



## Coronavirus (COVID-19)

### **Assisted Living Facility**

#### Frequently Asked Questions

Updated: December 2, 2021

On March 13, 2020, and in subsequent renewals, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic. Governor Abbott also directed state agencies to restrict visitors to assisted living facilities (ALFs) and other long-term care facilities to protect those most vulnerable to COVID-19 infection.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all ALFs via a regularly updated Frequently Asked Questions (FAQ) document.

If guidance changes from a previous FAQ, it will be noted in red font. Questions regarding these FAQ can be directed to Long-term Care Regulation, Policy, Rules & Training, at 512-438-3161 or [LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov).

The FAQs are now arranged by topic rather than dates to make finding information more convenient. The topics are:

- [CLIA Waivers](#)
- [COVID-19 Quarantine/ Isolation](#)
- [COVID-19 Reporting](#)
- [COVID-19 Screening and Documentation](#)
- [Essential Caregiver](#)
- [General Visitation](#)
- [Initiative for free distribution of Antigen Testing](#)
- [Personal Protective Equipment \(PPE\)](#)
- [Resident Activities and Dining](#)
- [Resources](#)
- [Salon Services](#)
- [Staff](#)

- [Tours](#)
- [Training and Webinar Links](#)
- [Trips Away from the Facility](#)
- [Types of Visits](#)
- [Vaccinations](#)
- [Visitation](#)

### **<Updated> What is HHSC's response to the federal COVID-19 vaccination requirements?**

As of November 24<sup>th</sup>, HHSC is aware of [CMS's interim final rule with comment period](#) that establishes COVID-19 vaccination requirements for staff of certain Medicare- and Medicaid-certified providers and suppliers. On November 15, 2021, the state of Texas initiated a [lawsuit](#) to challenge the rule. HHSC cannot comment on the pending litigation and recommends all providers and facilities speak with their legal counsel to determine how to proceed.

### **<Updated 11.29> CDC Updates on Vaccinations and boosters**

#### **IF YOU RECEIVED Pfizer-BioNTech or Moderna**

- Who should get a booster? Everyone 18 years or older.
- When should I get a booster? At least 6 months after completing your primary COVID-19 vaccination series.
- Which booster should I get?  
[Any of the COVID-19 vaccines](#) authorized in the United States.

#### **IF YOU RECEIVED Johnson & Johnson's Janssen**

- Who should get a booster? Everyone 18 years or older.
- When should I get a booster? At least 2 months after completing your primary COVID-19 vaccination.
- Which booster should I get? Any of the COVID-19 vaccines authorized in the United States.

### **Choosing Your COVID-19 Booster Shot**

You may choose which COVID-19 vaccine you receive as a booster shot. Some people may prefer the vaccine type that they originally received, and others may prefer to get a different booster. CDC's recommendations now allow for this type of mix and match dosing for booster shots.

## **Scheduling Your Booster Shot**

If you need help scheduling your booster shot, contact the location that set up your previous appointment. If you need to get your booster shot in a location different from where you received your previous shot, there are several ways you can find a vaccine provider.

## **<Updated 11.29> Where can I find information on the COVID-19 Travel Recommendations by Destination?**

Answer: The link below is a CDC updated website that is updated regularly by the CDC.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

## **Governor's Abbott's Order GA-36 impacts ALF facilities in what ways?**

Answer: The order prohibits HHSC from mandating masks in ALFs; however, a facility must develop and enforce policies and procedures that ensure infection control practices, including whether the visitor and the resident must wear a face mask, face covering, or appropriate PPE.

## **Tours**

### **Is it permissible to allow prospective residents and their family members into the facility to take a tour?**

Answer: An ALF may allow in-person tours for a potential resident. The following would apply to ALFs allowing in-person tours:

- Limit in-person tours to COVID negative areas of the building;
- Ensure all tour visitors maintain physical distancing between themselves and all staff, residents, and other visitors;
- Limit in-person tour groups to not more than three persons;
- Schedule in-person tours in advance; and
- Require visitors to follow the facility's mask policy.

## COVID Quarantine /Isolation

### **What are the updated CDC quarantine recommendations?**

Answer: The updated recommendations described below apply to asymptomatic residents who have met the criteria for Transmission-Based Precautions (quarantine) based on [close contact](#) with someone with COVID-19 infection. [Options for shortening the duration of quarantine](#) are described, but they are not preferred for healthcare settings.

In general, the following residents who are asymptomatic do not require use of [Transmission-Based Precautions](#) (quarantine) for COVID-19 following [close contact](#) with someone with COVID-19 infection:

- Fully vaccinated residents; and
- Residents who have had COVID-19 infection in the last 90 days.

### **Resident Placement**

- Place a resident with suspected or confirmed COVID-19 infection in a single-person room. The door should be kept closed (if safe to do so). The resident should have a dedicated bathroom.
- Facilities could consider designating entire units within the facility, with dedicated HCP, to care for residents with COVID-19 infection. Dedicated means that HCP are assigned to care only for these residents during their shifts.
- Limit transport and movement of the resident outside of the room to medically essential purposes.
- Communicate information about residents with suspected or confirmed COVID-19 infection to appropriate personnel before transferring them to other departments in the facility (e.g., radiology) and to other healthcare facilities.

### **What is the Duration of Transmission-Based Precautions?**

Answer: A symptom-based strategy for discontinuing Transmission-Based Precautions is preferred in most clinical situations.

The criteria for the symptom-based strategy are:

**Residents with [mild to moderate illness](#) who are *not* moderately to [severely immunocompromised](#):**

- At least 10 days have passed *since symptoms first appeared*; **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications; **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

**Residents who were asymptomatic throughout their infection and are *not* [moderately to severely immunocompromised](#):**

- At least 10 days have passed since the date of their first positive viral diagnostic test.

**Residents with [severe to critical illness](#) or who are [moderately to severely immunocompromised](#):**

- At least 10 days and up to 20 days have passed *since symptoms first appeared*; **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications; **and**
- Symptoms (e.g., cough, shortness of breath) have improved.
- Consider consultation with infection control experts.

A test-based strategy could be considered for some residents (e.g., those who are [moderately to severely immunocompromised](#)) in consultation with local infectious diseases experts if concerns exist for the resident being infectious for more than 20 days.

The criteria for the **test-based** strategy are:

**Residents who are symptomatic:**

- Resolution of fever without the use of fever-reducing medications; **and**
- Symptoms (e.g., cough, shortness of breath) have improved; **and**
- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT to detect COVID-19RNA.

**Residents who are not symptomatic:**

- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT to detect

## COVID-19RNA.

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current COVID-19 infection for a resident with suspected COVID-19 infection can be made based upon having negative results from at least one respiratory specimen tested using an FDA-authorized [COVID-19 viral test](#).

- If a higher level of clinical suspicion for COVID-19 infection exists, consider maintaining Transmission-Based Precautions and performing a second test for COVID-19RNA.
- If a resident suspected of having COVID-19 infection is never tested, the decision to discontinue Transmission-Based Precautions can be made using the *symptom-based strategy*.

Ultimately, clinical judgement and suspicion of COVID-19 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

### **What are the risks of the two alternatives for a shortened quarantine?**

Answer: Both alternatives raise the risk of being a less effective than the 14-day quarantine as currently recommended. However, the specific risks are as follows, per the CDC:

- For alternative #1, the residual post-quarantine transmission risk is estimated to be about 1%, with an upper limit of about 10%.
- For alternative #2, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.

The provider must determine what steps are necessary to protect the health and safety of the individual in quarantine, as well as the health and safety of other employees and residents. If an employee returns to work following a reduced quarantine period, facilities can require the employee to wear full PPE (regardless of where the individual works in the facility), or limit work activities. Facilities can utilize other precautions or restrictions to minimize the risk of viral transmission.

### **Do I have to automatically quarantine new residents?**

Answer: If the new resident is asymptomatic and fully vaccinated or they have had the COVID-19 infection in the last 90 days they do not need to be quarantined. If the new resident is unvaccinated, they must be quarantined.

### **Can a facility admit a COVID positive resident?**

Answer: Yes, but the new resident would need to be kept in isolation. An assisted living facility (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. [PL 20-48](#) has some additional information. HHSC and DSHS recommend that all residents who are positive for COVID-19 stay in isolation until they meet the criteria for the [discontinuation of transmission-based precautions](#). These criteria indicate that at least 10 days must pass before an individual can stop self-isolation. In some cases, up to 20 days might be needed before transmission-based precautions can be discontinued. Individuals with persistent symptoms, special health conditions, or immunocompromised status might need a longer isolation period than the 10-day minimum.

### **Can a facility admit a resident with an unknown-COVID status?**

Answer: Yes:

- Fully vaccinated residents or who have had COVID-19 infection in the last 90 days do not have to be quarantined.
- Unvaccinated residents need to be quarantined.
- Residents with symptoms must be quarantined.

