



# **COVID-19 RESPONSE for Assisted Living Facilities**

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## **Abstract**

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



**TEXAS**  
Health and Human  
Services

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## 3. Introduction

### Purpose

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

### Goals

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

### Overview

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

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

## 4. Required Screening

26 TAC §553.45 requires ALFs to screen all individuals prior to entering the facility, including staff at the start of their shift, visitors, new residents and residents returning to the facility for symptoms of COVID-19 such as:

- fever or chills;
- cough, shortness of breath or difficulty breathing;
- sore throat, fatigue, muscle or body aches;
- headache, new loss of taste or smell;
- congestion or runny nose;
- nausea or vomiting;
- and diarrhea.

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

Isolate a resident who has symptoms of COVID-19, implement recommended precautions and provide care for the resident or transfer the resident to a facility capable of providing care.

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

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

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

## 5. ~~Who Can Enter the Facility~~ ~~Visitors~~

[Executive Orders](#) GA-21 and GA-28, and the Emergency Rule for ALF Response to COVID-19 at 26 Texas Administrative Code (TAC) §553.45(d) require ALFs to restrict visitors to only those who are providing critical assistance, which includes the following, ~~provided they are wearing all necessary PPE as appropriate to the current COVID-19 status in the facility~~:

- Persons who provide critical assistance such as doctors, contract nurses, home health and hospice staff whose services are necessary to ensure resident care is provided and to protect the health and safety of residents, provided they are wearing all necessary PPE as appropriate ~~according to the COVID-19 status in the facility at the time of entry~~.
- Persons with legal authority to enter such as HHSC surveyors whose presence is necessary to ensure the ALF is protecting the health safety of residents and providing appropriate care, law enforcement officers, representatives of Disability Rights Texas, and representatives of the long term-care ombudsman's office.
- Family members and loved ones of residents at the end-of-life.
- ~~Clergy to perform religious rituals for residents at the end-of-life.~~

Restrict nonessential visitors such as barbers or delivery persons. End-of-life care is the care given to people who have stopped treatment for their disease and are near the end-of-life. Make decisions about visitation during an end-of-life situation on a case-by-case basis. For people allowed in the facility (end-of-life situations when death is imminent), provide instruction before visitors enter the facility and residents' rooms on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Screen visitors and exclude those with COVID-19 related symptoms.

There is no "one size fits all", and facilities should use their best judgement to determine which persons are "essential" and which are not.

~~Visitors who are allowed in the facility must wear a facemask while in the building and be restricted to the resident's room or other location designated by the facility. Visitors who are not providing care to residents, such as visitors in end-of-life scenarios, can wear a cloth face cover instead of a facemask if no facemasks are available.~~

Remind visitors to refrain from physical contact with residents and others while in the facility.

Practice social distancing by not shaking hands or hugging and remaining at least six feet apart.

~~<deleted>In lieu of visits, consider offering alternative means of communication for people who would otherwise visit. Restrict non-essential personnel including volunteers and non-essential consultant personnel (barbers, delivery personnel) from entering the building. <deleted>~~

Review and revise how the facility interacts with vendors and delivery personnel, agency staff, transportation providers (when taking residents to offsite appointments, etc.), and other non-healthcare providers (food delivery, etc.), including taking necessary actions to prevent any potential transmission. For example, do not have vendors bring supplies inside the facility. Instead, have vendors drop off supplies at dedicated location, such as a loading dock.

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

## 6. Preparing for COVID-19

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

### Education

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

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

Inform residents to practice social distancing. Social distancing means avoiding unnecessary physical contact and keeping a distance of at least 6 feet from other people.

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

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

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

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

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

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

## Planning

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

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

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

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

Limit group activities, including group dining, to groups of no more than 10 including staff. Ensure social distancing of at least six feet between individuals.

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

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

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



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

<added>A facility is required to protect residents from the spread of COVID-19 by having separate designated spaces to cohort residents based on their COVID-19 status, in accordance with 26 TAC §553.2001(c).

- COVID-19 negative residents - defined as a resident who has tested negative for COVID-19, is not exhibiting symptoms of COVID-19, and has had no known exposure to the virus since the negative test.
- Residents with unknown COVID-19 status - defined as a resident who is a new admission, readmission, or has spent one or more nights away from the facility, has had known exposure or close contact with a person who is COVID-19 positive, or who is exhibiting symptoms of COVID-19 while awaiting test results.
- COVID-19 positive residents, when the facility is able to care for a resident at this level or until arrangements can be made to transfer the resident to a higher level of care. COVID-19 positive is defined as a resident who has tested positive for COVID-19 and does not yet meet CDC guidance for the discontinuation of transmission-based precautions <added>

Encourage residents to only leave the facility for essential medical appointments. If a resident leaves the facility for any reason, strongly encourage them to:

- avoid crowds;
- wash their hands and use hand sanitizer after touching any surface and before returning to the facility;
- avoid touching their face, particularly with unwashed hands;
- stay at least six feet (about two arms' length) away from other people; whenever possible; and
- if tolerable, wear a face mask or cloth face covering while outside the facility.

Upon the resident's return to the facility, the facility must ensure that:

- the resident's facemask worn outside the facility is discarded or cloth face covering is laundered;
- the resident is screened, as is required for anyone entering the facility;
- the resident's facemask worn outside the facility is discarded or cloth face covering is laundered;
- the resident's hands are washed thoroughly, or alcohol-based hand sanitizer is used;
- the resident changes into clean clothes, with staff assistance if needed, and the resident's clothing that was worn outside the facility is laundered immediately; and

- all hard surface items the resident brings back into the facility are disinfected appropriately.

A resident who leaves the facility will usually have a COVID status of unknown when they return to the facility, but if their status was negative when they left, and the facility provided or arranged for the transportation and can verify that all recommended infection control precautions were taken while the resident was outside the facility, the resident will still have a COVID status of negative upon return and not require quarantine.

If a resident's COVID status is unknown, the facility must quarantine the resident for the next 14 days.

Keep in mind that quarantine does not necessarily mean the resident must remain in their room for 14 days. Consistent and continual monitoring is a must, as well as using infection control protocols and masks.

If a facility has residents who need to leave the building on a regular basis for essential medical appointments such as routine kidney dialysis or cancer treatments, the facility, if it has the space and capability to do so, can cohort these residents into a group that is separate from residents who have not left the facility.

