

# **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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# 1. Points of Contact for this Document

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## 2. Table of Changes

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| Version 3.0      | 5/12/20  | Reorganized attachment order and included new attachments.   |
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| Version 3.3      | 7/27/20  | Complete Re-Org.   |
| Version 3.3      | 7/27/20  | Added new HHSC Reporting Requirements  |
| Version 3.3      | 7/27/20  | New CDC Return to Work Exposure Guidance   |
| Version 3.3      | 7/27/20  | New Graphics for CDC Symptom Based Strategy  |
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| Version 3.4      | 8/13/20  | Revisions made to pages 5, 7, 8, 10, 12, 14, 15 and 16   |
| Version 3.4      | 8/13/20  | Added new Section: Re-Opening, pp 20-22  |
| Version 3.4      | 8/13/20  | Added Attachment 7 COVID-19 Response Emergency Rule 26 TAC §553.2001, pp 51-55   |
| Version 3.4      | 8/13/20  | Added Attachment 8 Phase 1 Limited Visitation Rule 26 TAC §553.2003, pp 55-59  |
| Version 3.4      | 8/13/20  | Added Attachment 9 LTCR Provider Letter PL 20-24 pp 60-64  |
| Version 3.5      | 10/2/20  | Updated email addresses to texas.gov for document POC  |
| Version 3.5      | 10/2/20  | Revisions made to pages 7, 9-17, 19-24, 27-31, 37 and 57.  |
| Version 3.5      | 10/2/20  | Deleted Attachment 8 Phase 1 Open Attachment 8 Phase 1 Limited Visitation Rule 26 TAC §553.2003  |
| Version 3.5      | 10/2/20  | Added Attachment 8 Expansion of Opening Visitation Rule 26 TAC §553.2003   |
| Version 3.5      | 10/2/20  | Deleted Attachment 9 LTCR Provider Letter PL 20-24   |
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| Version 3.6             | 12/9/20     | Added Attachment 14 LTCR Provider Letter PL 20-46  |
| Version 3.6             | 12/9/20     | Added Attachment 15 LTCR Provider Letter PL-37 (revised) Reporting Guidance for Long-term Care Providers |
| Version 3.7             | 1/22/21     | Added Attachment 9 26 TAC §553.2004 ALF COVID-19 Vaccination Data Reporting Rule                         |
| Version 3.7             | 1/22/21     | Added Attachment 17 LTCR Provider Letter PL 2021-01 Vaccination Data Reporting Revised                   |
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| Version 3.7             | 1/22/21     | Added survey monkey link to report Vaccines Administered in ALFs   |
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| Version 3.8             | 3/24/21     | Added Infection Control Zones Guidance on page 18  |
| Version 3.8             | 3/24/21     | Deleted (5) regarding foreign travel (obsolete) on p 66  |
| Version 3.8             | 3/24/21     | Revision to 4. Required Screening on page 9  |
| Version 3.8             | 3/24/21     | Revision to 5. Visitors  |
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| Version 3.9             | 8/6/21      | Deleted Obsolete Version of Emergency Rule §553.2001   |
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| Version 3.9             | 8/6/21      | Deleted ALF Outbreak Data (obsolete)   |

|             |          |   |
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| Version 4.0 | 8/27/21  | Revisions to 6. Infection Control   |
| Version 4.0 | 8/27/21  | Revisions to 7. Vaccines  |
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| Version 4.0 | 8/27/21  | Deleted State/Regional/Local Support-these resources are no longer available  |
| Version 4.1 | 10/27/21 | Updated 4 Required Screening for fully vaccinated staff and residents   |
| Version 4.1 | 10/27/21 | Updated 5 Visitors to comply with Governor Abbott's new GA 40   |
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| Version 4.1 | 10/27/21 | Updated 10 Reporting Requirements with information on additional and booster doses                                  |
| Version 4.1 | 10/27/21 | Deleted 11 End of Isolation/Staff Return to work, redundant information   |
| Version 4.1 | 10/27/21 | Updated Resources to delete you tube links that are obsolete and some no longer working                             |

## 3. Introduction

### Purpose

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

### Goals

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

### Overview

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

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



## 4. Required Screening

An ALF must screen all individuals who enter the facility prior to entry in accordance with the rules at 26 TAC §§[553.2001](#) (except for emergency services personnel in an emergency), including staff at the start of their shift, visitors, new residents, and residents returning to the facility, for:

- symptoms of COVID-19 per the CDC. Currently they are:
  - fever, defined as a temperature of 100.4° Fahrenheit and above;
  - signs and 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, diarrhea; and
- any other signs and symptoms as outlined by the CDC in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov); or
- has tested positive for COVID-19 in the last 10 days; or
- close contact in the previous 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness, regardless of whether the person is fully vaccinated, **<added> with these exceptions:<added>**
  - the individual is seeking entry to provide essential services such as doctors, nurses, home health and hospice staff;
  - **<added>**the individual is staff who is either fully vaccinated or has recovered from COVID-19 within the last 3 months
  - the individual is a resident and is either fully **vaccinated or has recovered from COVID-19 within the last 3 months.** **<added>**
- If a visitor meets any of the screening criteria, they must leave the facility and reschedule the visit.
- If staff meets any of the screening criteria, they cannot report to work until they meet CDC return to work criteria. See [attachment 3](#).
- If a resident meets any of the screening criteria. implement increased infection control measures **<added>**including quarantine as applicable**<added>** and monitor for symptoms of COVID-19 according to guidance.

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

Document in writing all persons who enter the building in a log kept at the entrance to the facility. Include, at least, the date, the person's name, current contact information, and the data from the screening (presence/absence of fever and symptoms). The screening log might contain protected health information and must be protected in accordance with applicable state and federal law.

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

## 5. Visitors

### Persons providing critical assistance

**Must be allowed to enter the facility** provided they pass required screening.

These include: ~~<deleted>The persons listed below are defined as persons providing critical assistance and provided they are wearing all necessary PPE as appropriate to the current COVID-19 status in the facility<deleted>-~~

- Family members and loved ones of residents at the end-of-life;
- Essential caregivers;
- Emergency responders;
- Persons with legal authority to enter, including:
  - Government personnel performing their official duties, including HHSC surveyors whose presence is necessary to ensure the ALF is protecting the health safety of residents and providing appropriate care;
  - Law enforcement officers and
  - Representatives of the Long-term Care Ombudsman's Office and representatives of Disability Rights Texas; and
- Providers of essential services which include: contract doctors, contract nurses, home health and hospice workers, health care professionals, contract professionals, clergy members and spiritual counselors, whose services are necessary to ensure resident health and safety.

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

~~<deleted redundant>Essential caregiver visits must be allowed in all facilities for all residents with any COVID-19 status.~~

~~Essential caregiver—A family member or other outside caregiver, including a friend, volunteer, clergy member, private personal caregiver, or court-appointed guardian, who is at least 18 years old and has been designated by the resident or legal representative.~~

~~Up to two essential caregiver visitors can be designated by each resident or their legally authorized representative.~~

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

~~The ALF must develop and enforce essential caregiver visitation policies and procedures, and document that the essential caregiver was informed of the policies and procedures and agrees to follow them.~~

### **Differences Between Essential Caregivers and Visitors:**

- ~~Essential caregiver visits are allowed for all residents with any COVID-19 status. Other visits (indoor, outdoor, salon services) are allowed only for residents with COVID-negative status.~~
- ~~Essential caregivers are required to be at least 18 years old.~~

- ~~• Essential caregivers must sign a written agreement to follow the ALF's applicable policies, procedures, and requirements.~~
- ~~• Essential caregivers must be trained on proper PPE usage and infection control measures, hand hygiene, and cough and sneeze etiquette. <deleted>~~

## Personal Visitors

ALFs must allow all residents who are COVID-19 negative to have personal visitors. Visits can occur where adequate space is available as necessary to ensure physical distancing between other residents and visitors, including the resident's room. For outdoor visits, the facility must ensure a comfortable and safe outdoor visitation area, considering outside air temperature and ventilation.

Visitors and residents are no longer required, by HHSC rule, to wear masks or face coverings or PPE.

Visits are not required to be scheduled in advance. An ALF can have scheduled visits and unscheduled visits.

See Expansion of Reopening Visitation at 26 TAC §[553.2003](#) for all requirements.

### All ALFs must:

- offer a complete series of a one- or two-dose COVID-19 vaccine to residents and staff and document each resident's choice to vaccinate or not vaccinate. "Offer" in this context means to administer, arrange/assist, OR educate/give information about the COVID-19 vaccine AND document the resident's choice to vaccinate or not vaccinate.
- allow visitors of any age;
- ~~<deleted redundant>allow indoor visits, outdoor visits, end-of-life visits, and visits for persons providing critical assistance, including essential caregivers for residents; <deleted>~~
- develop and enforce written policies and procedures related to visitation, including whether visitors and residents must wear a face mask, face covering, or appropriate PPE during visits;
- inform residents and visitors of the facility's infection control policies and procedures related to visitation;
- limit the movement of visitors through the facility to minimize interaction with other persons;
- give all residents equal access to personal visitors, end-of-life visitors and essential caregivers;
- ensure comfortable and safe visitation areas, considering outside air temperature and ventilation;
- provide hand-washing stations or hand sanitizer to visitors and residents before and after visits.
- Facilitate visits in a way that allows cleaning and cleaning and sanitizing common visitation areas.
- ~~<deleted> On August 23, 2021, as part of the continued reopening of the State of Texas, HHSC adopted new revisions to the ALF emergency visitation rules. Key changes include: All assisted living facilities must~~

- ~~ALFs no longer submit an attestation form or receive an approved visitation designation and plexiglass barriers or booths are no longer required for indoor visits.~~
- ~~ALFs are no longer required to have designated staff for each resident cohort (COVID-19 positive, COVID-19 negative, and unknown COVID-19 status).~~
- ~~ALFs are no longer required to keep a separate log for essential caregivers or verify the identity of the essential caregiver at each visit.~~
- ~~ALFs are no longer required to maintain a separate record of salon visits or verify the identity of the salon services visitor at each visit. <deleted~~

## Salon Services Visitors

An ALF can allow a salon services visitor (barber, beautician, or cosmetologist providing hair care or personal grooming services to a resident) to enter the facility to provide hair care or personal grooming services to COVID-19 negative residents. The rules in [§553.2003](#) detail the requirements for salon visits.