### **How should staff handle a new COVID-19 positive result?**

Answer: Higher-risk exposures generally involve exposure of HCP's eyes, nose, or mouth to material potentially containing COVID-19, particularly if these HCP were present in the room for an aerosol-generating procedure. Other exposures classified as lower-risk, including having body contact with the resident (e.g., rolling the resident) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCPs then touch their eyes, noses, or mouths. The specific factors associated with these exposures should be evaluated on a case-by-case basis; interventions, including restriction from work, can be applied if the risk for transmission is deemed substantial.

Following a higher-risk exposure, testing and work restriction are recommended for unvaccinated HCP.

In general, work restriction of asymptomatic HCP who have recovered from COVID-19 infection in the prior 90 days and asymptomatic HCP who are fully

vaccinated is not necessary unless they develop symptoms, test positive for COVID-19 infection, or are otherwise directed to do so by the jurisdiction's public health authority.

Additional considerations, following a higher-risk exposure, for these HCP include:

- Testing: Fully vaccinated asymptomatic HCP should have a series of two viral tests for COVID-19 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure. Testing is not recommended for asymptomatic HCP who have recovered from COVID-19 infection in the prior 90 days; this is because some people may be non-infectious but have detectable virus from their prior infection during this period ([additional information](#) is available). Criteria for use of post-exposure prophylaxis are described [elsewhere](#).
- Source control: Universal use of source control while in the healthcare facility is recommended for 14 days following their higher-risk exposure, then they may default to [routine source control recommendations for HCP](#).
- Circumstances when work restrictions might be recommended:
  - Among asymptomatic HCP who have recovered from COVID-19 infection in the prior 90 days:
    - HCP who are [moderately to severely immunocompromised](#) and might be at increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available; OR
    - Unvaccinated HCP for whom there is concern that their initial diagnosis of COVID-19 infection might have been based on a false positive test result (e.g., individual was asymptomatic, antigen test positive, and a confirmatory NAAT was not performed).
  - Among fully vaccinated HCP:
    - HCP who are [moderately to severely immunocompromised](#); OR



- When directed by public health authorities (e.g., during an outbreak where COVID-19 infections are identified among fully vaccinated HCP).
  - In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of work restriction of fully vaccinated HCP with higher-risk exposures. In addition, there might be other circumstances for which the jurisdiction's public health authority recommends these and additional precautions.

See the [CDC's guidance](#) for full details.

**Can a family member, or friend, do a resident's laundry? Are there any additional requirements?**

Answer: A family member or friend of a resident is not prohibited from doing laundry by emergency rule. Facilities are required to have policies and procedures in place for staff to handle, store, process, and transport all linens and laundry in accordance with national standards to produce hygienically clean laundry and prevent the spread of infection to the extent possible. If friends or family members choose to handle resident laundry, the facility should schedule the laundry drop off and pick up to coincide with a visit.

### COVID Reporting

**If a facility has a confirmed COVID-19 case, does the corporate office report it to the local health department in the county of the corporate office or that of the facility?**

Answer: When reporting confirmed COVID-19 cases to the local health department, it is important to report in the county where the facility is located. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc. [PL 21-04](#) has the most current requirements.

If a facility has a new reportable COVID-19 positive case, and has not reported a COVID-19 positive case to HHSC within the past 14 days, the facility must:

- report the case to HHSC CII using one of these three methods: the Texas

Unified Licensure Information Portal (TULIP), by email to [ciicomplaints@hhsc.state.tx.us](mailto:ciicomplaints@hhsc.state.tx.us) or by calling 1-800-458- 9858 within 24 hours of the confirmed positive result; and

- complete and submit Form 3613-A Provider Investigation Report within five working days from the day a confirmed case is reported to CII. The provider investigation report can be submitted:

- via TULIP • by email to [ciiprovider@hhsc.state.tx.us](mailto:ciiprovider@hhsc.state.tx.us); or
- by fax to 877-438-5827.

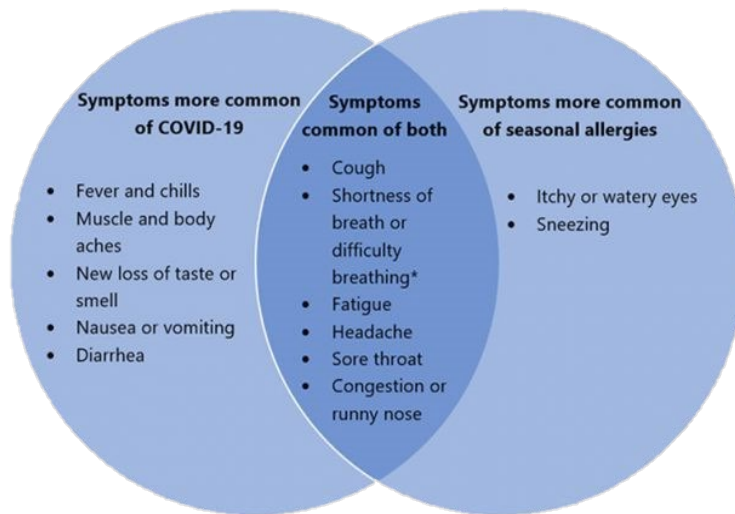
### COVID-19 Screening and Documentation

#### **<Update>Who has the authority to enter long-term care facilities?**

Answer: Facilities must allow persons providing critical assistance and providers of essential services to enter the facility if they pass the facility's COVID-19 screening. This includes allowing HCSSA providers and their staff to conduct service delivery with residents. [PL 2021-33](#) has additional information.

#### **Are there any differences in symptoms between COVID infection and seasonal allergies?**

Answer: Yes. COVID-19 and seasonal allergies share many symptoms, but there are key differences between the two. The image in the diagram below compares symptoms caused by seasonal allergies and those caused by COVID-19. Use of this diagram may be helpful when screening people entering a facility. Also keep in mind that people with seasonal allergies often have a history of seasonal allergies, and this is something you may want to ask them about when screening. In some cases, it may be difficult to tell the difference between allergies and COVID-19 symptoms, and a person may need to get a COVID-19 test to confirm the person's diagnosis.



### **How long does a facility need to keep screening logs and documentation?**

Answer: Facilities should keep their screening logs and records from the date of the last full facility survey. A full licensure survey is one in which all operations and management of the facility are reviewed for compliance.

### **Does one positive case of COVID-19 in a resident or staff constitute an outbreak?**

Answer: Yes. 26 TAC §553.2003(a)(9) defines an outbreak as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff.

### **Personal Protective Equipment (PPE)**

#### **Can a staff member wear a regular treatment mask and face shield to care for positive and or unknown residents if they have not been fit tested for a N95?**

Answer: No, the CDC guidance is still that staff must wear full PPE, including a fitted N95 mask, to care for positive or COVID-unknown residents.

#### **If an ALF employee or an essential visitor has treated an individual or resident with confirmed COVID-19 but used the appropriate PPE while providing care, can that person continue to treat ALF residents or are they prohibited from doing so for 14 days?**

Answer: Because of their often extensive and [close contact](#) with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and applying work restrictions is recommended to prevent transmission from potentially contagious HCP to residents, other HCP, and

visitors. Occupational health programs should have a low threshold for evaluating symptoms and testing HCP.

The feasibility and utility of performing contact tracing of exposed HCP and application of work restrictions depends upon the degree of community transmission of COVID-19 and the resources available for contact tracing. For areas with:

- [Minimal to no](#) community transmission of SARS-CoV-2, sufficient resources for contact tracing, and no staffing shortages, risk assessment of exposed HCP and application of work restrictions may be feasible and effective.
- [Moderate to substantial community transmission](#) of SARS-CoV-2, insufficient resources for contact tracing, or staffing shortages, risk assessment of exposed HCP and application of work restrictions may not be possible.

This guidance is based on currently available data about SARS-CoV-2. Recommendations regarding which HCP are restricted from work might not anticipate every potential scenario and will change if indicated by new information. Occupational health programs should use clinical judgement as well as the principles outlined in this guidance to assign risk and determine the need for work restrictions. This approach might be updated as more information becomes available and as response needs change in the United States.

Due to the evolving situation requiring frequent updates, the facility must continue to follow the most current guidance as provided by [Health and Human Services Commission](#) (HHSC), the [Centers for Disease Control](#) (CDC), the [Department of State Health Services](#) (DSHS) and its local public health department to reduce the risk of spreading the virus to residents served.

### **What Personal Protective Equipment is required for a positive resident?**

Answer: HCP who enter the room of a resident with suspected or confirmed COVID-19 infection should adhere to [Standard Precautions](#) and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).

### **How does a person put on (don) and take off (doff) PPE gear?**

Answer: More than one donning and doffing method may be acceptable. The CDC provides guidance on [how to properly don and off PPE gear](#) and the [sequence for putting on PPE](#).