### **Residents in Memory Care Units and Alzheimer's Certified Units**

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

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

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

Recommendations from the CDC:

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

Recommendations from HHSC:

[Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities \(PDF\)](#)

## 7. Responding to a COVID-19 Outbreak

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

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

### Outbreak definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

\*As of August 7, Phase 1 visitation is available in an assisted living facility if it meets the requirements of the Phase 1 Visitation rule.

See **Attachment 7** for the ALF COVID-19 Response rule §553.2001. See **Attachment 8** for the ALF Limited Visitation for a Phase 1 Facility rule §553.2003.

## 8. Required Reporting

Effective immediately, facilities must:

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

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

- via TULIP
- by email at [ciiprovider@hhsc.state.tx.us](mailto:ciiprovider@hhsc.state.tx.us)
- by fax at 1-877-438-5827

**Do not** report subsequent cases and addendums to HHSC.

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

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

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

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

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

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

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

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

## 10. Post Recovery

### Resident Recovery

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

**Attachment 4**, *End-of-Isolation Flowchart*.

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

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

### Staff Returning to Work

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

See **Attachment 4**, *Return-to-Work and End-of-Isolation Flowcharts*.

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

## 11.State/Regional/Local Support

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

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

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

To activate TACT-ALF assistance, contact the

[LTCR Associate Commissioner](#).

Vulnerable Populations Rapid Response Team

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

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

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

<The following section 12 is new.>

## 12. Re-Opening

### Phase 1 Visitation

A facility with a Phase 1 facility designation approved by HHSC may allow limited personal visitation as permitted by 26 TAC (NEED LINK) §553.2003.

Provider Letter [PL 2020-24](#) contains guidance and resources for facilities to prepare for Phase 1 visitation status including **LTCR Form 2192. See attachment 9.**

To request a Phase 1 facility designation, a facility submits a completed LTCR form 2192, COVID-19 Status Attestation Form, to the Regional Director in the LTCR Region where the facility is located.

To receive a Phase 1 facility designation, a facility must demonstrate:

- there have been no confirmed COVID-19 cases in staff for at least 14 consecutive days;
- there are no active COVID-19 cases in residents;
- if an assisted living facility has had previous cases of COVID-19 in staff or residents, HHSC LTCR has conducted a verification survey and confirmed the following:
  - all staff and residents have fully recovered;
  - the facility has adequate staffing to continue care for all residents and monitor visits permitted by this section; and
  - the facility complies with infection control requirements and emergency rules related to COVID-19.

An assisted living facility with a Phase 1 facility designation may allow the following types of visits:

- Outdoor visits, defined as a personal visit between a resident and one or more personal visitors that occurs in-person in a dedicated outdoor space.
- Window visits, defined as a personal visit between a visitor and a resident during which the resident and personal visitor are separated by an open or closed window.
- Vehicle parades, defined as a personal visit between a resident and one or more personal visitors, during which the resident remains outdoors on the assisted living facility campus, and a visitor drives past in a vehicle.

- Plexiglass indoor visits, defined as a personal visit between a resident and one or more personal visitors, during which the resident and the visitor are both inside the facility but within a booth separated by a plexiglass barrier and the resident remains on one side of the barrier and the visitor remains on the opposite side of the barrier.
- Compassionate care visits, defined as a personal visit between one permanently designated visitor and a resident experiencing a failure to thrive.
  - Failure to thrive is defined as a state of decline in a resident's physical or mental health, diagnosed by a physician and documented in the resident records, which may be caused by chronic concurrent disease and functional impairment. Signs of a failure to thrive include weight loss, decreased appetite, poor nutrition, and inactivity. Prevalent and predictive conditions that might lead to a failure to thrive include: impaired physical function, malnutrition, depression, and cognitive impairment.
  - Only one person can be designated as a resident's compassionate care visitor. For example, if a resident's daughter is the compassionate care visitor, the daughter cannot be replaced by another person, as the compassionate care visitor, at any time. The name of the compassionate care visitor must be documented in the resident's record along with the failure to thrive diagnosis.

The following requirements apply to all Phase 1 visitation:

- Visits must be scheduled in advance and are by appointment only.
- Visitation appointments must be scheduled to allow time for cleaning and sanitation of the visitation area between visits.
- Physical contact between residents and visitors is prohibited.
- Visits are permitted where adequate space is available that meets criteria and when adequate staff are available to monitor visits.
- All visitors must be screened outside of the assisted living facility prior to being allowed to visit, except visitors participating in a vehicle parade and closed window visits. Visitors who meet any of the following screening criteria must leave the assisted living facility campus and reschedule the visit:
  - Fever, defined as a temperature of 100.4 Fahrenheit and above, or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat.

- Signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
- Additional signs and symptoms as outlined by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing).
- Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness.
- International travel within the last 14 days.

Note: If, at any time after designation as a Phase 1 facility by HHSC, the facility experiences an outbreak of COVID-19, the facility must notify the Regional Director in the LTRC Region where the facility is located that the facility no longer meets Phase 1 criteria, and all Phase 1 visitation must be cancelled until the facility meets the criteria described above.

Please review the following documents for complete language:

- [PL 20-24](#).
- ALF COVID-19 Mitigation Emergency Rules at 26 TAC §[553.2001](#).
- ALF COVID-19 Phase 1 Visitation Emergency Rules at 26 TAC §[553.2003](#).

## 13. Supplemental Resources

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## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
ABHR	Alcohol-based hand rub
AIIR	Airborne infection isolation room
ALF	Assisted living facility
CDC	The Centers for Disease Control and Prevention
DSHS	Texas Department of State Health Services
EMS	Emergency medical services
EPA	Environmental Protection Agency
HA	Health authority
HCP	Healthcare personnel
HHSC	Texas Health and Human Service Commission
LHA	Local health authority
LHD	Local health department
LTC	Long-term care
LTCF	Long-term care facility
LTCR	Long-term Care Regulation
LVN	Licensed vocational nurse
OSHA	Occupational Safety and Health Administration
POC	Point of Contact
PPE	Personal protective equipment
RN	Registered nurse
SME	Subject matter expert
TCAT	Texas COVID-19 Assistance Team
TDEM	Texas Division of Emergency Management

## Resources and Links

Association for Professionals in Infection Control and Epidemiology:

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

EPA:

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

FEMA:

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

CDC:

- [Cleaning and Disinfecting Your Facility](#)
- [Considerations for Memory Care Units in Long-term Care Facilities](#)
- [Considerations When Preparing for COVID-19 in Assisted Living Facilities](#)
- [COVID-19 Travel Recommendations by Country](#)
- [Donning and Doffing PPE Graphic](#)
- [Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- [Interim U.S. Guidance for Risk Assessment and Public Health Management and Healthcare Personnel and Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#)
- [Key Strategies to prepare for COVID-19 in Long-term Care Facilities \(LTCFs\)](#)
- [N95 User Seal Check](#)
- [PPE Burn Rate Calculator](#)
- [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#)
- [Proper N95 Respirator Use for Respiratory Protection Preparedness](#)
- [Strategies for Optimizing the Supply of Facemasks](#)
- [Stress and Coping](#)

- [Symptoms of Coronavirus](#)

DSHS:

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

HHS:

- [Difference Between Isolation and Quarantine](#)

HHSC:

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

Legislative Reference Library of Texas

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

OSHA

- [Counterfeit and Altered Respirators: The Importance of NIOSH Certification](#)
- [Maintenance and Care of Respirators](#)

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

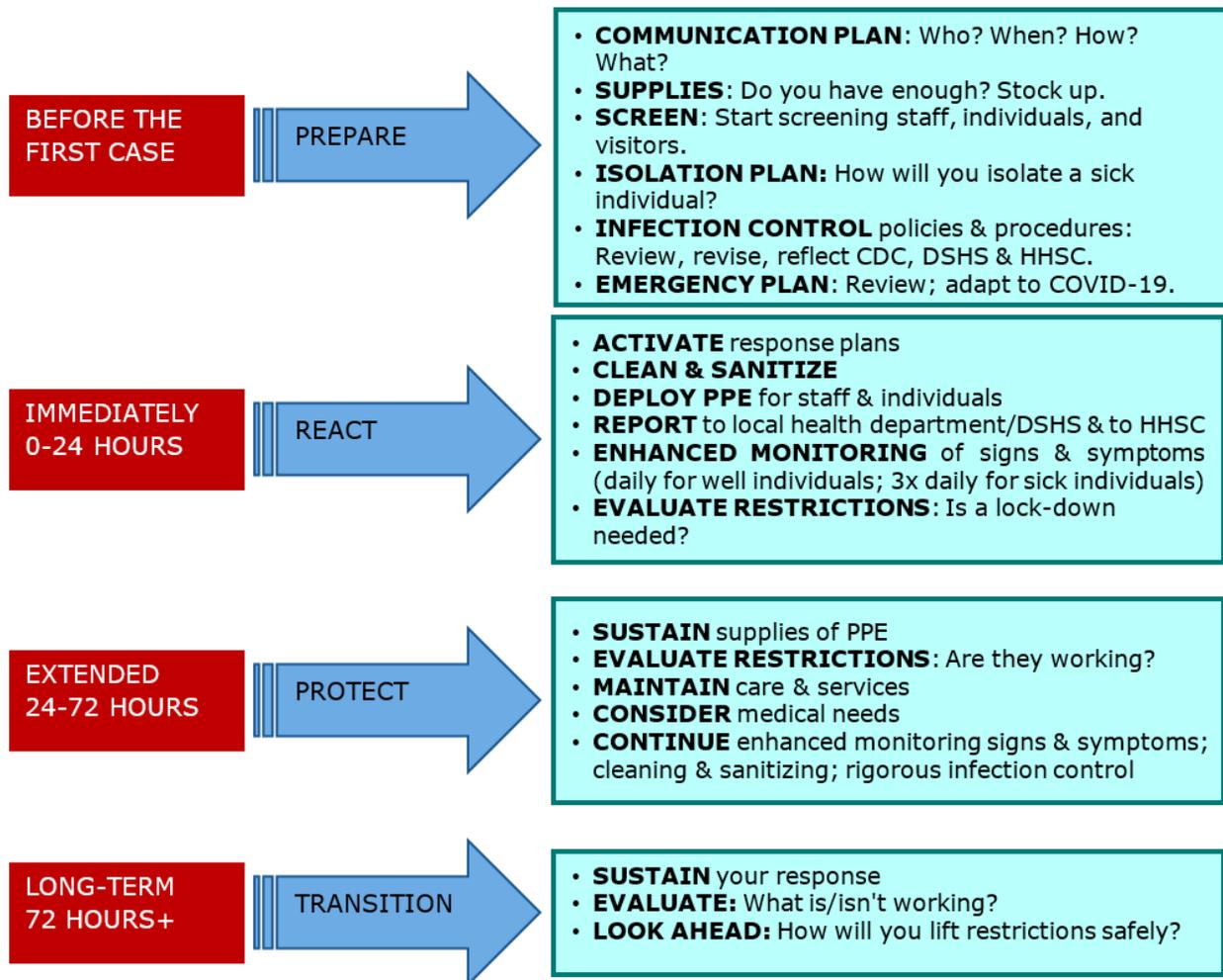
TDEM

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

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



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



### Prepare before a positive case (actions focused on response)

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

### Immediately 0-24 Hours React

- Activate resident isolation/facility cohort plan, including establishing a unit, wing, or group of rooms for any COVID-19 positive residents
- Supply PPE to care for COVID-19 positive residents

- Screen residents for signs and symptoms
- Screen staff for signs and symptoms
- [Clean and disinfect](#) the facility
- Determine if HCP are providing services in other facilities
- Establish contact with receiving agencies (hospitals, other facilities)
- Identify lead at facility and determine stakeholders involved external to facility
- Engage with community partners (public health, health care, organizational leadership, local/state administrators)
- Activate all communication plans
- Determine need for facility restrictions/lock-down
- Maintain resident care
- Work with the local health department/authority or DSHS to activate testing strategy to include testing of all staff and residents

### **Extended 24-72 Hours Protect**

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

### **Long-Term 72 Hours+ Transition**

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

## Attachment 2: SPICE Graphic

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

### **SPICE** for COVID-19

#### **S**urveillance

- Sign and Symptoms
- Temperature Checks
- Testing

#### **P**rotection/Personal Protective Equipment

- Staff
- Residents
- Supply/Burn-rate

#### **I**solate

- Resident(s) isolated
- Staff isolated

#### **C**ommunicate

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

#### **E**valuate

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

## Attachment 3: Use of PPE in Facilities

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

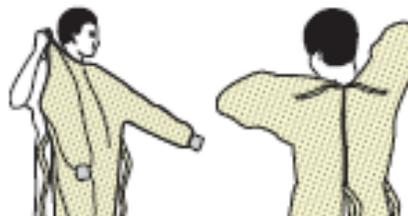
- To address asymptomatic transmission, the CDC recommends that providers consider implementing policies requiring everyone entering the facility to wear a face mask (if tolerated) while in the building. **EXCEPTION:** Face masks and cloth face coverings should not be placed on anyone who has trouble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

