIA Certificate of Waiver or a CLIA laboratory certificate before it can receive and administer the free BinaxNOW COVID-19 tests. To obtain a CLIA Certificate of Waiver for the free BinaxNOW COVID-19 tests, complete [Form CMS-116](#) available on the [CMS CLIA website](#) or on the [HHSC Health Care Facilities Regulation - Laboratories webpage](#) found under the Application header. Email the form to the regional CLIA licensing group via the [HHSC HCF Regulation – Laboratories webpage](#).

ALFs that have existing CLIA Certificates of Waivers and are using a waived COVID-19 test are not required to update their CLIA Certificates of Waiver. As defined by CLIA, waived tests are categorized as “simple laboratory examinations and procedures that have an insignificant risk of an erroneous result.” The [Food and Drug Administration](#) determines which tests meet these criteria when it reviews a manufacturer’s application for a test system waiver.

For more specific guidance on the Certificate of Waiver application process, refer to HHSC COVID-19 provider letters and frequently asked questions (FAQs) applicable ALFs.

2.3 Reporting COVID-19 Test Results

ALFs performing the BinaxNOW COVID-19 testing authorized in this provider letter must report test results (positive, negative, or indeterminate) for each tested essential caregiver.

If an essential caregiver tests positive but is not allowed exposure to a resident or client, then the ALF would not report it as exposure. The ALF would still need to report the test results.

See provider letter 20-37, Reporting Guidance for Long-term Care Providers, for reporting instructions.

For more specific guidance on the reporting requirements, refer to HHSC COVID-19 Texas Administrative Code rules, provider letters and FAQs applicable to ALFs.

3.0 Background/History

In October 2020, the State of Texas began receiving a limited supply of BinaxNOW COVID-19 POC antigen test kits to distribute to providers under limited circumstances.

4.0 Resources

[LTCR Form 2198, Attestation for Free Test Kits](#)

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Attachment 14 Long-Term Care Regulation Provider Letter PL 20-46

Reporting Guidance for Long-Term Care Providers – Point-of-Care Antigen Testing

Date Revised: November 30, 2020

1.0 Subject and Purpose

This provider letter outlines responsibilities related to reporting COVID-19 test results for providers conducting point-of-care (POC) antigen tests within their facilities. This letter is not intended for use by ALFs who do not conduct COVID-19 POC tests within their facility. ALFs who do not conduct COVID-19 POC tests within their facility can refer to PL 20-37.

2.0 Policy Details & Provider Responsibilities

ALFs conducting a COVID-19 POC antigen test within their facilities must apply for a CLIA waiver and comply with all applicable reporting requirements. The following sections describe each requirement.

2.1 CLIA Waivers

ALFs purchasing or receiving POC antigen test kits for COVID-19 will need to obtain a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver before any testing can be conducted. Additionally, ALFs without a CLIA Certificate of Waiver are encouraged to apply so that they may participate in any future testing initiatives should they occur. ALFs can apply for a CLIA waiver by filling out

Form CMS-116 and sending it to the regional CLIA licensing group for the zone where the ALF is located.

2.2 Reporting COVID-19 Test Results:

ALFs offering POC antigen testing related to COVID-19 must report data for all testing completed, for all test results (positive, negative or indeterminate), and for each individual tested (residents and staff). A facility must report the test results within 24 hours of the results being known or determined, on a daily basis. For days that a ALF does not conduct any tests, the ALF would not have to submit a report.

2.2.1 Reporting to NHSN

Reporting antigen test results through the National Healthcare Safety Network (NHSN) is optional for ALFs.

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The Texas Department of State Health Services (DSHS) receives test result data from NHSN, which means that facilities fulfill the state requirement to report test result data to DSHS by reporting test result data to NHSN. However, NHSN does not report to local health departments; facilities reporting test result data to NHSN must still report test data to their local health department. Reporting antigen test results through NHSN requires Level-3 SAMS access. Providers must report antigen test results to DSHS while awaiting approval for Level-3 SAMS access in NHSN.

ALFs choosing [to report test data through the NHSN should follow the 5-step Enrollment for Long-term Care Facilities](#) instructions before applying for Level-3 SAMS Access.

Applying for Level-3 SAMS access: To submit antigen test result data to NHSN, employees responsible for reporting must complete the Secure Access Management Services (SAMS) identity verification process to be migrated to a level-3 SAMS access in NHSN. The identity verification process is available at this link: <https://www.cdc.gov/nhsn/ltc/covid19/sams-access.html>. Each employee who submits testing data must complete the process to be migrated to a level-3 SAMS access.

2.2.2 Reporting to DSHS

The following steps outline what is needed to begin reporting to DSHS. Reporting test result data to DSHS is required for all facilities that do not report test result data through NHSN. Once you have CLIA or a CLIA waiver:

1. Register here:
<https://www.dshs.state.tx.us/coronavirus/forms/registerlab.aspx>
2. Submit the online registration webform.
3. Complete DSHS onboarding process.
4. Submit required testing data to DSHS.

DSHS is considering alternative solutions for registering and onboarding that would create a more simplified, streamlined method for uploading electronic lab results. Facilities that have made every attempt to register with DSHS but are unable to complete the registration must keep all test-result documentation until the ALF is able to submit the testing data. Once the ALF successfully registers via the DSHS reporting system (or alternative method created by DSHS), the ALF will then submit all previous testing result data.

Facilities can contact DSHS at COVID-19ELR@dshs.texas.gov with any questions related to registration or reporting through DSHS.

2.2.3 Reporting to the Local Health Department

All facilities conducting COVID-19 antigen tests must report test result data to their local health department (LHD) or to the DSHS Region if there is not a local health department.

1. Locate the LHD or DSHS Region for the area in which the ALF is located:
<https://www.dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/>
2. The LHD or DSHS region will inform providers of any required reporting forms and processes.
3. The required data is submitted to the LHD or DSHS Region for the area in which the facility is located, using the forms and processes indicated.

2.3 Reporting Confirmed Cases & Additional Reporting Information for all ALF Providers

In addition to reporting requirements related to COVID-19 POC antigen test results, ALFs must adhere to the reporting requirements outlined in [PL 20-37](#).

3.0 Background/History

CMS began shipping POC antigen test kits to NFs with a CLIA waiver or CLIA certificate in July 2020. ALFs have also received POC antigen test kits, and therefore a CLIA waiver is also required. POC antigen tests quickly detect fragments of proteins found on or within the virus by testing samples collected from the nasal cavity using swabs.

<added>