### **How do ALFs get personal protective equipment (PPE)?**

Answer: Providers must have personal protective equipment available. You should try to get 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 cannot get PPE from vendors 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.

Providers who are having difficulty getting PPE should follow national guidelines for optimizing their current supply of PPE or identify the next best option to care for people receiving services from the provider while protecting staff. If providers are unable to get PPE for reasons outside their control, providers should document their attempts to obtain it to present to HHSC surveyors if requested.

For the most current guidance on the use of PPE and how to conserve PPE, access resources from [DSHS](#) and CDC. The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#).

Resources:

- [State of Texas Assistance Request \(STAR\)](#)
- [Public Health Region](#)
- <https://www.dshs.state.tx.us/regions/default.shtm>
- [Local Public Health Organizations](#)
- <https://www.dshs.state.tx.us/regions/lhds.shtm>
- [Texas Division of Emergency Management:](#)
- <https://tdem.texas.gov/>

**What if an ALF has N95 respirators but cannot find anyone to perform fit tests for staff? Can the ALF still use the N95 respirators?**

Answer: Guidance from the CDC regarding N95 respirators states they should be fit-tested. The CDC also acknowledges that a fit test may not always be possible during the COVID-19 pandemic. [Proper Respirator Use for Respiratory Protection Preparedness is available from the CDC.](#) Some manufacturer(s) of N95 respirators produce video guidance for training employees to properly fit the and perform user seal checks for their equipment. [One such video was created by 3M.](#) The Occupational Safety and Health Administration (OSHA) also has a [Respirator Fit Testing Video](#) available if fit-testing is unavailable. If an ALF is unable to get its staff fit-tested and decides to use the N95 respirators, document that the ALF tried to obtain test kits or a testing specialist to perform fit tests and was not able to, and the specific steps the ALF took to train the employees to fit the masks properly.

OSHA's [Respiratory Protection eTool](#) is another resource available to ALFs for N95 respirator and fit-testing information and resources.

**Do we need to use biohazard bags for disposal of PPE (e.g., gown, gloves, masks)?**

Answer: Trash from COVID-19 positive resident rooms should be handled as regular trash.

- All trash should be handled with gloves.
- Regular trash, including trash from residents in all types of transmission-based precautions, is not biohazardous waste.

[Types of Visits](#)

**What does it mean for a facility to have "offered" the vaccination?**

Answer: The definition of "offer" in this context means to administer, arrange/assist, OR educate/give information about the COVID-19 vaccine AND document the resident's choice to vaccinate or not vaccinate.

**Do visitors have to maintain physical distance from the resident they are visiting?**

Answer: A resident and his or her personal visitor may have close or personal contact in accordance with CDC guidance. The visitor must maintain physical distancing between themselves and all other persons in

the facility.

Facilities should provide instruction, before visitors enter the resident's room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.

**When a facility allows personal visitation in the resident's room, is there a limit to the number of people that may be included?**

Answer: Each party of visitors (no matter how many personal visitors end up visiting with the resident) is considered a "group," and as long as the members of the group maintain physical distancing of at least six feet from other groups, staff, and residents, they need not maintain physical distancing from each other. Additionally, members of the group need not maintain physical distancing from the resident they are visiting. So, limits on the size of groups would depend upon a number of factors including the size and configuration of the room.

**Do visits have to be scheduled?**

Answer: Visitation must be facilitated to allow time for cleaning and sanitization of the visitation area between visits and to ensure infection prevention and control measures are followed. An assisted living facility may schedule personal visits in advance or permit personal visits that are not scheduled in advance. Scheduling in advance must not be so restrictive as to prohibit or limit visitation for residents.

**Is a plexiglass barrier still required?**

Answer: No, and ALFs are no longer required to submit an attestation form or receive an approved visitation designation.

**What is an end-of-life visit?**

Answer: A personal visit between a personal visitor and a resident who is receiving hospice services or who is at or near the end of life, with or without receiving hospice services, or whose prognosis does not indicate recovery. An end-of-life visit is permitted for all residents at or near the end of life.

Essential Caregiver

**Does the visitation by the essential caregiver have to be in the resident's room?**

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

### **How many essential caregivers can visit at one time?**

Answer: Up to two essential caregivers may visit a resident at the same time.

### **What is the difference between an essential caregiver and a personal visitor?**

Answer: There are a few differences between the essential caregiver and a personal visitor. Only two people can be designated by a resident as the resident's essential caregivers. An essential caregiver is trained in the infection control policies and procedures of the facility and has entered into a written agreement confirming that the essential caregiver understands and agrees to follow applicable policies, procedures, and requirements. An essential caregiver is also specifically trained on proper PPE usage.

A personal visitor is not necessarily trained in infection control protocol and does not have to sign an agreement to abide by the facilities policies and procedures. Also, a personal visitor can only visit a resident with a COVID-19 negative status.

An essential caregiver can visit a resident if the resident is COVID negative, positive, or of unknown status.

### **If an essential caregiver has received both doses of the vaccine, does he or she still have to get a COVID-19 test?**

Answer: No. A facility may not require a visitor to provide documentation of a COVID-19 negative test or COVID-19 vaccination status as a condition of visitation or to enter the facility.

### **How do you determine the level of COVID-19 transmission in the community?**

Answer: To determine the level of COVID-19 transmission in the community where a healthcare facility is located, visit the CDC's [COVID-19 Data Tracker](#). If the two indicators suggest different transmission levels, the higher transmission level is used.

- Previously, residents/residents still had to quarantine after exposure/close contact, even if they were fully vaccinated. With this



new guidance, there may still be situations (ex. individual is immunocompromised; the initial diagnosis of COVID-19 may have been based on a false positive test result) where the CDC recommends quarantine. These special situations may apply to residents or HCP.

- Regarding testing after exposure or close contact with a person infected with COVID-19: Previous guidance did not specify that immediate testing should not be earlier than 2 days after exposure. CDC has clarified that testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure. This applies to all residents, all HCP, regardless of vaccination status. However, testing is still not recommended for people who have recovered from COVID-19 in the last 90 days if they remain asymptomatic.

### **Does HHSC mandate that facilities vaccinate an essential caregiver to get the COVID vaccination?**

Answer: HHSC cannot by rule mandate that an ALF vaccinate an essential caregiver. Thus, HHSC can only provide guidance to assist providers to understand any parameters. Some facilities, dependent upon the situation, have the ability to vaccinate essential caregivers and some do not. A variety of logistics must be put into place for a facility to be able to do this, including having the essential caregiver at the facility when it is time for the second dose.

### **Can an essential caregiver be a caregiver to more than one resident in the facility?**

Answer: 26 TAC [§553.2003](#) does not limit an essential caregiver to a single resident. GA 36 does state that long-term care facilities should follow guidance from HHSC regarding visitations and should follow infection control policies and practices set forth by HHSC, including minimizing the movement of staff between facilities whenever possible.

### **What is the definition of an essential caregiver visit?**

Answer: An essential caregiver visit is defined as a personal visit between a resident and a designated essential caregiver, permitted in all facilities for all residents with any COVID-19 status.

An ALF must allow essential caregiver visits. The following requirements apply to essential caregiver visits:

- Up to two essential caregivers can be designated per resident and up to two essential caregivers can visit each resident at the same time.
- An essential caregiver visit is not allowed if the visitor has signs or

symptoms of COVID-19 or an active COVID-19 infection.

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.

- 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 persons in the facility.
- An ALF is no longer required to maintain a separate record of the essential caregiver visit or verify the identity of the essential caregiver at each visit.

### **Will the facility be responsible for testing essential caregivers?**

Answer: A facility is not allowed to require a visitor to provide documentation of a COVID-19 negative test or COVID-19 vaccination status as a condition to enter the facility.

### **What are the responsibilities of an essential caregiver?**

Answer: The essential caregiver must:

- Wear appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;
- Sign a written agreement that the essential caregiver understands and agrees to follow the applicable policies, procedures, and requirements;
- Have training for each essential caregiver on proper PPE usage and infection control measures, hand hygiene, and cough and sneeze etiquette;
- Agree to the expectations regarding using only designated entrances and exits as directed, if applicable; and
- Agree to limiting visitation to the area designated by the facility.

Please refer to [553.2003\(g\)\(2\)](#) and [PL 21-31](#) for additional information

### **What information is required for an essential care visitor badge?**

Answer: The badge requirement is no longer in rule.

### **Can the essential caregiver visit the resident every day?**

Answer: This would be up to each individual facility to determine. There is not a rule that prohibits an essential caregiver from visiting every day. However, an ALF can adjust the number and duration of essential caregiver visits to accommodate all residents' needs.

**Do essential caregivers need to wear full PPE during visits?**

Answer: If the resident has a COVID-19 unknown or positive status, additional PPE will be needed. Essential caregivers must follow CDC guidance and any facility policies that are in place.