## Vaccination Status

An ALF can ask about a visitor’s COVID-19 vaccination status but must not require any visitor to provide documentation of their COVID-19 vaccination status as a condition of visitation or to enter the facility. A personal visitor may refuse to provide information about their vaccination status.

<added>

HHSC as a state agency cannot require vaccinations. A facility is a private business and should consult with their Legal and Human Resources area to address state and federal mandates regarding vaccines. <added>

## Visual Aid:

Table of visitors allowed according to resident COVID-19 status-

|   |  |
|---|--|
| <b>Essential Caregivers (EC)</b>        | ALFs are <b>required</b> to allow for all residents with any COVID-19 status |
| <b>Personal Visitors (not EC)</b>       | ALFs are <b>required</b> to allow for residents with COVID-negative status   |
| <b>End-of-Life Visitors</b>             | ALFs are <b>required</b> to allow for all residents with any COVID-19 status |
| <b>Providers of Critical Assistance</b> | ALFs are <b>required</b> to allow for all residents with any COVID-19 status |
| <b>Salon Service Visitors</b>           | ALFs <b>can</b> allow for residents with COVID-negative status               |

## 6. Infection Control

See Attachment 1: [ALF COVID-19 Response Infographics & Flowcharts](#), for visual aids outlining ALF response activities. Comply with all [CDC guidance related to infection control](#).

Establish infection control zones to keep resident cohort groups separate from each other and to limit movement of staff between the separate zones.

- Cold Zones for COVID-19 negative residents
  - Warm Zones for monitoring residents with unknown COVID-19 status
  - Hot Zones for COVID-19 positive residents
- An ALF must have spaces for staff to doff and dispose of PPE used in a warm zone or hot zone, and wash hands or use hand sanitizer before entering a cold zone in the facility:

### PPE

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

~~Plans for supplies should focus on ensuring that the facility~~

Maintain a two-week supply of PPE in accordance with 26 TAC §553.2001(c)(4).

~~and ensure that any 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.~~

Make necessary PPE available in areas where resident care is provided to residents with COVID-19 and residents with unknown COVID-19 status.

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.~~

### Cleaning and Disinfecting

Increase environmental cleaning. Clean and disinfect all frequently touched surfaces such as doorknobs/handles, elevator buttons, bathroom surfaces/fixtures, remote controls, and wheelchairs.

Make sure EPA-registered hospital-grade disinfectants are available. 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. Make sure sinks are well-stocked with soap and paper towels for handwashing.

Review your infection control policies and procedures. Review your emergency preparedness and response plan required by 26 TAC [§553.275](#). Update as needed. Ensure that any emergency plans specific to hurricanes or other natural disasters account for COVID-19.

## Staff

Staff must always wear proper PPE when caring for residents with COVID-19 or unknown COVID-19 status per 26 TAC [§553.261](#)(f).

Assisted living facilities should minimize the movement of staff between facilities wherever possible.

To encourage staff who are ill to stay home ALFs should enforce sick leave policies that do not penalize them with loss of status, wages, or benefits.

Require staff with symptoms of COVID-19 to report sick by phone or other virtual method consistent with facility policy. Staff must not enter the facility until they meet the current CDC return to work criteria. See [Attachment 3](#) Return- to-Work flowchart. ~~<deleted> or had prolonged close contact with someone who has COVID-19. <deleted>~~

~~<deleted> Staff should not report to work until the end of a 14-day quarantine period. If asymptomatic and no symptoms develop during daily monitoring, quarantine can end after day 10 without testing; or day 7 with a negative COVID-19 test result (test must occur on day 5 or later). <deleted>~~

If a staff member has a confirmed case of COVID-19 they must not enter the facility until they meet the current CDC return to work criteria. See [Attachment 3](#), Return- to-Work Flowchart.

Per CDC guidance **asymptomatic** staff who are fully vaccinated or were COVID-19 positive within the previous three months, who have higher-risk of exposure do not need to be restricted from work. Review [CDC Interim Infection Prevention and Control](#) Recommendations for Healthcare Personnel During the COVID-29 Pandemic for possible exceptions and additional information.

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.

## Residents

Ask residents to report if they feel feverish or have symptoms of respiratory infection and coronavirus. Actively monitor all residents upon admission and at least daily for fever and symptoms of COVID-19 in accordance with HHSC guidance. If a resident has fever or symptoms, implement increased infection control measures including quarantine as applicable.

## Leaving and returning

Residents have the right to leave and return to the facility for any reason, and the facility cannot restrict residents from exercising this right. The facility has a responsibility to ensure that the resident is making an informed decision. ~~<delete redundant>Specifically, the facility must educate a resident on the risks and benefits of spending time in the community, including the increased risk of contracting COVID-19. If the resident chooses to leave the facility, the facility must also educate the resident and family member about infection control and prevention procedures, including: <delete>~~

- ~~• avoiding crowds;~~
- ~~• performing hand hygiene;~~
- ~~• cough and sneeze etiquette;~~
- ~~• physical distancing (maintaining at least six feet of distance between themselves and people they don't know);~~
- ~~• being aware of others who may have COVID-19; and~~
- ~~• reporting any contact with another person who may have COVID-19 to the facility~~

~~Upon the resident's return to the facility, practice the following infection control procedures and provide staff assistance if needed:~~

- ~~• Ensure that the resident's hands are washed thoroughly, or alcohol-based hand sanitizer is used~~
- ~~• Ensure that the resident is screened, as is required for anyone entering the facility <delete>~~

## Same day

A resident who leaves the ALF and returns the same day is not necessarily considered to have unknown COVID-19 status. The resident's COVID-19 status is the same as it was when they left.

## Overnight

~~<added>~~ Per CDC guidance, an **asymptomatic** resident who is either fully vaccinated **or** had COVID-19 in the previous three months **and** has fully recovered, does not have to quarantine, even if they had close contact with someone who has COVID-19.

All other ~~<added>~~ residents who are new admissions, readmissions, or spent one or more nights away from the ALF, are considered to have unknown COVID-19 status. Residents with unknown COVID-19 status must be quarantined per the CDC guidance on [when to quarantine](#).



Keep in mind that quarantine does not mean the resident must remain in their room for the duration of the quarantine period. Daily monitoring is a must, as well as following infection control protocols.

If no symptoms develop during daily monitoring, quarantine can end after day 10 without testing; or after day 7 with a negative COVID-19 test result (test must occur on day 5 or later). Continue to monitor the resident for a total of 14 days after potential exposure. ~~<deleted>; even if the quarantine period ended early. <deleted>~~

~~<deleted> Fully vaccinated residents, who are asymptomatic should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with a COVID-19 infection. This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings. <deleted>~~

Fully vaccinated people who do not quarantine should still watch for [symptoms of COVID-19](#) for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

~~<deleted>The facility should discuss with the resident (or their visit companion) what activities occurred while the resident was outside the facility, using the following questions as a guide:~~

- ~~• Were you in any crowded spaces whether that be in public or at a large household gathering?~~
- ~~• Did you encounter anyone who tested positive for COVID-19 within the last 14 days?~~
- ~~• Did you encounter anyone who was exhibiting any symptoms related to COVID-19?~~

~~A "yes" to any of these questions should be further investigated. If the facility determines that a resident who left the facility requires a quarantine period, the facility must document the decision and its rationale.~~

## **Entertainers**

Entertainers are allowed to perform in the facility if they adhere to the following:

- Pass screening prior to entry.
- Maintain physical distance of 6-10 ft from audience.

## **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.

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 from the CDC for considerations regarding residents with dementia, in memory care or Alzheimer's certified units.

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

## 7.Vaccines

Everyone 12 years old and older is eligible for a free COVID-19 vaccine in Texas.

### <added> **HHSC**

HHSC as a state agency **cannot require vaccinations**. A facility is a private business and should consult with their Legal and Human Resources area to address state and federal mandates regarding vaccines. <added>

### **Find a Vaccine**

There are many ways to get fully vaccinated in Texas. For the most current vaccination resources visit [DSHS COVID-19 Vaccine Information](#)

#### **Mobile Vaccine Program**

The state mobile program provides a way for ALFs to schedule free mobile vaccinations. ALFs with five or more individuals who voluntarily choose to be vaccinated can call 844-90-TEXAS (844-908-3927) and select Option 3 to schedule a visit. <added>

#### **Local Pharmacies**

Check your local pharmacy's website to see if vaccine appointments are available. You can also check [CDC's Federal Retail Pharmacy Program website](#).

#### **Texas Public Health Vaccine Scheduler**

The Texas Vaccine Scheduler helps Texans get scheduled for a COVID-19 vaccine at clinics hosted by participating Texas public health entities.

Register online at [GetTheVaccine.dshs.texas.gov](https://www.getthevaccine.dshs.texas.gov) You will be notified by email or text when and where to get the vaccine. If there's not an available clinic near you, you will be directed to other places to get your vaccine.

Call (833) 832-7067 if you don't have internet or need help signing up. Call center support is available Monday–Friday from 8am–6pm and Saturday from 8am–5pm. Spanish language and other translators are available to help callers.

#### **Find Vaccine by Phone**

Americans can now text their ZIP code to GETVAX (438829) in English or VACUNA (822862) in Spanish to immediately receive addresses of nearby available vaccination centers.

### **ALFs Must Offer Vaccine**

ALFs must offer a complete series of a one- or two-dose COVID-19 vaccine to residents and staff and document each resident's choice to vaccinate or not vaccinate, in accordance with expansion on visitation rules, revised August 20, at 26 TAC [§553.2003](#).