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

### 1. GOWN

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



### 2. MASK OR RESPIRATOR

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



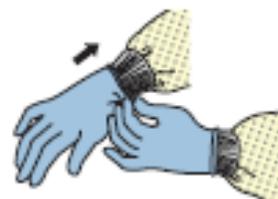
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



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

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



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

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

### 1. GLOVES

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



### 2. GOGGLES OR FACE SHIELD

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



### 3. GOWN

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



### 4. MASK OR RESPIRATOR

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



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



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

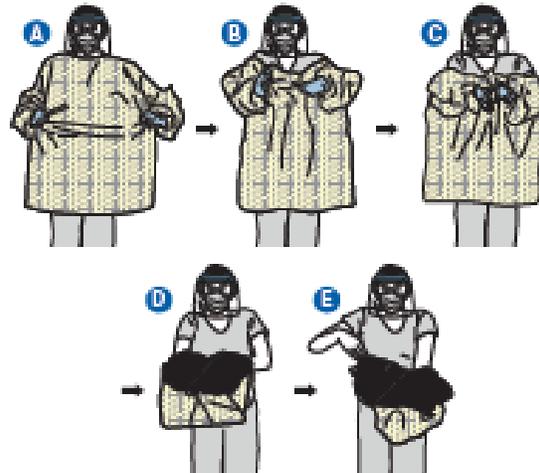


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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

### 1. GOWN AND GLOVES

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



### 2. GOGGLES OR FACE SHIELD

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

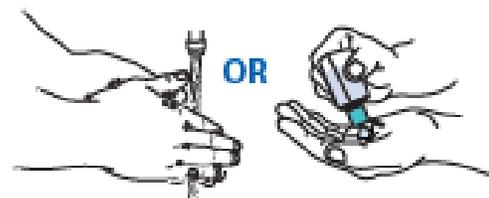


### 3. MASK OR RESPIRATOR

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



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



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



## How to Wear a Medical Mask Safely

### Dos

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

### Don'ts:

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

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

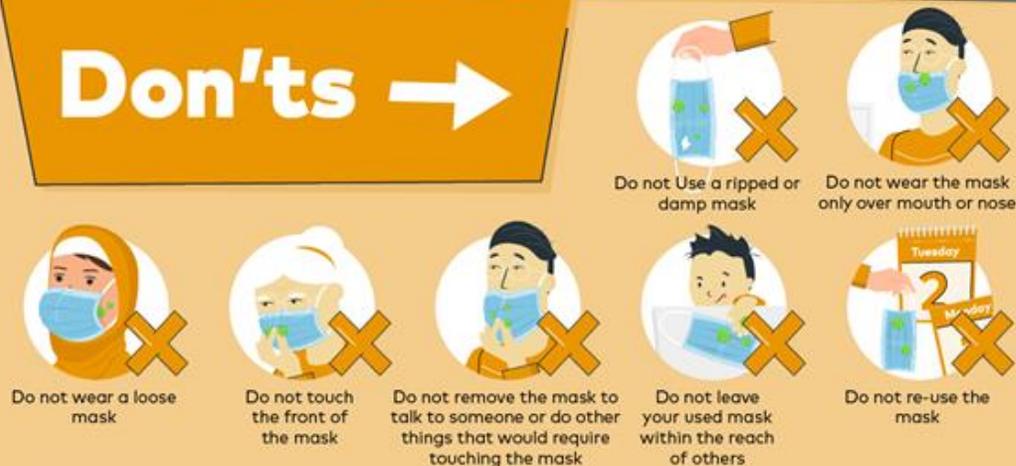
# HOW TO WEAR A MEDICAL MASK SAFELY

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

## Do's →



## Don'ts →



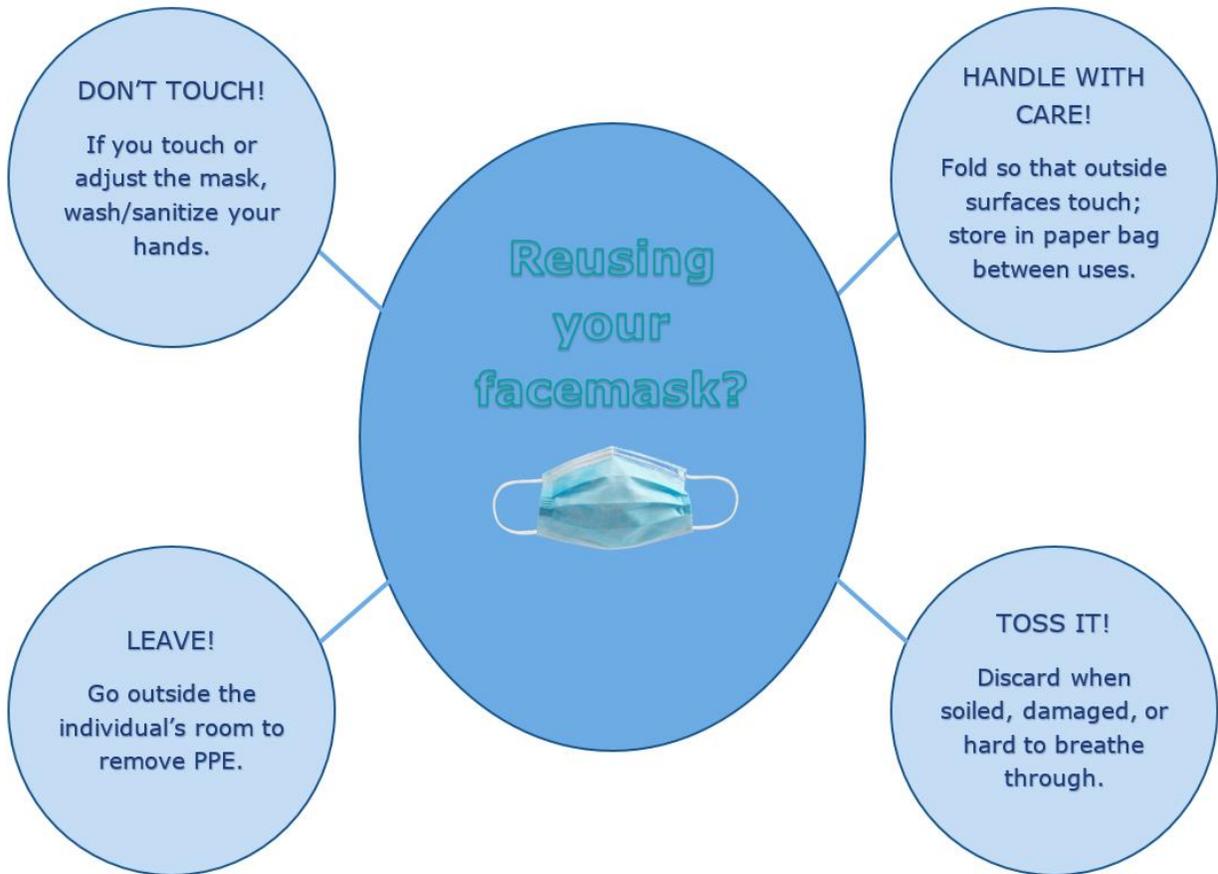
**Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.**