**Does the essential caregiver visit have to be monitored by facility staff?**

Answer: No, because essential caregivers should be trained in the use of PPE and infection policies and practices.

**Salon Services**

**What are the requirements for a salon service visit?**

Answer: 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 is no longer required to maintain a separate record of the salon services visit or verify the identity of the salon services visitor at each visit.

A salon services visit is not allowed if the person providing the salon services has signs or symptoms of COVID- 19, an active COVID-19 infection if the resident receiving the service has an active COVID-19 infection, or unknown COVID-19 status.

Please see [553.2003\(h\) and \(i\)](#)

**General Visitation**

**None of our residents have been tested. Should we get them tested so we know for sure they are negative?**

Answer: An ALF is not required to test residents, and if it chooses to test residents, a resident has the right to refuse testing.

**What types of visits are allowed for a positive resident?**

Answer: Essential caregiver visits, and end-of-life visits are the only visits

permitted for residents who are COVID-19 positive.

**What signs need to be posted in the facility?**

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

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

Resident Activities and Dining

**<Updated> Can entertainers, families, and volunteer groups enter the facility?**

Answer: Yes, if they and the ALF adhere to the following.

- The ALF must screen each person entering the facility prior to entry in accordance with the ALF COVID-19 emergency rule at 26 TAC §553.2001. Only persons who pass the screening can enter the facility.
- The ALF must document visitors in a log at the entrance of the facility in accordance with the ALF visitation emergency rules at 26 TAC §553.2003.
- All individuals who enter the facility for the purposes of activities or dining are bound by the rules for personal visitors at 26 TAC §553.2003.

**<Updated>What are some examples of visitors joining in activities and dining?**

Answer: Some examples are as follows:

- A small group, such as members from a local club or a group of high school students, who volunteer to participate in an activity with residents, such as putting up decorations or putting on a performance.
- Family joining a resident for a holiday dinner at an individual family table that is adequately distanced from other residents' family tables.

- ALF staff taking residents in community busses to look at Christmas lights.

**Are there any restriction on dining and activities inside the facility?**

**Answer:** Visitors can dine with a resident while visiting, but they need to stay separated from others in the dining area (other than the group of visitors and the resident they are visiting).

If all resident participating in the activity are fully vaccinated, they can choose whether they want to wear source control. If anyone is not vaccinated at the activity, then all of the participants would need to follow the CDCs recommendations of physical distances and masking.

**Can a facility allow residents to go on an outing?**

**Answer:** Yes. CDC guidance is that residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control, physical distancing, and hand hygiene. If they are visiting friends or family in their homes, they should follow the source control and physical distancing recommendations for visiting with others in private settings as described in the Interim Public Health Recommendations for Fully Vaccinated People.

**Are we allowed to hire a moving company to move residents into or out of the facility?**

Answer: Yes. According to the Texas Division of Emergency Management under the US Department of Homeland Security's Cybersecurity and Infrastructure Security Agency's (CISA) Guidance on Essential Critical Infrastructure Workforce, "workers responsible for the movement and provision of household goods" are listed as essential critical infrastructure workers. The link to the full document is below. The facility should screen such workers prior to their entering the facility for fever and other symptoms of COVID-19 as it would any vendors. Visitors can help with personal effects but cannot go in and out of the facility during the visit.

[https://www.cisa.gov/sites/default/files/publications/essential\\_critical\\_infrastructure\\_workforce-guidance\\_v4.1\\_508.pdf](https://www.cisa.gov/sites/default/files/publications/essential_critical_infrastructure_workforce-guidance_v4.1_508.pdf)

**Can family members of a resident moving in or out of the facility be considered the "moving company" and thereby be allowed into the facility for that purpose only?**

Answer: No. The CISA Guidance on Essential Critical Infrastructure Workforce (referenced above) applies only to employees and cannot be applied to family members for the purpose of creating an exception.

Moreover, if facilities were to allow this, it could cause contention among other individuals who would like to be considered an exception to the rule.

### Initiative for free distribution of Antigen Testing

#### **Is a county positivity rate tied to ALF testing?**

Answer: The county positivity rate is not mandatorily tied to ALF testing. However, the ALF can use the county positivity rate to guide their testing policies and strategies.

#### **How does the new initiative for free distribution of antigen test kits for essential caregiver's work?**

Answer: [PL 2020-49 \(Revised\)](#) has been revised to expand the availability of free BinaxNOW COVID-19 point of care (POC) antigen test kits. All long-term care providers can now request free BinaxNOW COVID-19 POC antigen test kits. The requested test kits can now be used to test any individuals, including residents, staff, and visitors. This letter describes the process to request distribution of a limited number of free BinaxNOW COVID-19 POC antigen test kits. Providers can apply for BinaxNOW COVID-19 POC antigen test kits until supplies are exhausted.

To request consideration for the free BinaxNOW POC antigen COVID-19 test kits, a facility must complete the Attestation for Free Test Kits, [LTCR Form 2198](#). An ALF must submit the completed attestation to the HHSC Regional Director or designee for the region in which the provider is located. To request consideration for the free test kits for essential caregivers, a HCSSA must submit the completed attestation to the HHSC Regional Director or designee in the region in which the in resident hospice unit is located. To request consideration for the free test kits for HCSSA staff going into an ALF must submit the completed attestation to the HHSC Regional Director or designee where 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 provider to support the attestation

#### **Can facilities use any of the antigen tests?**

Answer: Any type of approved consumer test for COVID-19 can be used, or a facility can require documentation of a negative test taken elsewhere. A facility must not require a visitor to provide documentation of a COVID-19 negative test or COVID-19 vaccination status as a condition of visitation or to enter the facility.

**Where can I find information on reporting Point of care Antigen results?**

Answer: HHSC has published [Provider Letter 20-46 Reporting Guidance for Long-Term Care Providers – Point-of-Care Antigen Testing \(PDF\)](#) for NFs and ALFs. PL 20-46 outlines responsibilities related to reporting COVID-19 test results for providers conducting point-of-care antigen tests within their facilities. This letter is not intended for use by providers that do not conduct COVID-19 POC tests within their facility. Providers that do not conduct COVID-19 POC tests within their facility may refer to [PL 20-37](#).

**How soon can our facility start testing?**

Answer: Once a facility receives a CLIA waiver number, it can begin testing.

**Does the essential caregiver test positive count against the facility as far as an outbreak?**

Answer: No, the essential caregiver is not included in the definition of an outbreak, which is a laboratory-confirmed case of COVID-19 identified in either a resident or paid or unpaid staff. However, the positive result must be reported through the CLIA program.

[CLIA Waivers](#)

**Where can I find the latest CLIA Guidance During the COVID-19 Emergency?**

Answer: The updated FAQs for CLIA Guidance During the COVID-19 Emergency can be found on the CMS website under the [CLIA FAQs](#).

**How long does it take to get a CLIA waiver?**

Answer: The current goal is 48 hours if all forms are filled out correctly with no errors. Once the waiver number is returned to the requestor in an email, a facility can begin testing. The waiver process is currently at 72 hours. The applicants should indicate that the CLIA waiver is requested in reference to “LTC COVID testing requirements” to expedite the request.

**Where do I send my CLIA waiver request and questions?**

Answer: If you have any questions about the application process, please call your [CLIA zone office \(PDF\)](#). Please forward completed documents to your appropriate CLIA zone office in order for your CLIA application to be accepted and processed. Your application will not be processed until all requested information is received and approved by this office.

### **How much will the CLIA waiver cost?**

Answer: Do not send CLIA fee payments with the initial application. After an initial application has been received by the Health Facility Compliance zone office and a CLIA number has been assigned, a facility will receive a fee coupon with which to submit a fee payment. For more information, see the Centers for Medicare and Medicaid Services, [CLIA Certificate Fee Schedule](#).

### **What information is required for a CLIA certificate?**

Answer: The information required for a CLIA Certificate includes:

For section I, General Information with the facility name, federal tax ID number, email address, telephone and fax numbers, facility address (physical location), and a mailing/ billing address. Then select the desired send fee coupon to this address, send certificate to this address, and fill in corporate address if necessary. Fill in the name of the director along with their credentials.

For section II, Type of Certificate requested, you will select "Certificate of Waiver."

For section III, you will need to select 04 for Assisted Living Facility.

For section IV, you will need to fill out the times you are planning by start and end each day or simply check the 24-hour box.

For section V, if your facility has multiple sites, you will need to determine if the certificate is to cover a single site or multiple ones. If the desired certificate is for a single, select no, and go to the next section. If yes, then you will need to answer:

- Is this a laboratory that is not at a fixed location?
- Is this a not-for-profit or federal, state or local government laboratory?
- Is this a hospital with several laboratories located at contiguous buildings?