"Offer" in this context means to administer, arrange/assist, OR educate/give information about the COVID-19 vaccine AND document each resident's choice to vaccinate or not vaccinate.

<added>

## **Additional Dose**

The CDC recommends that people with moderately to severely compromised immune systems receive an additional dose of mRNA COVID-19 vaccine at least 28 days after their second dose of the Pfizer or Moderna vaccine. This includes people who have:

- been receiving active cancer treatment for tumors or cancers of the blood;
- received an organ transplant and are taking medicine to suppress the immune system;
- received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system;
- moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome);
- advanced or untreated HIV infection; or
- active treatment with high-dose corticosteroids or other drugs that may suppress your immune response.

People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them.

See the CDC [additional dose](#) page for full current information about additional doses.

## **Booster Shot**

COVID-19 Vaccine booster shots are available for Pfizer-BioNTech vaccine recipients who completed their initial series at least 6 months ago and are:

- 65 or older;
- 18 or older and live in [long-term care settings](#);
- 18 or older and have [underlying medical conditions](#); and
- 18 or older and work or live in [high-risk settings](#).

People should consider their individual risks and benefits to getting a booster shot and talk to their healthcare provider.

See the [CDC booster shot page](#) for full current information about booster shots, including examples of who can get a booster shot.

The availability of additional doses and booster shots does not change the criteria for "fully vaccinated". Everyone is still considered fully vaccinated two weeks after their second dose in a 2-shot series, or two weeks after a single-dose vaccine. <added>

## **Residents**

Vaccination is voluntary. You cannot require residents to be vaccinated. A resident or the resident's legally authorized representative has the right to refuse the resident's vaccination.

## **Staff**

An ALF that wishes to impose a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.

<deleted> ~~Essential Caregivers~~

~~If adequate doses are left over after a round of vaccines has been~~

~~administered to all ALF residents and staff who want to be vaccinated, an ALF or pharmacy partner can vaccinate an essential caregiver. <deleted>~~

## Side Effects & Allergic Reactions

Mild side effects are normal signs your body is building protection, and they usually go away after a few days. Severe reactions from the vaccine are rare. To be safe, your provider will have you wait on-site for 15-30 minutes after your shot. There's no evidence that the vaccines cause long-term health problems.

People who have received the Johnson & Johnson vaccine who develop severe headache, abdominal pain, leg pain or shortness of breath within three weeks after vaccination should contact their healthcare provider.

ALFs are required to report any adverse reactions to COVID-19 vaccines to: [Vaccine Adverse Event Reporting System \(VAERS\) \(hhs.gov\)](#) (VAERS).

V-safe: Register with CDC's [V-safe After Vaccination Health Checker](#) on your smartphone to report any side effects after getting the COVID-19 vaccine. You'll also get reminders for your second vaccine dose.

## Vaccine Impact on COVID-19 Prevention Measures

The CDC has updated [select healthcare infection prevention and control](#) recommendations in response to COVID-19 vaccination.

People are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

If you do not meet these requirements, you are not fully vaccinated. Keep taking all CDC recommended [precautions until fully vaccinated](#).

## Become a Vaccine Provider

To become a COVID-19 vaccine provider, you must register through [EnrollTexasIZ.dshs.texas.gov](#). Only providers registered through this site can receive and administer COVID-19 vaccine in Texas.

## 8. Outbreaks

An outbreak of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff.

Please see the [Required Reporting](#) section in this document for details about how, when, and what to report regarding confirmed cases of COVID-19.

### Outbreak Testing

Testing is not currently mandated for ALF residents or staff.

The CDC recommends testing all individuals with symptoms ~~<deleted>and all individuals who were in close contact\* with an infected person<deleted>~~ whenever a COVID-19 outbreak occurs in a community where older adults or individuals with disabilities reside.

~~<deleted>\*Close contact per the CDC—a person who was within 6 feet of a person with confirmed COVID-19, anytime between the 2 days before symptom onset or date of testing (if the person was asymptomatic), and the time the person is isolated, that lasts for a cumulative total of 15 minutes, over a 24-hour period. <deleted>~~

### Care for Residents who have COVID-19

An ALF can provide care to resident(s) with COVID-19 if:

- the resident is asymptomatic or has mild to moderate symptoms that do not require hospitalization or a higher level of care than the ALF can provide;
- the ALF can isolate the resident in their own separate living quarters or in a separate, well-ventilated area that provides meaningful separation between the resident and the rest of the facility (a curtain or a moveable screen does not provide meaningful separation); and
- the ALF has sufficient staff capable of providing the level of care required without sacrificing the care of other residents in the facility.

~~<deleted redundant>Staff must wear all PPE recommended by the CDC when caring for residents who are COVID-19 positive and residents with unknown COVID status, regardless of symptoms. <deleted>~~

To prevent transmission, ALFs ~~<deleted>~~ ~~should~~ ~~use~~ separate staffing teams for COVID-19- positive residents whenever possible. ~~<deleted redundant>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. <deleted>~~

## **Transferring Residents who have COVID-19**

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

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

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

<added>

## 9. Therapeutics

Governor Abbott, Texas Division of Emergency Management (TDEM), and DSHS have established and expanded antibody infusion centers in communities across the state over the past several months. COVID-19 antibody infusion treatment can prevent a patient's condition from worsening and requiring hospital care.

The treatment is free and available to Texans who test positive for COVID-19 and have a referral from a doctor. Texans can visit [meds.tdem.texas.gov](https://meds.tdem.texas.gov) to find a therapeutic provider.

**Providers** with questions about monoclonal antibodies or ordering can email [therapeutics@dshs.texas.gov](mailto:therapeutics@dshs.texas.gov) or call Provider Support at 833-832-7068, option 0. <added>



# 10.Reporting Requirements

## Confirmed Cases of COVID-19

ALFs must report to HHSC:

- **the first confirmed case** of COVID-19 in staff or residents as a self-reported incident; and
- **the first new case** of COVID-19 after a facility has been without cases for **14 days or more** as a self-reported incident.

Notify HHSC of these incidents through [TULIP](#) or by calling Complaint and Incident Intake ([CII](#)) at 1-800-458-9858 within 24 hours of the positive test.

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

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

**Do not** report cases that do not meet the criteria outlined in the first two bullet points of this section (**first case, first new case after at least 14 days with no cases**). See [PL 2021-04](#) for full details.

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

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

If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone. Find contact information for your local/regional health department here: <https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/>

Work with your LHD to complete the COVID-19 case report form as necessary. Post a list of state contacts where it is visible on all shifts. Please [PL 20-37](#) for full guidance on reporting COVID-19 cases.

## Test Results

Facilities offering POC antigen testing related to COVID-19 must report data:

- for all testing completed;
- for all test results (positive, negative, or indeterminate); and
- for each individual tested (residents and staff).

A facility must report COVID-19 test results within 24 hours of the results being known or determined. On days when a facility does not conduct any tests, the facility would not submit a report.

Please see [Attachment 16](#): PL 20-46 Reporting Guidance for Long-term Providers for full guidance on reporting COVID-19 testing data.

## Vaccination Data

ALFs are required to report COVID-19 vaccinations administered in the facility to residents and staff, either by the facility or a pharmacy partner.

ALFs are also required to report vaccinations of residents and staff that occurred outside of the facility, such as at a pharmacy, doctor's office, or local vaccination clinic.

Do **not** include data for vaccinations administered to essential caregivers.

ALFs must submit this data to HHSC within 24 hours after each round of vaccinations is administered or within 24 hours after learning of the data.

HHSC developed a Survey Monkey tool to collect the data listed below:

<https://www.surveymonkey.com/r/SRDM2GY>

- How many **staff** received their **first dose** of a two-dose vaccine **or** the **only dose** of a single-dose vaccine?
- How many **staff** received their **second dose** of a two-dose vaccine?
- **<added>How many staff received a booster dose of the vaccine? <added>**
- How many **residents** received their **first dose** of a two-dose vaccine **or** the **only dose** of a single-dose vaccine?
- How many **residents** received their **second dose** of a two-dose vaccine?
- **<added>How many residents received an additional dose or booster dose of the vaccine? <added>**

Do not provide cumulative numbers. In other words, do not include in a new report totals from previous reports.

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

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

## VAERS Adverse Reactions to COVID-19 vaccines

ALFs are required to report any adverse reactions to COVID-19 vaccines to: [Vaccine Adverse Event Reporting System \(VAERS\) \(hhs.gov\)](#) (VAERS).