EPI-WiN  World Health Organization

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

## Reusing Your Facemask?

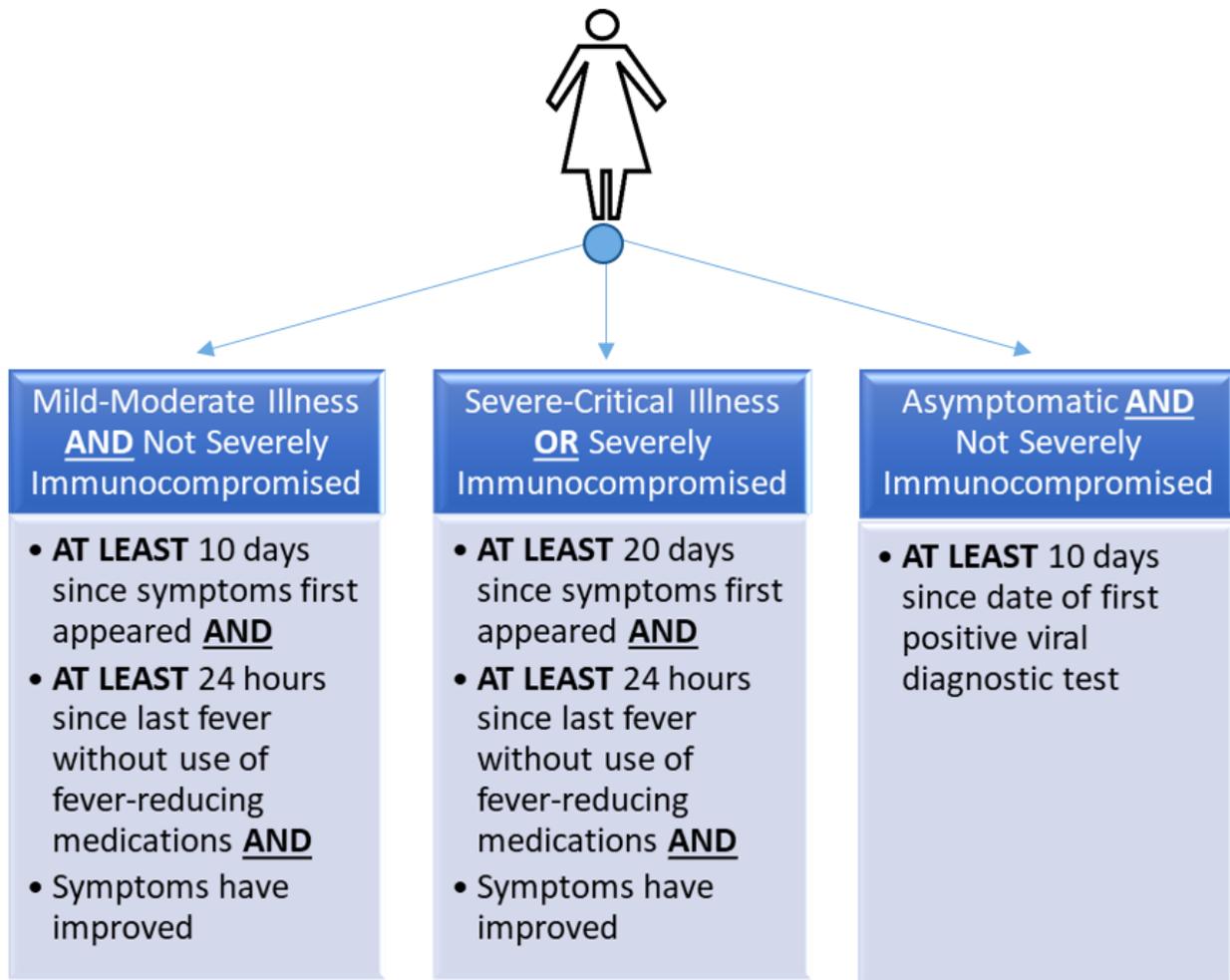
- Don't touch! If you touch or adjust the mask, wash/sanitize your hands.
- Handle with Care! Fold so that the outside surfaces touch; store in paper bag between uses.
- Toss it! Discard when soiled, damaged or hard to breathe through.
- Leave! Go outside the resident's room to remove PPE.