For section VI, you will need to identify the waived testing (to be) performed and be as specific as possible.



If you are only applying for a Certificate of Waiver you can skip to section IX.

For section IX, Type of control, you will need to select if you are a voluntary nonprofit type, for profit or government type.

For section X, Director affiliation with other laboratories, you will need to disclose other CLIA numbers that the director is associated with along with the names of those laboratories.

After filling out all the applicable sections, review the "Attention: Read the following carefully before signing the application" section. Once the form is filled out you agree to everything on the form, sign it and then it must be sent to your local State Agency. Do not send any payment with your completed application. For more detailed information on instructions for how to complete this for please refer to page 6 of the [CMS-116](#) or the [quick start guide](#).

The CLIA application is used for a variety of services. ALFs requesting a CLIA waiver in order to provide COVID-19 testing should indicate this in Section VI of the form. The form asks for the facility name, physical address, type of certification requested (CLIA waiver), and the type of facility requesting the information. There are also specific instructions relating to which sections the facility needs to fill out and how to do so.

<https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>

Staff

**Can the US postal workers be allowed to deliver mails to Independent Living residents in Independent Living Facility that share a lobby with a Skilled Nursing Facility if they refuse to be screened?**

Answer: The [Expansion of Reopening Visitation Emergency Rule](#) requires all individuals to be screened upon entering the facility, except for emergency services personnel in an emergency. However, a facility cannot impede on a postal worker's ability to deliver mail per 18 U.S. Code §1701. The facility must find a solution that adheres to both state and federal requirements. If possible, the facility may consider finding an alternate site for the postal worker to deliver mail that does not require the postal worker to enter the shared lobby. However, the mailboxes or other approved delivery location might be located in the shared lobby and there may not be an alternate site

for the postal worker to deliver the mail. If the postal worker is unable to deliver the mail to an alternate site and refuses to be screened, the facility should permit the postal worker to perform the functions of their job but limit their access to only the location of the mail delivery.

The facility should document:

- the reason the postal worker was not screened, such as they refused;
- why they were permitted to carry out the functions of their job anyway, such as 18 U.S. Code §1701; and
- the IPC measures taken, such as cleaning and sanitization of the area after mail delivery and limiting the postal worker's access to a specific area only.

### **Do fully vaccinated staff with higher-risk exposure need to be restricted from work for 14 days following exposure?**

Answer: Fully vaccinated staff with **higher-risk exposures** who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for the following fully vaccinated HCP populations with higher-risk exposures should still be considered for:

- An underlying immunocompromising condition (e.g., organ transplantation, cancer treatment) might affect the level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions may do so and the magnitude of risk are not available.
- Higher-risk exposure means prolonged exposure (a cumulative 15 or more minutes during a 24-hour period) to residents with COVID-19 infection when the staff member's eyes, nose, or mouth are not covered.
- A symptom-based strategy for determining when HCP with COVID-19 infection could return to work is preferred in most clinical situations.
- In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they have been fully vaccinated or if they have recovered from COVID-19 infection in the prior 90 days.

### **Can asymptomatic staff continue to work?**

Answer: [CDC guidance](#) allows asymptomatic, fully vaccinated staff who are **not** known to be infected to continue working provided:

- Staff should report temperature and absence of symptoms each day

- before starting work (i.e., staff screening).
- Staff should be tested and, if found to be infected with COVID-19, should be excluded from work until they meet all [Return to Work Criteria](#).
  - If staff develop even mild COVID symptoms, they should either not report to work, or stop working and remove themselves from close proximity with residents and notify their supervisor prior to leaving work.

### **What are the CDC recommendations for health-care personnel who require a TB test?**

Answer: When [health-care personnel](#) require testing for specific reasons, **CDC recommends:**

- Perform [TB symptom](#) screening on all health-care personnel.
- Test for TB infection before or during the same visit as COVID-19 mRNA vaccination. If this is not possible, prioritization of testing for TB infection needs to be weighed with the importance of receiving COVID-19 mRNA vaccination based on potential COVID-19 exposures and [TB risk factors](#).
  - Staff with high-risk conditions for TB progression should be fully evaluated as soon as possible.
  - Health-care personnel without high-risk conditions for TB progression should proceed with contact tracing (symptom screening, chest radiograph or other imaging, specimen for microbiologic evaluation) but delay being tested for TB infection (with either TST or IGRA) if prioritized for receiving COVID-19 mRNA vaccination.

### **Can the updated CDC guidance for shortened quarantine timeline apply to staff?**

Answer: Yes, it can. The criteria for when an employee may return to work depends on if the employee has symptoms of COVID-19 or has been diagnosed with COVID-19 and is in isolation, or if the employee has been exposed to COVID-19 and requires quarantine.

A fully vaccinated staff member who has NOT had prolonged close contact with someone with COVID-19 in the prior 14 days would not need to be quarantined.

Follow the CDC's [Return to Work Criteria](#) when an employee has confirmed

or probable COVID-19 and requires isolation.

To determine if an employee had potential exposure to someone with confirmed COVID-19 and must be excluded from work and quarantined, refer to the CDC's [Potential Exposure at Work](#) risk assessment tool.

Exclusion from work and quarantine for 14 days is recommended for an employee who has had unprotected, prolonged [close contact](#) with a resident, visitor, or other staff member with confirmed COVID-19.

While the CDC has provided [quarantine alternatives](#) for the general public, the CDC, DSHS, and HHSC still recommend the 14 day quarantine period as the safest quarantine option with the least risk of viral transmission to others. Quarantine for 14 days is recommended for employees who have had a potential exposure to someone with confirmed COVID-19. However, facilities may choose to utilize a shorter quarantine period for employees, as long as the reduced quarantine alternative adheres to CDC guidance and is consistent with the local health authority's recommendations for quarantine duration.

The CDC's two alternatives are:

- Alternative #1 - Quarantine can end after Day 10 without testing if the person has experienced no symptoms as determined by daily monitoring.
- Alternative #2 - Quarantine can end after Day 7 if the person tests negative on a viral test (i.e., molecular or antigen test) and has experienced no symptoms as determined by daily monitoring. The test must occur on Day 5 or later. Quarantine cannot be discontinued earlier than after Day 7.

Both alternatives require that daily monitoring for fever and symptoms continue through day 14 after exposure.

### **Are home health and hospice staff required to be designated as essential caregivers in order to provide care in an ALF?**

Answer: No. Hospice and home health aides can be designated as essential caregivers under the rules. However, as they are already considered under the rules as "providers of essential services," they need not be designated as essential caregivers (and thus be limited by the applicable restrictions on such persons) to provide care in an ALF.

### **Who are providers of essential services?**

Answer: The rules at 26 TAC [§553.2003](#) define providers of essential services as contract doctors or nurses, home health and hospice workers, health care professionals, contract professionals, and clergy members and spiritual counselors, whose services are necessary to ensure resident health

and safety.

### **What is the CDC's Symptom-based strategy for determining when HCP can return to work?**

Answer: A symptom-based strategy for determining when HCP with SARS-CoV-2 infection could return to work is preferred in most clinical situations

The criteria for the symptom-based strategy are:

#### **HCP with mild to moderate illness who are *not* moderately to severely immunocompromised:**

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

#### **HCP who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:**

- At least 10 days have passed since the date of their first positive viral diagnostic test.

#### **HCP with severe to critical illness or who are moderately to severely immunocompromised:**

- At least 10 days and up to 20 days have passed *since symptoms first appeared*; **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications; **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts.

As described in the [Decision Memo](#), an estimated 95% of severely or critically ill residents, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no resident had replication-competent virus more than 20 days after onset of symptoms. Because of their often extensive and close contact with vulnerable individuals in healthcare settings, the more conservative period of 20 days was applied in this guidance. However, because the majority of severely or critically ill residents no longer appear to be infectious 10 to 15

days after onset of symptoms, facilities operating under [critical staffing shortages](#) might choose to allow staff to return to work after 10 to 15 days, instead of 20 days.

### **What is the CDC's test-based strategy for determining when staff can return to work?**

Answer: In some instances, a test-based strategy could be considered to allow staff to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some staff (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the staff being infectious for more than 20 days.

The criteria for the test-based strategy are:

- Staff who are symptomatic:
  - Resolution of fever without the use of fever-reducing medications; **and**
  - Improvement in symptoms (e.g., cough, shortness of breath); **and**
  - Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS- CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).
- Staff who are not symptomatic:
  - Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS- CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

### **What are some of the CDC's return to work practices and work restrictions?**

Answer: After returning to work, staff should wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for residents with suspected or confirmed COVID-19 infection.
- HCP should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

**If an ALF employee or an essential visitor has treated an individual or resident with confirmed COVID-19 but used the appropriate PPE while providing care, can that person continue to treat ALF residents or is the person prohibited from doing so for 14 days?**

Answer: Any staff or essential visitor that is providing services while using the appropriate PPE is not prohibited from providing services to additional residents while being consistent with the CDC guidelines. If an employee has unprotected exposure, then the facility must make the decision to isolate the staff member while they monitor the signs and symptoms of the infection, also consistent with CDC guidelines, or ensure the employee goes home to self-quarantine.