<deleted redundant>

## **11. End of Isolation and Staff Return to Work**

~~See Return-to-Work and End-of-Isolation Flowcharts.~~

### **Resident End of Isolation**

~~Follow current CDC guidance on when and how to end isolation of a resident who has recovered from COVID-19.~~

### **Staff Return to Work**

~~Follow current CDC guidance on when and how staff recovering from COVID-19 can return to work.~~

~~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. <deleted>~~

# 11. Resources

## List of Acronyms

| <b>Acronym</b> | <b>Full Name</b>                               |
|----------------|--|
| 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         |

## Links

### EPA:

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

### FEMA:

- [COVID-19 Pandemic Operational Guidance All-Hazards.](#)

### CDC:

- [Cleaning and Disinfecting Your Facility](#)
- [Considerations for Memory Care Units in Long-term Care Facilities](#)
- [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)
- [COVID-19 Travel Recommendations by Destination](#)
- [Donning and Doffing PPE Graphic](#)
- [Healthcare Workers: Information on COVID-19](#)
- [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 \(COVID-19\)](#)
- [PPE Burn Rate Calculator](#)
- [Proper N95 Respirator Use for Respiratory Protection Preparedness](#)
- ~~<deleted> Strategies for Optimizing the Supply of Facemasks <deleted>~~
- [Stress and Coping](#)
- [Symptoms of Coronavirus](#)

### DSHS:

- [Coronavirus Disease 2019 \(COVID-19\)](#)
- [Local Health Entities](#)
- [Public Health Regions](#)
- [Regional Advisory Councils](#)
- [State of Texas Assistance Request \(STAR\)](#)
- [Template Screening Log](#)
- [Texas Local Public Health Organizations HHS \(Federal\):](#)

- [Difference Between Isolation and Quarantine](#)
- [Vaccine Adverse Event Reporting System \(VAERS\) HHSC \(Texas\):](#)
- [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](#)
- [Vaccine Reporting Survey Monkey](#)
- [Executive Orders by Governor Greg Abbott OSHA](#)
- ~~<deleted all you tube video links>Counterfeit and Altered Respirators: The Importance of NIOSH Certification<deleted>~~
- ~~<deleted>Maintenance and Care of Respirators<deleted>~~
- [OSHA Respiratory Protection Standard \(29 CFR §1910.134\)](#)
- ~~<deleted>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<deleted>~~
- [TDEM](#)
- [COVID-19 Testing Locations](#)
- [meds.tdem.texas.gov.](#)

## Attachment 01: 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
- Develop a communication plan (external and internal)
- Evaluate supplies/resources including PPE
- Enact resident/staff/visitor screening
- Determine what community sources are available for COVID testing and how residents, staff and visitors, if applicable, can be tested (a "testing plan")
- Evaluate supply chains and other resources for essential materials including PPE

### **Immediately 0-24 Hours React**

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

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

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

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

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



## Attachment 02: Use of PPE in ALFs

### **PPE for COVID-19 positive and COVID-19 unknown status residents**

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.

[CDC: Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#)

[CDC: Using Personal Protective Equipment \(PPE\)](#)

## 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



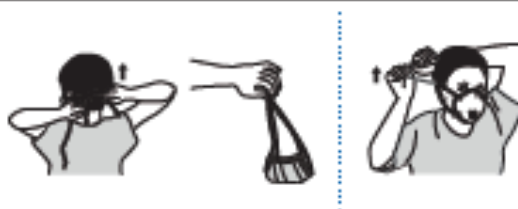
### 3. GOWN

- 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

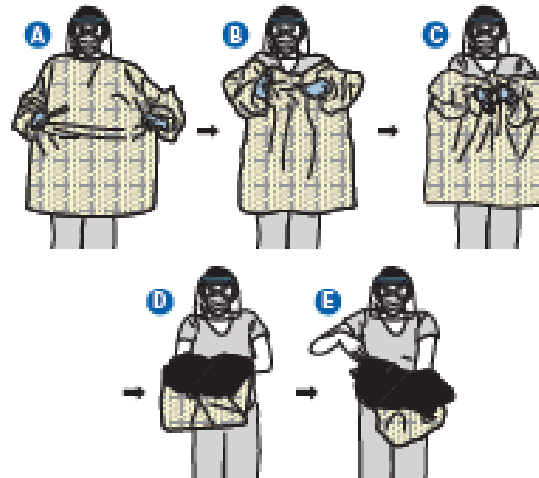


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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

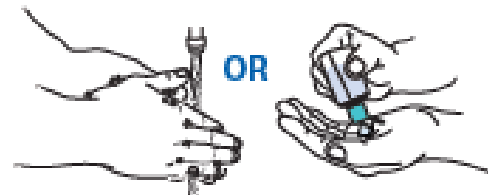


### 3. MASK OR RESPIRATOR

- 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 →



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 the reach of others



Do not re-use the mask

**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.**

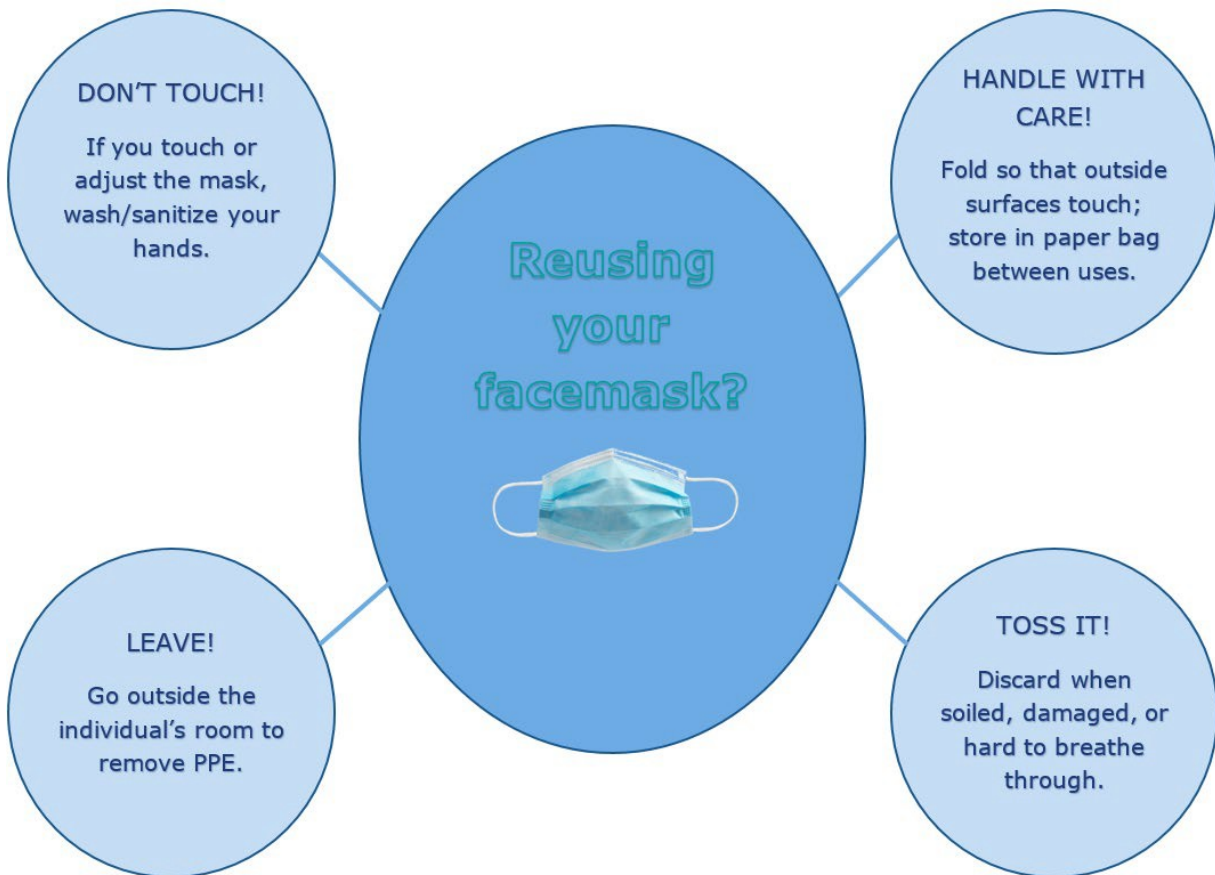
EPI·WIN



## Reusing Facemasks

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

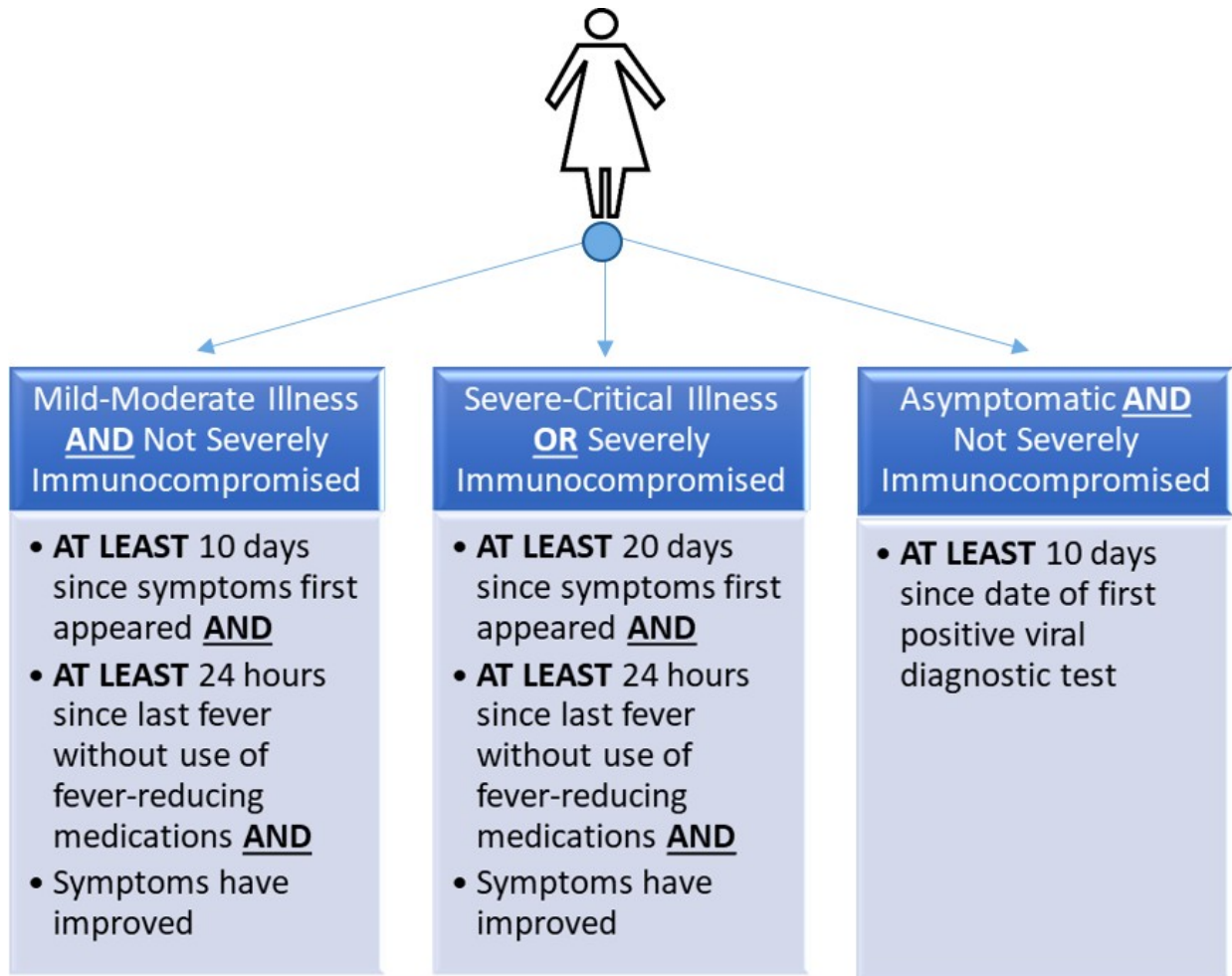
- Don't touch! If you touch or adjust the mask, wash/sanitize your hands.
- Handle with Care! Fold so that the outside surfaces touch; store in paper bag between uses.
- Toss it! Discard when soiled, damaged or hard to breathe through.
- Leave! Go outside the resident's room to remove PPE.