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

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

### Staff With COVID-19



#### Mild-Moderate Illness *and* not severely immunocompromised

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

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

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

### **Asymptomatic *and* Not Severely Immunocompromised**

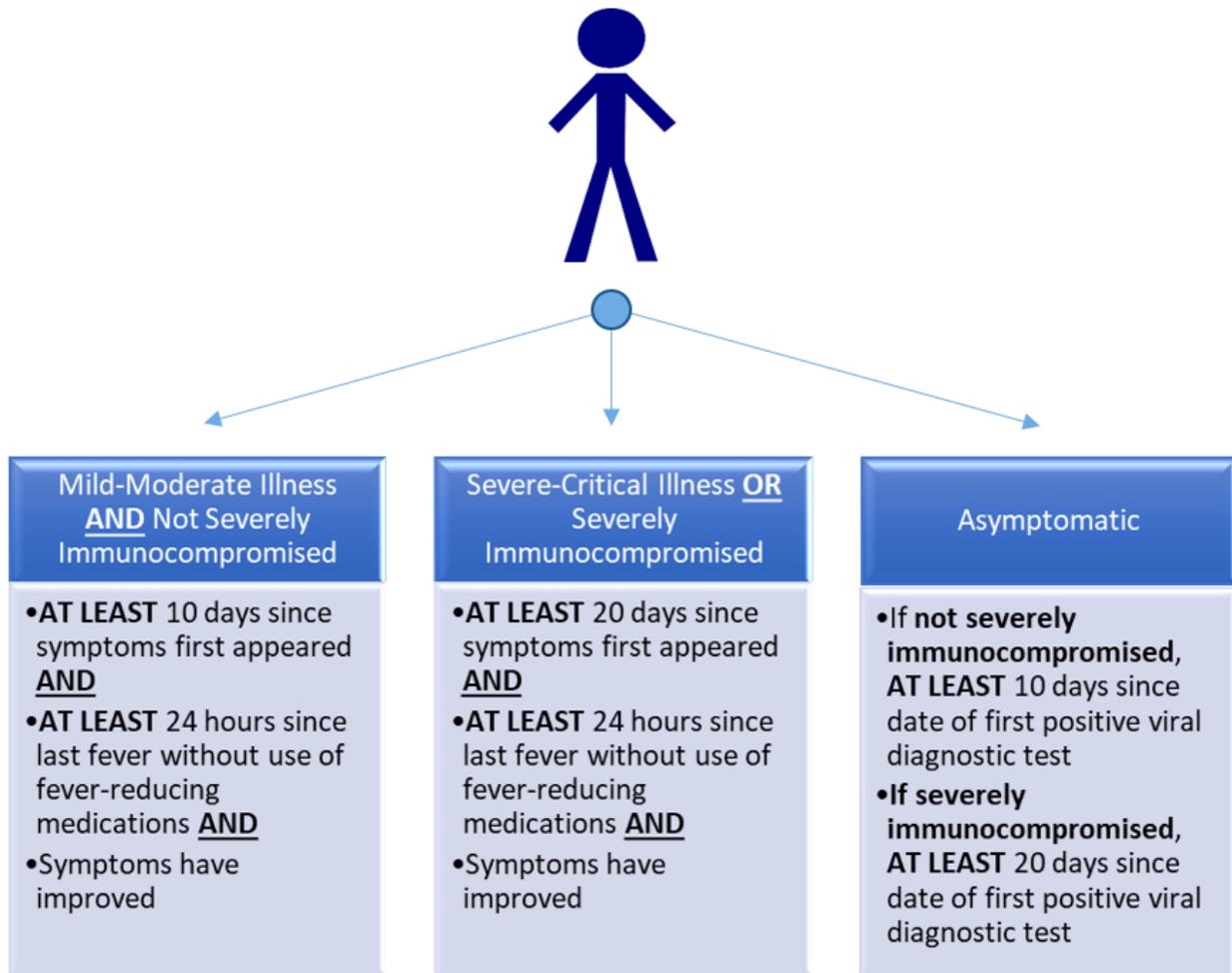
- **At least** 10 days since date of first positive viral diagnostic test

#### **After returning to work, staff should:**

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

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

## Residents With COVID-19



### Mild-Moderate Illness *and* Not Severely Immunocompromised

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

### Severe-Critical Illness *or* Severely Immunocompromised

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

## Asymptomatic

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



# **Attachment 6: ALF Infection Control Checklist for COVID-19**

## **Entering the facility**

Prior to entering the facility:

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

## **Triage/Registration/Visitor Handling**

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

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate probable COVID-19 cases?
- Is there a process that occurs after a probable case is identified to include immediate notification of facility leadership for infection control?
- What is the facility's current visitor policy in response to COVID-19?
  - Is the facility restricting visitors to the following situations?
    - Essential services 26 TAC §553.45(b)(1)
    - Individuals with legal authority to enter 26 TAC §553.45(b)(2)
    - Family members and loved ones at end of life (actively dying) 26 TAC §553.45(b)(3)

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

## **Resident Observations and Interviews**

Observe and interview every resident.

What information has the facility given to residents regarding:

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

## **Hand Hygiene:**

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

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

## PPE

26 TAC §553.41(n)

What is the facility's status on available PPE?

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

Are residents wearing masks (homemade or commercially produced)?

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

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

Evaluate how the facility staff dons and doffs PPE.

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

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

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

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

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

## **Education, Monitoring, and Screening of Staff**

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

How has the provider conveyed updates on COVID-19 to all staff?

## **Shift Change 26 TAC §553.45**

26 TAC §553.45

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

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

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

Where and how is the screening documented?

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

## **Staff Monitoring**

26 TAC §553.41(n)

If staff develop symptoms at work, does the facility:

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

## **Resident Service Plans**

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

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

## **Medication Administration**

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

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

## **Hydroxychloroquine:**

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

## **Meal Preparation and Service, Activities**

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

Where are meals taken?

## **Sanitation and Housekeeping**

26 TAC §553.41(h)(8) and (12)

*Interview housekeeping staff.*

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

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

## Emergency Preparedness- Staffing Levels in Emergencies

26 TAC §553.62(d)

- Does the facility have a policy and procedures for ensuring staffing to meet the needs of the residents when needed during an emergency, such as the COVID-19 outbreak?
- Does the facility have adequate staffing to care for residents based on current census and resident needs?
- Does staff know how to report inadequate staffing needs to the administrator?
- In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if emergency staff was not needed)

## Reporting and Response after a Positive COVID-19 Case

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

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

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

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

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

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

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

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

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

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

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

<added>

## **Attachment 7 §553.2001 Covid-19 Emergency Rule**

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 553 LICENSING STANDARDS FOR ASSISTED LIVING FACILITIES

SUBCHAPTER K COVID-19 RESPONSE

§553.2001. Assisted Living Facility COVID-19 Response.

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

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

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

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

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

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

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

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

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

(b) An assisted living facility must have a protocol in place included in their COVID-19 response plan that describes how the facility will transfer a COVID-19 positive resident to another facility capable of isolating and caring for the COVID-19 positive resident, if the facility cannot successfully isolate the resident.

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

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

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

(1) Designated space for:

(A) COVID-19 negative residents;

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

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

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

(3) Resident transport protocols.