Due to the evolving situation requiring frequent updates, the facility must continue to follow the most current guidance as provided by [Health and Human Services Commission](#) (HHSC), the [Centers for Disease Control](#) (CDC), the [Department of State Health Services](#) (DSHS) and your local public health department to reduce the risk of spreading the virus to residents served.

**What is the best thing to do for facilities that have staff that go to multiple facilities?**

Answer: The facility needs to know if employees work in multiple facilities and be able to contact the other facility if the employee gets COVID. Health care personnel (HCP) who work in multiple locations can pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases. Facilities must screen all HCP at the beginning of their shift for fever and respiratory symptoms. Facilities must take HCPs temperature and

document absence of shortness of breath, new or change in cough, and sore throat. If an HCP is ill, the HCO should don a facemask and leave the workplace. Facilities should also use the CDC's exposure risk assessment table for guidance on how to handle staff that have had different levels of exposure to COVID-19 cases. Each person only needs one COVID-19 test.

A facility must develop and implement a policy regarding staff working with other long-term care (LTC) providers that limits the sharing of staff with other LTC providers and facilities, unless required in order to maintain adequate staffing at a facility. However, that staff member will need to provide documentation of the testing to all facilities where they work.

### **What can an ALF do to protect its staff?**

Answer: Facilities must ensure they have an emergency preparedness plan that addresses all required elements as addressed in 26 TAC [§553.275](#) including:

- Universal precautions by using PPE supplies, conservation strategies, and strategies to address possible shortages;
- Staffing and contingency plans;
- Provisions of health and safety services such as dialysis, oxygen, and hospice; and
- Ensuring uninterrupted supplies such as linen, food, medications and other needed supplies.

Facilities must comply with all infection control requirements as required in 26 TAC [§553.261\(f\)](#), including:

- Reinforcing good hygiene practices for residents and staff such as proper handwashing, covering of coughs and sneezes, and use of hand sanitizer;
- Properly cleaning, disinfecting, and limiting sharing of medical equipment between residents and areas of the facility;
- Regularly disinfecting all workspaces such as nurse's stations, phones, and internal radios; and
- Actively and consistently monitoring residents for potential symptoms of respiratory infections.

The CDC provides additional guidance on [how to clean and disinfect](#) different surfaces throughout the facility.



Facilities should have PPE available, be equipped with soap and hand sanitizer, and any other disinfecting agents to maintain a healthful environment and provide staff with adequate office supplies to avoid sharing.

**Does one positive case of COVID-19 in a resident or staff constitute an outbreak?**

Answer: Yes. [26 TAC §553.2003\(a\)\(9\)](#) defines an outbreak as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff.

**Is it mandatory that an ALF follow DSHS guidance regarding when and how an employee can return to work?**

Answer: DSHS developed its strategies for healthcare personnel with confirmed COVID-19 returning to work based on current CDC guidance. While neither is mandatory, they provide guidance to aid ALFs in fulfilling their [obligation to protect their residents from the spread of disease infection](#).

**How do I take care of a COVID-19 positive resident's laundry?**

Answer: You can wash the resident's laundry with other resident laundry. Here are tips for how to handle such laundry:

- Wear disposable gloves when handling dirty laundry, then throw the gloves away;
- Don't shake dirty laundry if you can avoid it; and
- Wash items using the warmest possible water, and dry items completely.

[Trips Away from the Facility](#)

**After completing the COVID vaccine, can residents leave for a day trip away from the facility?**

Answer: Yes. Residents can leave the facility with or without the COVID vaccine, but they must be screened upon return.

**A resident who leaves the facility might be exposed to COVID-19, not observe physical distancing, or fail to wear a mask. If such a resident refuses quarantine upon return to the facility, what should the facility do?**

Answer: 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. Ultimately, the facility has the right to terminate a resident's contract immediately – after notice to HHSC and in accordance with ALF rules – if the provider finds that a resident creates a serious or immediate threat to the health, safety, or welfare of other residents in the facility.

**Can ALFs prohibit residents from attending routine doctor visits?**

Answer: No. The facility should encourage residents to wear a facemask or cloth face covering (as tolerated) for source control whenever they are around others including whenever they leave the facility. The resident status would remain the same as it was before leaving the facility, as long as all infection prevention protocols are followed.

**Can ALF residents leave the facility to go to hair and nail salons?**

Answer: Yes. However, the new emergency rules 26 TAC [§553.2003, Assisted Living Facility COVID-19 Response](#), allow salon visitors to provide salon services in the facility under certain conditions.

**Can ALF residents leave to see family and if so, do they have to be quarantined when they come back?**

Answer: Yes. Resident may leave the facility. Facilities may not make policies that limit the resident's ability to leave the facility.

Additionally, 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:

- 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.

All residents and their loved ones are encouraged to follow infection control and prevention procedures to increase their own personal safety while they are enjoying time in the community or going to appointments.

### **Can a resident leave the facility to attend a funeral?**

Answer: Yes, and the resident would not need to be quarantined upon return as long as he or she was not exposed to anyone with COVID. 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.

## **Vaccinations**

### **<Updated>Am I still considered “fully vaccinated” if I don’t get a booster shot?**

Answer: Yes. Everyone is still considered fully vaccinated two weeks after their second dose in a 2-shot series, such as the Pfizer, BioNTech or Moderna vaccines, or two weeks after a single-dose vaccine, such as the J&J/Janssen vaccine.

### **<Updated>Who can get the additional dose?**

Answer: Immunocompromised persons who have received the Moderna or Pfizer vaccine may have an additional dose of the same mRNA vaccine as their primary series. [Additional doses](#) are intended for people who are immunocompromised including those who are/have:

- Receiving active cancer treatment for tumors or cancers of the blood;
- Received an organ transplant and are taking medicine to suppress the immune system;
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system;

- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome);
- Advanced or untreated HIV infection; or
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response.

### **<Updated>What is the purpose of the booster shot?**

Answer: [Booster](#) doses are intended for when antibody protection has waned over time.

### **Can a facility have a policy that requires visitors be escorted during a visit with a resident?**

Answer: This would not be prohibited. A facility could have a policy that requires visitors to be escorted, but such a policy cannot be used to restrict visitation. This means that if the facility is short-staffed, it may not to deny or limit visitation because of its own policy.

### **Where can I find information about the Bamlanivimab therapy?**

Answer: Bamlanivimab is a neutralizing antibody drug, which means it contains man-made antibodies similar to the antibodies of residents who recovered from COVID-19. Scientists think these antibodies may help limit the amount of COVID-19 virus in a person's body. This could give a person's body more time to learn how to make its own antibodies.

HHSC LTCR and DSHS encourage LTC providers to contact the State Infusion Hotline at 1-800-742-5990 to request infusions of monoclonal antibodies and a medical team at their facility. LTC providers set up to provide infusions can also request immediate delivery of monoclonal antibody therapeutics to their facility.

Read the [letter \(PDF\)](#) for details and additional monoclonal antibody resources.

### **What are the requirements for how to properly contact HHSC for self-reporting?**

Answer: ALFs are required to report COVID-19 vaccinations administered in the facility to residents and staff, either by the facility or a pharmacy partner, and vaccinations of residents and staff that occurred outside of the facility, such as at a pharmacy, doctor's office, or local vaccination clinic. Do **not** include data for vaccinations administered to essential caregivers.

ALFs must submit this data to HHSC within 24 hours after each round of vaccinations is administered or within 24 hours after learning of the data. HHSC has developed a Survey Monkey tool to collect the data listed below: <https://www.surveymonkey.com/r/SRDM2GY>.

Please see Long-Term Care Regulation Provider Letter PL 2021-01 for full guidance on reporting vaccinations of staff and residents.

Please see 26 TAC [§553.2004](#) ALF COVID-19 Vaccination Data Reporting for the emergency rule.

The Survey Monkey link is: <https://www.surveymonkey.com/r/SRDM2GY>.

**Are there any recommendations for how to prepare for the second dose of vaccine based on increased reports that the second dose is causing more side effects?**

Answer: For residents, it will be up to the resident's attending physician to write an order for any over-the-counter medication, as all medications require an order according to [26 TAC §553.261\(a\)](#). For staff, the facility should exercise caution if choosing to make over-the-counter medications available, as the facility is not the medical provider for any staff member. The facility should provide counseling on how to manage symptoms related to receiving the COVID-19 vaccine, which could include the use of over-the-counter medications, at the discretion of the staff member.