# Attachment 03: Staff Return-to-Work and Resident End of Isolation Flowcharts

## Staff Return-to-Work Flowchart

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



### 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 and Not Severely Immunocompromised

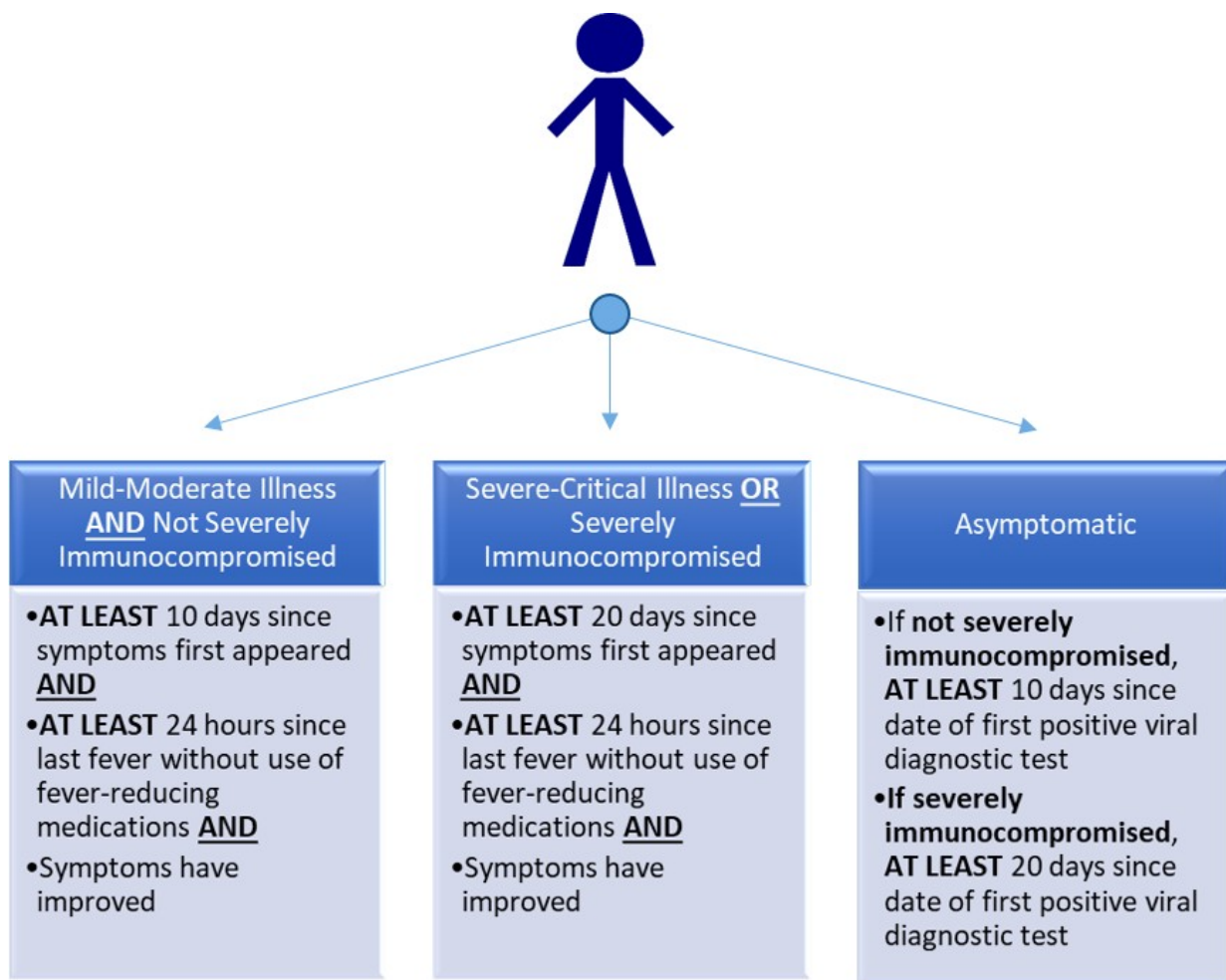
- **At least** 10 days since date of first positive viral diagnostic test

### After returning to work, staff should:

- self-monitor for symptoms and
- immediately stop work, leave the facility, and seek immediate care if Symptoms recur or worsen.

## Resident End of Isolation Flowchart

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



### 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 05: 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?
- 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?
- 

Did staff follow procedures to process surveyor screening prior to entry?

## 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?

## 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 such as hand sanitizer, soap, paper towels, garbage bags for disposal, and bleach wipes are readily available and who they contact for replacement supplies.

Are staff performing hand hygiene (even if gloves are used) whenever indicated, including in the following situations? 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)

Is alcohol-based sanitizer available and readily accessible for staff?

## PPE

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 staff using N95 respirators, or if not available, masks?
- 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?

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

- Is there evidence that the facility staff has been educated on COVID-19 (symptoms, how it is transmitted, screening criteria, work exclusions)?
- Do all staff have access to the facility administrator or manager?
- Do staff have access to contact information for the Local Health Department, (or if there is no Local Health Department, the Department of State Health Services), and local hospital for emergencies and medical guidance?
- How has the provider conveyed updates on COVID-19 to all staff?

### **Shift Change**

*The facility must document staff, resident and visitor screening. The screening log 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**

If staff develop symptoms at work, does the facility:

- have a process for staff to report their illness or developing symptoms?
- 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 service plans and information for current resident health conditions.*

- Did the facility conduct a review of all resident service plans to establish a baseline for health conditions and symptoms of illness?
- What actions were taken to update resident service plans if necessary, and to inform residents about changes in facility policy? 26 TAC §553.259(b)

### **Medication Administration**

*Review the medication list and medication administration record for each resident.* 26 TAC §553.261(a) 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?

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

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

### **Sanitation and Housekeeping**

*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 §553.275

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

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

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

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

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

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

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

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

Determine whether staff, residents, and families are notified of positive COVID-19 cases in the ALF. How is the ALF tracking hospitalization of COVID-19-positive ALF residents?

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

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



# Attachment 06 26 TAC §553.2001 Covid-19 Emergency Rule

[Action Memorandum for the Executive Commissioner \(texas.gov\)](https://www.texas.gov)

|              |  |
|--------------|--|
| 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.

## Revised 8/11/2021

(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--The status of 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--The status of 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) Fully vaccinated person--A person who received the second dose in a two-dose series or a single-dose of a one dose COVID-19 vaccine and 14 days have passed since this does was received.

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

(7) PPE--Personal protective equipment means 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.

(8) Quarantine--The practice of keeping someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of

the disease that can occur before a person knows they are sick or if they are infected with the virus without experiencing symptoms.

(9) Unknown COVID-19 status--The status of a person, except as provided by the CDC for fully-vaccinated residents or residents who have recovered from COVID-19, who:

(A) is a new admission or readmission;

(B) has spent one or more nights away from the facility;

(C) has had known exposure or close contact with a person who is COVID-19 positive; or

(D) is exhibiting symptoms of COVID-19 while awaiting test results.

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

(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 HHSC guidance.

(e) An assisted living facility must screen residents according to HHSC guidance:

(1) upon admission or readmission to the facility; and

(2) at least once a day in accordance with HHSC guidance.

- (f) An assisted living facility must screen each employee or contractor for the criteria in subsection (d) 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.
- (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 in accordance with CDC guidance.
- (i) A resident with COVID-19 positive status 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 resident with COVID-19 positive status 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) staff must inform the facility per facility policy prior to reporting for work if they have known exposure or symptoms;
  - (2) staff must perform self-monitoring on days they do not work; and
  - (3) the facility must develop and implement a policy regarding staff working with other long-term care (LTC) providers that limits the sharing of staff with other LTC providers and facilities, unless required in order to maintain adequate staffing at a facility.
- (l) The facility must develop and enforce policies and procedures for infection control. The written standards, policies, and procedures for the facility's infection prevention and control program must include standard and transmission-based precautions to prevent the spread of COVID-19, including the appropriate use of PPE. All facemasks and N95 masks must be in good functional condition as described in the COVID Response Plan for Assisted Living Facilities.
  - (1) An assisted living facility must comply with CDC guidance on the optimization of PPE when supply limitations require PPE to be reused.
  - (2) An assisted living facility must document all efforts made to obtain PPE, including each 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) A facility must 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) A facility must submit Form 3613-A, Provider Investigation Report, to HHSC Complaint and Incident Intake through TULIP or by calling 1-800-458-9858 within five working 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.