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

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

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

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

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

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

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

(5) international travel within the last 14 days.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Attachment 8 §553.2003 ALF Phase 1 Limited Visitation Rule**

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 553 LICENSING STANDARDS FOR ASSISTED LIVING FACILITIES

SUBCHAPTER K COVID-19 EMERGENCY RULE

§553.2003 Assisted Living Facility Response Limited Visitation for a Phase 1 Facility

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

- (1) Outdoor visit-- a personal visit between a resident and one or more personal visitors that occurs in-person in a dedicated outdoor space.
- (2) Window visit-- a personal visit between a visitor and a resident during which the resident and personal visitor are separated by an open or closed window.
- (3) Vehicle parade—a personal visit between a resident and one or more personal visitors, during which the resident remains outdoors on the assisted living facility campus, and a visitor drives past in a vehicle.
- (4) Plexiglass indoor visit—a personal visit between a resident and one or more personal visitors, during which the resident and the visitor are both inside the facility but within a booth separated by a plexiglass barrier and the resident remains on one side of the barrier and the visitor remains on the opposite side of the barrier.
- (5) Compassionate care visit—a personal visit between one permanently designated visitor and a resident experiencing a failure to thrive.
- (6) Failure to thrive--a state of decline in a resident’s physical or mental health, diagnosed by a physician and documented in the resident records, which may be caused by chronic concurrent disease and functional impairment. Signs of a failure to thrive include weight loss, decreased appetite, poor nutrition, and inactivity. Prevalent and predictive conditions that might lead to a failure to thrive include: impaired physical function, malnutrition, depression, and cognitive impairment.

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

(b) An assisted living facility with a Phase 1 facility designation approved by HHSC may allow limited personal visitation as permitted by this section.

(c) To request a Phase 1 facility designation, an assisted living facility submits a completed LTCR form 2192, COVID-19 Status Attestation Form, to the Regional Director in the LTCR Region where the facility is located.

(d) To receive a Phase 1 facility designation, an assisted living facility must demonstrate:

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

(2) there are no active COVID-19 cases in residents;

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

(A) all staff and residents have fully recovered;

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

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

(e) An assisted living facility with a Phase 1 facility designation may allow outdoor visits, window visits, vehicle parades, limited indoor visits, and compassionate care visits involving residents and personal visitors. The following requirements apply to all visitation allowed under this section:

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

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

(3) Physical contact between residents and visitors is prohibited.

(4) Visits are permitted where adequate space is available that meets criteria and when adequate staff are available to monitor visits.

(5) All visitors must be screened outside of the assisted living facility prior to being allowed to visit, except visitors participating in a vehicle parade and closed

window visits. Visitors who meet any of the following screening criteria must leave the assisted living facility campus and reschedule the visit:

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

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

(C) additional signs and symptoms as outlined by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov);

(D) contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness; or

(E) international travel within the last 14 days.

(6) The resident must wear a facemask or face covering (if tolerated) throughout the visit.

(7) The assisted living facility must ensure social distancing of at least six feet is maintained between visitors and residents and limit the number of visitors and residents in the visitation area as needed.

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

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

(10) The assisted living facility must ensure a comfortable and safe outdoor visiting area (e.g., considering outside air temperatures and ventilation).

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

(f) The following requirements apply to outdoor visits, window visits, plexiglass indoor visits, and compassionate care visits:

(1) An assisted living facility must provide hand washing stations, or hand sanitizer, to the visitor and resident before and after visits.

(2) The visitor and the resident must practice hand hygiene before and after the visit.

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

(g) The following requirements apply to vehicle parades:

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

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

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

(4) The resident must wear a facemask or face covering (if tolerated) throughout the visit.

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

(1) The plexiglass booth must be installed in an area of the facility that does not impede a means of egress, does not impede or interfere with any fire safety equipment or system, and prevents the movement of visitors through the facility and their contact with other residents.

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

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

(4) The resident must wear a facemask or face covering (if tolerated) throughout the visit.

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

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

(i) The following requirements apply to compassionate care visits:

(1) The visit is limited to residents experiencing a failure to thrive.

(2) The visit is limited to one permanently designated personal visitor per resident at any time.

(3) If the resident experiencing failure to thrive cannot tolerate an outdoor visit, the visit can take place in the resident's room or other area of the facility separated from other residents. The assisted living facility must limit the movement of the visitor through the facility to ensure interaction with other residents is minimized.

(4) The visit must be supervised by facility staff for the duration of the visit.

(5) The resident must wear a facemask or face covering (if tolerated) throughout the visit.

(6) The facility must ensure social distancing of at least six feet is maintained between visitors and residents at all times.

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

(j) If, at any time after designation as a Phase 1 facility by HHSC, the facility experiences an outbreak of COVID-19, the facility must notify the Regional Director in the LTCR Region where the facility is located that the facility no longer meets Phase 1 criteria, and all Phase 1 visitation must be cancelled until the facility meets the criteria described in subsection (d) of this section.

The following provider letter is new.

## **Attachment 9 Long-Term Care Regulation Provider Letter 20-24**

Link:

<https://apps.hhs.texas.gov/providers/communications/2020/letters/PL2020-24.pdf>

Number: PL 20-24

Title: Phase 1 COVID-19 Visitation Requirements

Provider Types: Nursing Facility (NF), Assisted Living Facility (ALF) and Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)

Date Issued: August 14, 2020

### 1.0 Subject and Purpose

While ensuring effective infection control and health and safety for residents, staff, and the public, and in accordance with guidance from the Centers for Disease Control and Prevention (CDC) and the Department of State Health Services (DSHS), the Texas Health and Human Services Commission (HHSC) Long-term Care Regulation has developed requirements for Phase 1 visitation at certain facilities. To allow Phase 1 visitation, a facility must have specific policies in place and must submit LTCR Form 2192 to HHSC for approval.

### 2.0 Requirements for visitation in Phase 1

After a facility is designated a Phase 1 facility, the facility must not have any active COVID-19 cases among residents and must not have had any confirmed COVID-19 cases in facility staff for at least 14 consecutive days in order to offer Phase 1 visitation.

### 2.1 Types of visits allowed for NF, ALF and ICF/IID

If all requirements are met in the emergency rules in Title 40 Texas Administrative Code (TAC) §19.2803, Title 26 TAC §553.2003, and §551.47, a NF, ALF, or ICF/IID facility with a Phase 1 designation can allow:

- Outdoor visit—a visit between a resident and one or more personal visitors that occurs in-person in a dedicated outdoor space.
- Window visit—a personal visit between a visitor and a resident during which the resident and personal visitor are separated by an open or closed window.