Anyone who has received the vaccine is encouraged to report any side effects or adverse events immediately to the [Vaccine Adverse Event Reporting System \(VAERS\)](#).

From the [CDC's interim considerations for mRNA COVID-19 Vaccines](#):

*"Antipyretic or analgesic medications (e.g., acetaminophen, non-steroidal anti-inflammatory drugs) may be taken for the treatment of post-vaccination local or systemic symptoms, if medically appropriate. However, routine prophylactic administration of these medications for the purpose of preventing post-vaccination symptoms is not currently recommended, as information on the impact of such use on mRNA COVID-19 vaccine-induced antibody responses is not available at this time."*

The CDC has other information on [Preparing Staff for COVID-19 Vaccination](#) and a [What to Expect after Getting the COVID-19 Vaccine](#) fact sheet.

**What is the difference between first and second injection? Is the dose different?**

Answer: There is no difference in the [Pfizer-BioNTech COVID-19 Vaccine](#) shots, and the first and second doses are the same. They are all the dosage of 0.3 ml.

**Does the testing regiment in a facility change once the majority of staff and residents have been fully vaccinated?**

Answer: No. DSHS and the CDC will continue to evaluate what precautions are needed. At this time, our public health partners do not recommend lessening current precautions.

**Can a facility place a new resident with a COVID-19 negative test in a semi-private room with a current resident who is COVID negative and has had the second vaccine?**

Answer: In general, quarantine is no longer recommended for fully vaccinated residents with following [close contact](#) to COVID-19 or those residents who have had COVID-19 infection in the prior 90 days.

**Will the COVID vaccination keep me from getting COVID-19?**

Answer: According to the CDC and other sources, the COVID-19 vaccination will help to keep you from getting COVID-19.

- All COVID-19 vaccines available in the United States have been shown to be highly effective at preventing COVID-19. [Learn more about the different COVID-19 vaccines.](#)
- All COVID-19 vaccines in development are being carefully evaluated in clinical trials and will be authorized or approved only if they make it substantially less likely an individual will get COVID-19. [Learn more about how federal partners are ensuring COVID-19 vaccines work.](#)
- Experts believe getting a COVID-19 vaccine also can help keep individuals from getting seriously ill even if they do contract COVID-19.
- Getting vaccinated yourself also can protect people around you, [particularly people at increased risk for severe illness from COVID-19.](#)

- Experts continue to conduct more studies about the effect of COVID-19 vaccination on severity of illness from COVID-19, as well as its ability to keep people from spreading the virus that causes COVID-19.

### **Can someone get a COVID 19 vaccination at the same time as another vaccine?**

Answer: Wait at least 14 days after getting a COVID-19 vaccination before getting any other vaccine, including a flu or shingles vaccine. If you get another vaccine first, wait at least 14 days before getting your COVID-19 vaccine.

If a COVID-19 vaccine is inadvertently given within 14 days of another vaccine, you do **not** need to restart the COVID-19 vaccine series; you should still complete the series on schedule. When more data are available on the safety and effectiveness of COVID-19 vaccines administered simultaneously with other vaccines, the CDC can update this recommendation.

### **Are there any concerns between the TB tests and mRNA COVID-19 vaccines?**

Answer: No data is yet available on the impact of the [COVID-19 mRNA](#) vaccines on either the tuberculin skin test (TST) (administered by intradermal placement of 0.1 cc of purified protein derivative) or the interferon gamma release assay (IGRA). There is no immunologic reason to believe that a TST or blood draw for IGRA will hinder the effectiveness of COVID-19 mRNA vaccines.

### **Is it safe to give the vaccine to residents or staff who are COVID positive?**

Answer: The CDC recommends the vaccination be offered to persons who previously had symptomatic or asymptomatic COVID-19 infection. If a person has received the first dose then becomes COVID positive, the recipient can still get the second dose once they are free of COVID-like symptoms and have recovered. There is no minimal interval between infection and vaccination.

### **Is it safe to give the vaccine to residents or staff who have recovered from COVID?**

Answer: The vaccination can be safely offered to persons regardless of history of prior symptomatic or asymptomatic COVID-19 infection.

**Is it safe to give the vaccine to residents with unknown COVID status?**

Answer: Yes, but always screen residents for contraindications and precautions before a vaccine is administered, even if the same vaccine was administered previously.

**What should the resident do if he or she has an allergic reaction?**

Answer: If the resident has an immediate allergic reaction — even if it was not severe — to any ingredient in an mRNA COVID-19 vaccine, the Centers for Disease Control and Prevention (CDC) recommends he or she should *not* get either of the currently available mRNA COVID-19 vaccines. If the resident had an immediate allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, they should *not* get the second dose. The resident's doctor can refer the resident to a specialist in allergies and immunology to provide more care or advice.

**Where can I find the Long-Term Care Facility Tool Kit for vaccinations?**

Answer: The link for [Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination \(cdc.gov\)](https://www.cdc.gov/long-term-care/toolkit/) will provide information a facility needs to be prepared for the COVID vaccination.

**Can a facility force an essential caregiver to get the COVID vaccination?**

Answer: No. The vaccine is still under an Emergency Use Authorization (EUA), and people cannot be forced to get the vaccine.

**Does the choice of receiving the vaccine extend to residents with dementia?**

Answer: If the resident can express his or her wishes, then a decision should not be made over the resident's objections to receive or decline the vaccine. This situation should be addressed on a case by case basis.

**Can a person get a shingles vaccine in-between the COVID-19 vaccine shots?**

Answer: Per DSHS guidance, there are no contraindications for other vaccines with the COVID-19 vaccines.

**If someone has already recovered from COVID-19, should they still**



**get the COVID-19 vaccine?**

**Answer:** Yes. The CDC recommends that due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, vaccine should be offered regardless of whether a resident already had COVID-19 infection. Immunity from the COVID-19 vaccine may last longer than the natural immunity received through contracting COVID-19. People who currently have COVID-19 should not be vaccinated while being sick.

**Where can I find information on the vaccination data survey and to determine what facilities are to report vaccinations administered by a facility or a pharmacy partner?**

Answer: [PL 2021-1](#) contains all the information needed to report the information such as methods, frequency, and parameters on the reporting of the vaccination data survey. The [Survey Monkey link](#) to submit your data is also in [PL 2021-1](#).

**Do pharmacies report facility information?**

Answer: No, they report individual vaccinations.

**What are the requirements necessary to be a vaccine provider?**

Answer: A "licensed signing clinician" will be required to enroll in the COVID-19 Vaccine Program. Licensed signing clinicians include medical doctors, nurse practitioners, and advanced practice nurses, among others.

Any medical professional is eligible to administer the COVID-19 vaccine, including but not limited to licensed nurses, medical assistants, emergency medical services (including paramedics or EMTs), or staff members granted authority to vaccinate by a signing clinician.

For additional guidance for PREP Act coverage for qualified technicians and pharmacy interns for COVID-19 vaccines, visit the [COVID-19 Vaccine Emergency Use Authorization \(EUA\) Fact Sheets page](#) (CDC).

**What is the COVID-19 Vaccine Provider hotline?**

Answer: If you have any questions or concerns, please call the DSHS Vaccine Provider hotline at 877-835-7750. The COVID-19 hotline hours of operation are 8 a.m. to 5 p.m., Monday through Friday. You may also email [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov).

**Will residents or staff who have recovered from COVID-19 receive the vaccine in same priority order as those who have not had**

## **COVID?**

Answer: Yes. People who have recovered can still receive the vaccine at the same time as those who have not had COVID.

### **What happens if someone misses the dose timeline for the 2<sup>nd</sup> dose?**

Answer: The second dose for the Pfizer vaccine is recommended at 21 days. The second dose for the Moderna vaccine is recommended at 28 days.

If someone misses the recommended time for the second dose, he or she should get it at the first opportunity. There is no need to repeat doses/start the cycle over.

Both doses are necessary for protection; efficacy of a single dose has not been systematically evaluated.

### **If a resident or employee refuses to complete our facility specific release and consent form or CVS' consent forms, can the facility withhold administration of the vaccine?**

Answer: Yes, if a resident or employee wants the COVID-19 vaccine and refuses to sign a consent form, the facility does not have to vaccinate them.

For additional information, please visit the CDC's [FAQ about COVID-19 Vaccination in LTCFs](#) and [COVID-19 Vaccine Information](#) from DSHS.

### **Is it safe to give the vaccine to COVID positive residents or staff if they are asymptomatic or symptomatic?**

Answer: Vaccination should be deferred until recovery from acute illness (if person had symptoms) and criteria have been met to discontinue isolation. There is no minimum interval between infection and vaccine. However, current evidence suggests reinfection is uncommon in the 90 days after initial infection, and thus persons with documented acute infection in the preceding 90 days may defer vaccination until the end of this period, if desired.