# Attachment 07 26 TAC §553.2003 Expansion of Reopening Visitation

[ALF Expansion of Reopening Visitation Emergency Rules 08.20.21 \(texas.gov\)](#)

Revised August 20, 2021

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 553 LICENSING STANDARDS FOR ASSISTED LIVING FACILITIES  
SUBCHAPTER K COVID-19 EMERGENCY RULE

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

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

(1) COVID-19 negative--The status of a person who has either tested negative for COVID-19, is not exhibiting symptoms of COVID-19, and has had no known exposure to the virus in the last 14 days.

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

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

(4) Essential caregiver--A family member or other outside caregiver, including a friend, volunteer, clergy member, private personal caregiver, or court-appointed guardian, who is at least 18 years old and has been designated by the resident or legal representative.

(5) Essential caregiver visit--A personal visit between a resident and an essential caregiver. An essential caregiver visit is permitted for all residents with any COVID-19 status.

(6) Facility-acquired COVID-19 infection--COVID-19 infection that is acquired after admission in a facility and was not present at the end of the 14-day period following admission or readmission.

(7) Fully vaccinated person--A person who received the second dose in a two- dose series or a single dose of a one dose COVID-19 vaccine and 14 days have passed since this dose was received.

(8) Indoor visit--A personal visit between a resident and one or more personal visitors that occurs in-person in a dedicated indoor space.

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

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

(11) Persons providing critical assistance--Providers of essential services, persons with legal authority to enter, and family members or friends of residents at the end of life, and designated essential caregivers.

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

(13) Physical distancing--Maintaining a minimum distance between persons as recommended by the CDC, avoiding gathering in groups in accordance with state and local orders, and avoiding unnecessary physical contact.

(14) PPE--Personal protective equipment.

(15) Providers of essential services--Contract doctors or nurses, home health and hospice workers, health care professionals, contract professionals, and clergy members and spiritual counselors, whose services are necessary to ensure resident health and safety.

(16) Salon services visit--A personal visit between a resident and a salon services visitor.

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

(18) Unknown COVID-19 status--The status of a person, except as provided by the CDC for a fully-vaccinated resident who has recovered from COVID-19, who:

(A) is a new admission or readmission;

(B) has spent one or more nights away from the facility;

(C) has had known exposure or close contact with a person who is COVID-19 positive; or

(D) is exhibiting symptoms of COVID-19 while awaiting test results.

(b) An assisted living facility must screen all visitors prior to allowing them to enter the facility in accordance with subsection (c) of this section, except emergency services personnel entering the facility or facility campus in an emergency. Visitor screenings must be documented in a log kept at the entrance to the facility, which must include the name of each person screened, the date and time of the screening, and the results of the screening. The visitor screening log may contain protected health information and must be protected in accordance with applicable state and federal law.

(c) Visitors must be screened in accordance with HHSC guidance.

(d) An assisted living facility must allow persons providing critical assistance, including essential caregivers, and persons with legal authority to enter the facility if they pass the screening described in subsection (c) of this section.

(e) A person providing critical assistance who has had contact with a person with COVID-19 positive or COVID-19 unknown status, but does not meet the CDC definition of close contact or unprotected exposure, must not be denied entry to the facility unless the person providing critical assistance does not pass the screening criteria described in subsection (c) of this section, or any other screening criteria based on CDC guidance.

(f) The facility must offer a complete series of a one- or two-dose COVID-19 vaccine to residents and staff and document each resident's choice to vaccinate or not vaccinate.

(g) The facility must allow essential caregiver visits, end-of-life visits, indoor visits, and outdoor visits as required in this subsection. If a facility fails to comply with the requirements of this subsection, HHSC may take action in accordance with Subchapter H of this chapter (relating to Enforcement).

(1) The following limits apply to all visitation allowed under this section.

(A) An assisted living facility may ask about a visitor's COVID-19 vaccination or test status. However, a facility must not require a visitor to provide documentation of a COVID-19 negative test or COVID 19 vaccination status as a condition of visitation or

entering the facility.

(B) A facility must develop and enforce policies and procedures that ensure infection control practices, including whether the visitor and the individual must wear a face mask, face covering, or appropriate PPE.

(C) To permit indoor visitation, an assisted living facility must have separate areas, which include enclosed rooms such as bedrooms, or activities rooms, units, wings, halls, or buildings, designated for COVID-19 positive, COVID-19 negative, and unknown COVID-19 status resident cohorts.

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

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

(ii) infection control precautions; and

(iii) other applicable facility practices (e.g., use of facemasks and other appropriate PPE, specified entries and exits, routes to designated areas, and hand hygiene).

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

(F) Except as provided in subparagraph (G) of this paragraph, indoor visits and outdoor visits are permitted only for residents who have COVID-19 negative status.

(G) Essential caregiver visits and end-of-life visits are permitted for residents who have COVID-19 negative, COVID-19 positive, or unknown COVID-19 status.

(H) Except as provided in subparagraph (I), a resident and his or her personal visitor may have close or personal contact in accordance with CDC guidance. The visitor must maintain physical distancing between themselves and all other persons in the facility.

(I) Essential caregiver visitor and end of life visitors may have close or personal contact with the resident they are visiting. The visitor must maintain physical distancing between themselves and all other persons in the facility.

(J) Visits are permitted where adequate space is available as necessary to ensure physical distancing between visitation groups and safe infection prevention and control measures, including the resident's room. The facility must limit the movement of the visitor through the facility to ensure interaction with other persons in the facility is minimized.

(K) A facility must ensure equal access by all residents to personal visitors, end-of life visitors, and essential caregivers.

(L) A facility must allow visitors of any age.

(M) A facility must ensure a comfortable and safe outdoor visitation area for outdoor visits, considering outside air temperature and ventilation.

(N) A facility must inform visitors of the facility's infection control policies and procedures related to visitation.

(O) A facility must provide hand washing stations, or hand sanitizer, to the visitor and resident before and after visits.

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

(2) The following requirements apply to essential caregiver visits.

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

(B) Up to two essential caregivers may visit a resident at the same time.

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

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

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

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

(ii) training each essential caregiver on proper PPE usage and infection control measures, hand hygiene, and cough and sneeze etiquette;

(iii) expectations regarding using only designated entrances and exits as directed, if applicable; and

(iv) limiting visitation to the area designated by the facility in accordance with subparagraph (C) of this paragraph.

(F) An assisted living facility must:

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

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

(iii) maintain documentation of the essential caregiver's training as required in subparagraph (E)(ii) of this paragraph;

(iv) maintain documentation of the identity of each essential caregiver in the resident's records; and

(v) prevent visitation by the essential caregiver visitor if the essential caregiver visitor has signs and symptoms of COVID-19 or an active COVID-19 infection.

(G) The facility may cancel the essential caregiver visit if the essential caregiver fails to comply with the facility's policy regarding essential caregiver visits or applicable requirements in this section.

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

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

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

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

(i) The following requirements apply to salon services visits.

(1) A salon services visit may be permitted for all residents with COVID-19 negative status.

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

(3) Salon services visitors do not have to maintain physical distancing between themselves and each resident they are visiting, but they must maintain physical distancing between themselves and all other persons in the facility.



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

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

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

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

(D) limiting visitation to the area designated by the facility in accordance with paragraph (2) of this subsection.

(5) The assisted living facility must:

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

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

(C) maintain documentation of the salon services visitor's training as required in paragraph (4)(B) of this subsection;

(D) document the identity of each salon services visitor in the facility's records;

(E) prevent visitation by the salon services visitor if the resident has an active COVID-19 infection; and

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

(j) 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 a facility, the facility must comply with the executive order or other direction.

# Attachment 08 Long-term Regulation Provider Letter PL 2021-31

[Provider Letter 2021-31 \(replaces PL 2021-22\), COVID-19 Response – Expansion of Reopening Visitation and Mitigation Response Rules \(PDF\)](#)

## 1.0 Subject and Purpose

As part of the continued reopening of the State of Texas, HHSC has adopted a new expanded emergency rule for essential caregiver visits, end-of-life visits, and salon services visits in assisted living facilities (ALFs). This letter describes the requirements for these visits. See the expansion of reopening visitation rules at 26 TAC §553.2003 for the complete list of requirements.

This letter also provides guidance in Section 7.0 regarding the August 11, 2021 rules in 26 TAC §553.2001 relating to the Mitigation of COVID-19 Response.

## 2.0 Expanded Visitation Rule

ALFs must allow indoor visits, outdoor visits, end-of-life visits, and visits for persons providing critical assistance, including essential caregivers for residents.

- Visitors and residents are no longer required, by HHSC rule, to wear face masks or face coverings or personal protective equipment (PPE).
- An ALF must develop and enforce policies and procedures that ensure infection control practices, including whether the visitor and the resident must wear a face mask, face covering, or appropriate PPE.
- Visits are no longer required to be scheduled in advance. A facility can allow for both scheduled and unscheduled visits. A facility that requires visits to be scheduled in advance must not use scheduling to prohibit or limit visitation for residents. All visits must be facilitated to allow time for cleaning and sanitization of the visitation area between visits and to ensure infection prevention and control measures are followed.
- Indoor visitation is not limited to areas with a plexiglass barrier or booth, and ALFs are no longer required to submit an attestation form or receive an approved visitation designation.
- To allow indoor visitation, an ALF no longer must ensure staff are designated to work with only one resident cohort but must continue to have separate areas, units, wings, halls, or buildings designated for COVID-19 positive, COVID-19 negative, and unknown COVID-19 status resident cohorts.
- An ALF is no longer required to keep a separate log for essential caregivers or verify the identity of the essential caregiver at each visit.
- A visitor may not participate in a visit if he or she has signs and symptoms of COVID-19 or an active COVID-19 infection. Visitors must be screened in accordance with HHSC guidance. The HHSC guidance follows the most current CDC guidelines for screening. At this time, screening includes:
  - Fever, defined as a fever of 100.4 degrees Fahrenheit and above;
  - Signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste of smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
  - Any other signs and symptoms as outlined by CDC in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov);

- Close contact during the prior 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, regardless of the visitor’s vaccination status; or
- A positive COVID-19 test in the last 10 days.