- Vehicle parade—a visit between a resident and one or more personal visitors, during which the resident remains outdoors on the facility property, and visitors drive past in a vehicle.
- Compassionate care visit—a visit between one permanently designated visitor and a resident experiencing a failure to thrive. Failure to thrive is defined as a state of decline in a resident’s physical or mental health, as diagnosed by a physician and documented in the resident records, which can be caused by chronic concurrent disease and functional impairment. Signs of a failure to thrive include weight loss, decreased appetite, poor nutrition, and inactivity. Prevalent and predictive conditions that might lead to a failure to thrive include: impaired physical function, malnutrition, depression, and cognitive impairment. Only one person can be designated as a resident’s compassionate visitor. See section 2.5 for additional information on compassionate care visits.

## 2.2 Indoor visits allowed for **ALF and ICF/IID only**:

Plexiglass indoor visit—a visit between a resident and one or more visitors, during which the resident and the visitors are both inside the facility but within a booth separated by a plexiglass barrier. The resident must remain on one side of the barrier while the visitor remains on the opposite side. The facility must limit the number of residents in the visitation area as needed.

- The plexiglass booth must be installed in an area of the facility that does not impede a means of egress, does not impede or interfere with any fire safety equipment or system, and prevents the movement of visitors through the facility and their contact with other residents.
- To use a plexiglass booth for visitation, prior to use, the ALF or ICF/IID must submit for approval photos of the plexiglass visitation booth and its location in the facility to the Life Safety Code Program Manager in the LTCR Region where the facility is located. The photo must provide a complete view of the plexiglass booth. A virtual inspection via computer using FaceTime, Skype, or other electronic means of review between the facility and a LSC surveyor will also be conducted.
- An ALF or ICF who wants to allow indoor visitation should attach photos of the visitation booth and its location in the facility to the attestation form 2192 to facilitate approval.

## 2.3 Conditions for Visits

All visitors must be screened as provided in the emergency rules, except for those participating in vehicle parades, prior to the visit. Visitors who meet any of the following screening criteria must leave the facility property and reschedule the visit:

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

Social distancing must take place throughout the visit, and the facility can limit the number of visitors and residents in the visitation area as needed.

The facility can limit the number of visitors per resident per week and the length of time per visit to ensure equal access by all residents to visitors.

The facility must clean and disinfect the visitation area per CDC guidance before and after the visit.

The facility must ensure a comfortable and safe visiting area for outdoor visits (i.e., considering outside air temperatures and ventilation).

The visitor and resident must follow hand hygiene protocols, and the facility must provide hand-washing stations or hand sanitizer to the resident and visitor before and after the visit.

The visitor must wear a facemask or face covering over both the mouth and nose throughout the visit, with the exception of car parades.

The resident must wear a facemask or face covering (if tolerated) throughout the visit.

#### 2.4 Compassionate Care Visits

If a resident is experiencing a failure to thrive and a compassionate care visit is needed, the visit is limited to one permanently designated personal visitor per resident at any time. The visit can take place in the resident's room or other area of the facility separated from other residents, if the resident experiencing a failure to thrive cannot tolerate an outdoor visit. The visitor and resident must wear facemasks or face coverings, and hand hygiene must be practiced as described in section 2.3. The facility must limit the movement of the visitor through the facility

to ensure interaction with other residents is minimized, and staff should supervise/monitor the entire visit.

Only one person can be designated as a resident's compassionate care visitor. For example, if a resident's daughter is the compassionate care visitor, the daughter cannot be replaced by another person, as the compassionate care visitor. The name of the compassionate care visitor must be documented in the resident's record along with the failure to thrive diagnosis from a physician. Compassionate care visitors must be screened before entry each time they visit and must follow all other visitation requirements in this PL and in the emergency rule.

## 2.5 LTCR Form 2192 COVID-19

A NF, ALF, or ICF/IID must complete LTCR Form 2192 Phase 1 COVID-19 Status Attestation Form to notify LTCR that the facility seeks a Phase 1 facility designation and email it to the LTCR regional director in the LTCR region where the facility is located. The LTCR regional director or designee will review the form within three days of submission and notify the facility whether it has received a Phase 1 facility designation.

If approved, the facility can allow limited visitation in accordance with the applicable emergency rule. LTCR can conduct an on-site visit to confirm a Phase 1 facility's compliance with Phase 1 requirements. If HHSC determines that the facility does not meet Phase 1 requirements, the facility must immediately stop personal visitation allowed under the applicable emergency rules and return to full COVID-19 restrictions.

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

- The facility has had no confirmed COVID-19 cases in staff for at least 14 consecutive days.
- The facility has no active COVID-19 cases among residents.
- No COVID-19 cases have occurred in the facility, **or**
- The facility had previous cases of COVID-19 among staff or residents, and LTCR conducted a verification survey and confirmed the following:
  - all staff and residents have fully recovered;
  - the facility has adequate staffing to continue to care for all residents and monitor visits permitted in Phase 1; and
  - the facility is in full compliance with infection control requirements and emergency rules related to COVID-19.

A facility with a Phase 1 designation should be prepared to provide documentation upon request demonstrating that the facility was COVID-19 free for 14 days prior to their request for Phase 1 designation and at any time the facility is allowing Phase 1 visitation. Facilities may provide COVID-19 testing results for the most recent 14-day period prior to the request for Phase 1 designation or Phase 1 visitation activity. ALFs and ICF/IIDs may instead provide staff and resident screening logs covering the most recent 14-day period prior to the request for Phase 1 designation or Phase 1 visitation activity.

LTCR may conduct an onsite visit to confirm a Phase 1 facility's compliance with Phase 1 requirements for designation or visitation. If HHSC determines that the facility does not meet Phase 1 requirements, the facility must immediately stop personal visitation allowed under the applicable emergency rules and return to full COVID-19 restrictions.

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

In addition, making a false statement on the attestation form may result in the imposition of an administrative penalty as described in Texas Health and Safety Code (HSC), Chapter 242, section 242.066(a), HSC, Chapter 247, section 247.0451 (a) and HSC Chapter 252, section 252.065(a).

### 3.0 Background/History

To protect residents in ALFs, NFs, and ICF/IIDs, HHSC has adopted emergency rules allowing limited personal visitation. The facility must be designated by HHSC before it can move to Phase 1 and allow limited personal visitation.

### 4.0 Resources

LTCR Form 2192

Emergency rule in 26 TAC, Chapter 553, §553.2003 (ALF)

### 5.0 Contact Information

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