### **Where can I find vaccination locations?**

Answer: The state's Expert Vaccine Allocation Panel recommends vaccination for everyone who falls under the current Food and Drug Administration (FDA) emergency use authorizations and approvals:

- All vaccines available in the U.S. are authorized for people 18 years old and older.
- The Pfizer vaccine is authorized for people 12 through 15 years of age.
- The Pfizer vaccine, marketed under the name COMIRNATY, is fully approved by the FDA for people 16 years old and older.

Please visit the [Texas COVID-19 Vaccine Provider Locations map](#) to see if and where you might be able to get a vaccine today. Remember, your ability to get a vaccine today or this week will depend on vaccine availability at your provider's office, clinic, or facility.

**I have signed up for the partnership, but where can I find information on the COVID-19 Vaccination-Pharmacy Partnership for Long-Term Care Program?**

Answer: The CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living long term care facilities once vaccination is available and recommended for them. For more information, LTCFs should see the [COVID-19 Vaccination-Pharmacy Partnership for Long-Term Care Program](#) (PDF).

**Our facility recently has had our 1st round of vaccinations, and one of our employees developed "COVID" like symptoms that day. Do I need to report this?**

Answer: No, the facility only needs to report a positive case of COVID. There are differences between the symptoms of the vaccine and the COVID virus. However, the employee cannot work until the symptoms are known to be due to vaccine. Otherwise the employee should quarantine and then follow the [Return to Work Criteria](#).

**Can a vaccine acquired through the partnership program be provided to designated essential caregivers?**

Answer: Guidelines allow the facility to give the vaccine to their unpaid volunteers. An essential caregiver is not considered a facility volunteer, so the pharmacy might want to not include them in the count of residents and staff.

**Can a facility that is providing vaccinations vaccinate an essential caregiver?**

Answer: A facility could include the essential caregiver in its vaccination

clinic; however, the facility would need to ensure the essential caregiver could receive the 2<sup>nd</sup> dose. Thus, a facility vaccinating essential caregivers will face additional logistical concerns.

**Can the essential caregiver be vaccinated at an ALF?**

Answer: Yes, but this should not be reported via the Survey Monkey.

**Does the CDC have any recommendations for safeguards after receiving the COVID immunization?**

Answer: The CDC has [provided recommendations for COVID-19 vaccination providers](#) about how to prepare for the possibility of a severe allergic reaction:

- All people who get a COVID-19 vaccine should be monitored on site. People who have had severe allergic reactions or who have had any type of immediate allergic reaction to a vaccine or injectable therapy should be monitored for at least 30 minutes after getting the vaccine. All other people should be monitored for at least 15 minutes after getting the vaccine.
- Vaccination providers should have appropriate medications and equipment—such as epinephrine, antihistamines, stethoscopes, blood pressure cuffs, and timing devices to check a pulse—at all COVID-19 vaccination sites.
- If someone experiences a severe allergic reaction after getting a COVID-19 vaccine, vaccination providers should provide rapid care and call for emergency medical services. The recipient should continue to be monitored in a medical facility for at least several hours.

[Learn more about what to expect after getting vaccinated for COVID-19](#), including normal side effects and tips to reduce pain or discomfort.

**If a resident refuses a COVID-19 vaccine, can the facility discharge the resident?**

Answer: No, the facility cannot discharge a resident because the resident refuses the COVID-19 vaccine. [26 TAC §553.267\(a\)](#) ensures that the resident has the right to make his or her own choices regarding personal affairs, care, benefits, and services.

**Who has authority to consent for a resident to receive a vaccine?**

Answer: The resident or resident's legally authorized representative (LAR), as applicable, has the authority to consent for the resident to receive a vaccine.

**If a resident is unable to consent to receive a vaccine and has no LAR, can an ALF manager make the decision to administer the vaccine to the resident?**

Answer: No. If residents are unable to participate in their medical care, including consenting to a vaccine, they must have a LAR make a decision on their behalf.

**Which vaccines were tested on Americans over the age of 65?**

Answer: Both the Pfizer and Moderna vaccines were tested on Americans over the age of 65.

**What if the resident has COVID-19 when the first or second dose of a vaccine is being administered?**

Answer: In general, vaccinations are not administered to individuals with moderate to severe illness from infection. In the case of the influenza vaccine, CDC advises the following when considering administration to people in a health care environment:

- For residents with suspected or confirmed COVID-19 who are symptomatic, health care personnel should consider deferring (postponing) influenza vaccination:
  - for at least 10 days after symptom onset; AND
  - for at least 24 hours with no fever without the use of fever-reducing medications; AND
  - until COVID-19 symptoms are improving; AND
  - until the resident is no longer moderately to severely ill.

Consider further deferring vaccination until the resident has fully recovered from acute illness. (<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>).

- HHSC expects further guidance for the administration of COVID-19 vaccines when an Emergency Use Authorization is issued, as well as when the CDC's Advisory Committee on Immunization Practices makes its recommendations. HHSC plans to defer to this federal guidance. For now, guidance suggests that the COVID-19 vaccine should not be given while a resident is moderately or severely ill, and that it is preferable to wait until the COVID-19 positive individual meets criteria for release from isolation before administering the vaccine.

## Visitation

### **Is there an age limit for visitors?**

Answer: No; however, a designated essential caregiver must be at least 18 years old. Per CDC guidance, children 2 years of age and under should not wear a mask as it can pose a safety hazard.

### **Are nurses allowed into the facility to administer flu shots?**

Answer: Yes, nurses administering flu shots would be considered providers of essential services.

### **Can facilities restrict physical contact as part of facility visitor condition?**

Answer: A resident and his or her personal visitor may have close or personal contact in accordance with CDC guidance. The visitor must maintain physical distancing between themselves and all other persons in the facility.

### **When considering exceptions for end of life, does it apply to the relatives or loved ones of those residents who are under hospice care or only those who are actively dying?**

Answer: If the resident is actively dying, then visitors could include family and friends of residents at the end of life. A resident does not have to be on hospice care to be actively dying. These persons include providers of essential services, persons with legal authority to enter are family members or friends of residents at the end of life, and the two designated essential caregivers.

## Resources

### **How can I sign up for email alerts from the Texas Health and Human Services Commission?**

Answer: Please visit the following link and select the topics you are interested in receiving alerts for:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/network>

### **Where do ALF providers go for COVID-19 information?**

Answer: Reliable sources of information include:

- [The Centers for Disease Control and Prevention](#)
- [The Texas Department of State Health Services](#)

- [The Health and Human Services Commission](#)

**Is there a checklist available for ALFs that will help assess and improve our preparedness for responding to COVID-19?**

Answer: Yes. CDC's [COVID-19 Infection Control Assessment and Response \(ICAR\) tool](#) was developed to help nursing homes prepare for coronavirus disease 2019 (COVID-19). Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to COVID-19. This ICAR tool should be used as one tool to develop a comprehensive COVID-19 response plan.

The CDC provides additional guidance on [how to clean and disinfect](#) different surfaces throughout the facility.

Facilities should have PPE available, be equipped with soap, hand sanitizer, and any other disinfecting agents to maintain a healthful environment and provide staff with adequate office supplies to avoid sharing.

**Where can I find current up-to-date information on outbreaks, trends and information on COVID cases in the state?**

Answer: DSHS has created a [COVID-19 Dashboard](#) which provides data which are updated daily and include datasets such as:

- Number of Cases per County
- Fatalities over Time by County
- Estimated Cases over Time by County
- Cumulative Tests over Time by County
- COVID-19 Hospitalizations over Time by Trauma Service Area (TSA)
- COVID-19 Outbreaks in Long-term Care Facilities
- U.S. Cases, Date and Surveillance
- COVID-19 Forecast (National and State)

**Where can I find available information on facemasks and respirators?**

Answer: HHSC released [COVID-19: Questions and Answers Regarding Facemasks and Respirators](#).

**Where can we go to find the most up-to-date guidance and information from HHSC about the COVID-19 pandemic? Can we share COVID-19 information from HHSC with residents and family?**

Answer: HHSC has created a document called the Texas Health and Human

Services [COVID-19 Response Plan](#) for Assisted Living Facilities. This document is available on the HHSC [home page](#) for assisted living facilities at the link titled, "COVID-19 Response Plans for ALFs." It is updated as information and guidance changes, as this pandemic is an ever-evolving situation. You are welcome and encouraged to share this and any other general information and guidance HHSC puts forth regarding COVID-19.

**Which products are the most effective for disinfecting and sanitizing surfaces to prevent the spread of COVID-19?**

Answer: The CDC maintains a list, called List N, of products that meet the EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19. The EPA updates the list with additional products as needed. You can download List N here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

**Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into an ALF?**

Answer: Yes. These are considered essential services, and these vendors should be granted access if they are screened and follow the appropriate CDC guidelines for transmission-based precautions. See CMS **QSO-20-14-NH** and **CDC guidance**.