### 3.0 Vaccination Status

The facility must offer a complete series of a one- or two-dose COVID-19 vaccine to residents and staff and document each resident’s choice to vaccinate or not vaccinate. “Offer” in this context means to administer, arrange/assist, **OR** educate/give information about the COVID-19 vaccine **AND** document the resident’s choice to vaccinate or not vaccinate.

An ALF may ask about a visitor’s COVID-19 vaccination status but **must not** require a visitor to provide documentation of his or her COVID-19 vaccination status as a condition of visitation or to enter the facility. A personal visitor may refuse to provide information about his or her vaccination status.

A person is considered fully vaccinated when he or she has received the second dose in a two-dose COVID-19 vaccination series or received one dose of a single-dose COVID-19 vaccination and at least 14 days have passed since the person received the dose. A personal visitor who does not meet this definition of fully vaccinated, including a visitor who refuses to provide information about his or her vaccination status, is considered to be unvaccinated.

### 4.0 Visitation Requirements

The following applies to all visitations

An ALF must

- Develop and enforce policies and procedures that ensure infection control practices, including whether the visitor and the resident must wear a face mask, face covering, or appropriate PPE;
- ensure equal access by all residents to personal visitors, end-of-life visitors, and essential caregivers;
- allow visitors of any age;
- ensure a comfortable and safe outdoor visitation area for outdoor visits, considering outside air temperature and ventilation;
- inform visitors of the facility’s infection control policies and procedures related to visitation;
- limit the movement of the visitor through the facility to ensure interaction with other persons in the facility is minimized; and
- provide hand-washing stations, or hand sanitizer, to the visitor and resident before and after visits.

Visitation must be facilitated to allow time for cleaning and sanitization of the visitation area between visits and to ensure infection prevention and control measures are followed. An ALF can allow both scheduled and unscheduled visits. Scheduling visits in advance cannot prohibit or limit visitation for residents.

Essential caregivers and end-of-life visitors may have close or personal contact with the resident he or she is visiting. The resident and his or her personal visitor may have close or personal contact in accordance with CDC guidance.

Visits are permitted where adequate space is available as necessary to ensure physical distancing between visitation groups and safe infection prevention and control measures. Visits are permitted in the resident's room.

The resident may have more than one person visiting at a time, but the number of visitors permitted is dependent upon the size and space of the area where the visit is taking place. Visitors do not have to physical distance from the resident they are visiting or from one another during the visit, but the visitors must physically distance themselves from other residents and staff while at the facility.

Essential caregiver visits and personal visitors may visit a resident at the same time, as long as space permits.

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

## **5.0 Essential Caregiver Visits**

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

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

- Up to two essential caregivers can be designated per resident and up to two essential caregivers can visit each resident at the same time.
- An essential caregiver visit is not allowed if the visitor has signs or symptoms of COVID-19 or an active COVID-19 infection.

Essential caregiver visits can occur outdoors, in the resident's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other residents.

- Essential caregivers do not have to maintain physical distancing between themselves and the resident they are visiting but must maintain physical distancing between themselves and other persons in the facility.
- An ALF is no longer required to maintain a separate record of the essential caregiver visit or verify the identity of the essential caregiver at each visit.

An ALF must develop and enforce essential caregiver visitation policies and procedures, including:

- a written agreement that the essential caregiver understands and agrees to follow the applicable policies, procedures, and requirements;
- training each designated essential caregiver on infection control measures, hand hygiene, and cough and sneeze etiquette;
- expectations regarding using only designated entrances and exits as directed, if applicable; and
- limiting visitation to the area designated by the facility.

An ALF must also:

- inform the essential caregiver of applicable policies, procedures, and requirements;
- maintain documentation of the essential caregiver's agreement to follow the applicable policies, procedures, and requirements;
- maintain documentation of the essential caregiver's training on infection control

- measures, hand hygiene, and cough and sneeze etiquette;
- maintain documentation of the identity of each essential caregiver in the resident’s records; and
- prevent visitation by the essential caregiver if the essential caregiver has signs and symptoms of COVID-19 or an active COVID-19 infection.

## **6.0 Salon Services Visits**

An ALF may allow salon services visits in accordance with §553.2003 and is no longer required to maintain a separate record of the visit or verify the identity of the salon services visitor at each visit.

## **7.0 Assisted Living Facility Covid-19 Response**

26 TAC §553.2001 details the mitigation response to COVID-19 for assisted living facilities. Revisions to this emergency rule, released on August 11, 2021, include the following.

- Note updated definitions for “fully vaccinated person,” “quarantine,” and “unknown COVID-19 status.”
- A facility must screen all residents, staff, and other people who come into the facility in accordance with HHSC guidance.
- Note revisions to the timeline for submitting Form 3613-A from within five days to five working days.
- A facility must screen residents upon admission or readmission and at least once a day in accordance with HHSC guidance. HHSC guidance follows the most current CDC guidelines for screening. At this time, screening includes the following:
  - Fever, defined as a fever of 100.4 Fahrenheit and above;
  - Signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste of smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
  - Any other signs and symptoms as outlined by CDC in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov);
  - Close contact during the prior 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, regardless of the visitor’s vaccination status; or
  - A positive COVID-19 test in the last 10 days.

## **8.0 Contact Information**

If you have any questions about this letter, please contact the Policy and Rules by email at [LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov) or call (512) 438-3161. <added>

# Attachment 09 26 TAC §553.2004 ALF COVID-19 Vaccination Data Reporting and Communication System Enrollment

[Revised ALF COVID-19 Vaccination Data Reporting Rule and Emergency Communication System \(texas.gov\)](https://www.texas.gov)

|              |  |
|--------------|--|
| 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                            |

§553.2004. Assisted Living Facility COVID-19 Vaccination Data Reporting and Emergency Communication System Enrollment

- (a) An assisted living facility manager and one additional designee must enroll in an emergency communication system in accordance with instructions from the Texas Health and Human Services Commission (HHSC)
- (b) An assisted living facility must respond to requests for information received through the emergency communication system in the format established by HHSC.
- (c) Based on state law and federal guidance, HHSC finds COVID-19 to be a health and safety risk and, therefore, requires an assisted living facility to, within 24 hours of completing a round of vaccinations, accurately report COVID-19 vaccination data for staff and residents to HHSC in the format established by HHSC.

# Attachment 10 Long-term Regulation Provider Letter PL 2020-37 (Revised)

[PL 20-37 revised 11.20 \(texas.gov\)](https://www.texas.gov)

Reporting Guidance for Long-term Care Providers Date Revised: November 19, 2020

## 1.0 Subject and Purpose

This letter outlines provider reporting responsibilities related to COVID-19 positive cases and deaths (COVID-19 and non-COVID-19 related). This letter and attachment also consolidate reporting requirements in a more user-friendly manner. This letter has been revised to include information for ALF and ICF providers offering point-of-care testing for COVID-19.

## 2.0 Policy Details & Provider Responsibilities

ALF Related Conditions COVID-19 Reporting Responsibilities

All ALFs shall:

- Report the first confirmed case of COVID-19 in staff or residents, as well as the first confirmed case of COVID-19 after a facility has been without new cases for 14 days or more, to CII through TULIP or by calling 1-800-458-9858 within 24 hours of the confirmed positive result.
- Complete Form 3613-A Provider Investigation Report and submit within five days from the day a confirmed case is reported to CII. The provider investigation report can be submitted:
  - via TULIP
  - by email at [ciiprovider@hhsc.state.tx.us](mailto:ciiprovider@hhsc.state.tx.us); or
  - by fax at 877-438-5827
- Report all confirmed COVID-19 cases immediately to the health authority with jurisdiction over the facility. If there is no local health authority, report to DSHS directly
- ALFs offering point-of-care testing related to COVID-19 must report data for all testing completed, for each individual tested. Reporting is to be made within 24 hours of results being known or determined, on a daily basis. The following steps outline what is needed to begin reporting in order to meet state and federal requirements.
- Report all resident deaths, serious injury of a resident, or any threat to a resident's health or safety resulting from a disaster or emergency to CII via TULIP or 1-800-458-9858 within 24 hours and complete form 3613-A provider investigation report within working days 5 days.
- If the death might have resulted from abuse, neglect, or exploitation, additional reporting requirements might apply.

# Attachment 11 Long-Term Care Regulation Provider Letter PL 20-48

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

Transferring COVID-19 Positive Residents

Date Issued: November 3, 2020

## 1.0 Subject and Purpose

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

## 2.0 Policy Details & Provider Responsibilities

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

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

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

- Isolate a resident requiring transfer away from other residents and implement all applicable infection control precautions until the resident can be transferred.
- Have staff monitor the resident for worsening symptoms or a change in condition that would require a call to 911, including warning signs of respiratory distress. Subsection 2.2 lists the most common emergency warning signs of respiratory distress.
- Make arrangements with the receiving facility to temporarily admit the resident until the resident is cleared to return to their home facility.
- Work with the receiving facility to ensure continuity of care, including filling any prescriptions as necessary and making the receiving facility aware of any scheduled medical appointments, and coordinate the transfer of any other relevant medical information.
- Provide the receiving facility with a copy of the resident's service plan.
- Ensure that all items that the resident will need at the receiving facility are securely packed and that they are transferred along with the resident.
- Provide transportation to the receiving facility or arrange appropriate transportation according to the resident's condition and preference.
- Inform the following persons that the facility is transferring the resident and include the



date of transfer and anticipated length of stay:

- the resident, the resident's legally authorized representative, and any emergency contact(s);
- the resident's primary care physician or medical team, as applicable; and
- any home and community support services agency or health care professional who provides care for the resident in the facility.

### **2.1 Emergency warning signs of respiratory distress**

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

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

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

### **3.0 Background/History**

To protect residents in ALFs, HHSC has adopted emergency rule 26 TAC §553.2001 that requires ALF providers to include in their COVID-19 response plan a protocol that describes how the facility will transfer a COVID-19 positive resident to another facility or to a higher level of care, as applicable, capable of providing the necessary level of care, if the facility cannot provide the care required.

# Attachment 12 Long-Term Care Regulation Provider Letter PL 20-50

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

Influenza (Flu) Vaccine Guidance During COVID-19

Date Issued: November 17, 2020

## 1.0 Subject and Purpose

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

## 2.0 Policy Details & Provider Responsibilities

### 2.1 The Adult Influenza Vaccine Initiative

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

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

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

Provider enrollment process:

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

### 2.2 Vaccination of Persons with Confirmed or Suspected COVID-19

In general, the annual influenza vaccination should be deferred for persons with suspected or confirmed COVID-19 until the criteria for the discontinuation of transmission-based precautions have been met. While

mild illness is not a contraindication to vaccination, vaccination visits for those who have not met all criteria to discontinue isolation should be postponed in order to avoid potentially exposing healthcare personnel and others to the virus that causes COVID-19.

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

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

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

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

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

### **2.4 People who SHOULD NOT get the flu vaccine**

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

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

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

- Allergy to eggs or any of the ingredients in the vaccine. See Special Considerations Regarding Egg Allergy for more information about egg

allergies and flu vaccine.

- History of Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get a flu vaccine.

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

### **3.0 Background/History**

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

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

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

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

[Provider Letter 2020-49 \(Revised\) - Process to Request Free COVID-19 Point of Care Antigen Test Kits \(texas.gov\)](#)

Date Revised: November 23, 2020

## 1.0 Subject and Purpose

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

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

## 2.0 Policy Details & Provider Responsibilities

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

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

### 2.1 Eligibility

The attestation criteria require an ALF to:

- be located in a county where the COVID-19 positivity rate is greater than 10% and in a rural area where there are limited free test sites available;
- have a current Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver or a CLIA laboratory certificate;
- only use the test kits to test essential caregivers;
- administer the test only by ALF staff who successfully complete training provided by Abbott Laboratories or who are clinicians with appropriate education and training;

- follow all reporting requirements associated with the use of the Binax cards;
- report test results appropriately;
- not be part of a large corporation; and
- continue to seek out community resources to secure testing.

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

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

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

## **2.2 CLIA Waivers**

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

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

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

## **2.3 Reporting COVID-19 Test Results**

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

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

report the test results.

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

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

### **3.0 Background/History**

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

### **4.0 Resources**

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

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

[PL 20-46 \(Revised\): Reporting Guidance for Long-Term Care Providers – Point-of-Care Antigen Testing \(texas.gov\)](#)

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

Date Revised: November 30, 2020

## 1.0 Subject and Purpose

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

## 2.0 Policy Details & Provider Responsibilities

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

### 2.1 CLIA Waivers

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

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

### 2.2 Reporting COVID-19 Test Results:

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

#### 2.2.1 Reporting to NHSN

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



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

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

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

### **2.2.2 Reporting to DSHS**

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

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

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

Facilities can contact DSHS at [COVID-19ELR@dshs.texas.gov](mailto:COVID-19ELR@dshs.texas.gov) with any questions related to registration or reporting through DSHS.

### **2.2.3 Reporting to the Local Health Department**

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

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

#### **2.2.4 Reporting Confirmed Cases & Additional Reporting Information for all ALF Providers**

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

### **3.0 Background/History**

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

# Attachment 15 Long-Term Care Regulation Provider Letter PL 2021-01

[COVID-19 Vaccination Reporting - Revised \(texas.gov\)](https://www.texas.gov)

## 1.0 Subject and Purpose

This letter was revised to include the link to the vaccination data survey and to clarify that facilities are to report vaccinations administered by a facility or a pharmacy partner. To assist the Texas Department of State Health Services, the Texas Department of Emergency Management, and the Office of the Governor in ensuring the vaccination of long-term care provider staff and residents who choose to be vaccinated, HHSC is requiring NFs and ALFs to report vaccinations.

## 2.0 Policy Details & Provider Responsibilities

In accordance with emergency rules<sup>1</sup>, facilities must report the following data to HHSC within 24 hours of completing a round of vaccinations:

- Aggregate numbers of staff, including employees, contractors, and volunteers, who received their first dose of a two-dose COVID-19 vaccine or their only dose of a single-dose COVID-19 vaccine when available;
- Aggregate numbers of staff, including employees, contractors, and volunteers, who received their second dose of a two-dose COVID-19 vaccine;
- Aggregate numbers of residents who received their first dose of a two dose COVID-19 vaccine or their only dose of a single-dose COVID-19 vaccine when available; and
- Aggregate numbers of residents, who received their second dose of a two- dose COVID-19 vaccine.

## 2.1 Reporting Guidance

**Method:** HHSC has developed a Survey Monkey tool to collect this information. HHSC sent out an alert containing the survey link on January 12 and the link is posted on the NF and ALF provider portals under the COVID- 19 resources accordion. You can also access the survey at <https://www.surveymonkey.com/r/SRDM2GY>.

**Multiple provider types/locations:** Submit a separate survey for each provider type and building. For example, a single building that includes a NF and an ALF would submit separate surveys for each type. A provider that owns multiple licenses would submit separate surveys for each license.

**Frequency:** Complete the survey only when you have information to report, i.e., when a round of vaccines is administered to staff or residents. On days when no vaccines are administered, you do not need to complete the survey. *Note: If reporting vaccination rounds that occurred previously, complete a separate survey by date for each separate round.*

**First report:** If a round of vaccinations was administered between your last report to HHSC and the effective date of this letter, submit a report to capture those vaccinations.

**Parameters:** Reports are for a given round of vaccinations administered by the facility or a pharmacy partner. Do not provide cumulative numbers. In other words, do not include totals from previous reports in a new report. Only report vaccinations occurring onsite at the facility; do not include vaccinations that occurred at an off-site pharmacy, doctor’s office, local mass vaccination clinic, etc.

**Item-by-item guidance:**

- **Questions 1-4:** Demographic information required includes the name of the provider, the physical address of the building, the license number, and the provider type. Do not use a mailing address or corporate address.
- **Question 5:** Check all that apply. Some facilities have directly received the vaccine and are storing it at the facility, while others have partnered with another entity that receives and stores the vaccine (such as a pharmacy). Some facilities use facility staff to administer the vaccine, while others have partnered with another entity to administer the vaccine. If the facility neither stores or administers vaccine, check *none of the above*.
- **Question 6:** Facilities that indicated that they received vaccines directly on question #3 must indicate how many individual doses of COVID-19 vaccine they received. *Note: Do NOT report the number of vials.*
- **Questions 7-8:** Indicate which round of vaccinations you are reporting and the date on which the vaccines were administered. *Note: If reporting vaccination rounds that occurred previously, complete a separate survey by date for each separate round.*
- **Question 9:** Report the number of staff vaccinated on the date and round being reported. Include provider employees as well as contractors, volunteers, and others under the provider’s control. Report the number of residents vaccinated on the date and round being reported. Enter only the number; do not enter personally identifiable information.

**2.2 Reporting of Data**

Providers must report the vaccination data to HHSC within 24 hours of completing a round of vaccinations. HHSC may initiate status calls to providers who are not reporting vaccinations to assess provider needs.

**2.3 Training**

HHSC will provide training on this letter during regularly scheduled COVID-19 Q&A webinars. We will also provide a stand-alone webinar. We will send alerts notifying providers of dates, times, and registration links for these webinars. The webinars will be recorded, and recordings posted to the HHSC website.

**3.0 Background/History**

Accurate reporting will assist the State of Texas in ensuring full deployment of COVID-19 vaccines during the public health emergency. Future revisions to this letter will include direction on responding to special situations, such as changes of ownership and new licenses.

# Attachment 16 Long-Term Care Regulation Provider Letter PL 2021-04

[Provider Letter 2021-04 HHSC COVID Reporting \(texas.gov\)](https://www.texas.gov)

## 1.0 Subject and Purpose

This letter clarifies the triggering events and process for providers to report positive COVID-19 cases to the Texas Health and Human Services Commission (HHSC). The process is described, along with all other federal and state COVID-19 reporting requirements, in [PL 2020-37](#).

## 2.0 Policy Details & Provider Responsibilities

ALFs are required to report to HHSC Complaint and Incident Intake (CII) within 24 hours of:

- a facility's first positive case of COVID-19 in a resident or staff member, or
- a new positive case of COVID-19 in a resident or staff member after a facility has been without a new case of COVID-19 in a resident or staff member for 14 days or longer.

**Do not report COVID-19 positive cases to HHSC CII outside of the two reportable events listed above.** A facility must not report any additional COVID-19 positive cases to HHSC CII after the first positive case has been reported, unless the facility has been COVID-19 free for 14 days. Additionally, the reportable events listed above do not include a resident who was admitted to the facility with an active COVID-19 infection or a resident who developed COVID-19 within 14 days of being admitted to the facility. A decision tree is attached to this provider letter.

HHSC LTCR Regional Offices may contact facilities to request information related to COVID-19 cases. Reporting to a LTCR Regional Office is not related to reporting COVID-19 positive cases to HHSC CII.

Please note that the triggering events for each federal and state COVID-19 reporting requirement might differ. Refer to [PL 2020-37](#) and [PL 2020-46](#) for other federal and state COVID-19 reporting requirements.

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

- report the case to HHSC CII using one of these three methods: the Texas Unified Licensure Information Portal (TULIP), by email to [ciicomplaints@hhsc.state.tx.us](mailto:ciicomplaints@hhsc.state.tx.us) or by calling 1-800-458- 9858 within 24 hours of the confirmed positive result; and
- complete and submit Form 3613-A Provider Investigation Report within five days from the day a confirmed case is reported to CII. The provider investigation report can be submitted via TULIP, by email to [ciiprovider@hhsc.state.tx.us](mailto:ciiprovider@hhsc.state.tx.us), or by fax to 877-438-5827.