



Coronavirus (COVID-19)

Assisted Living Facility

Weekly Frequently Asked Questions

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

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

With each update, this document will be arranged by date, **and if guidance changes from a previous week's FAQ, it will be noted in red font under that earlier FAQ.** Questions regarding these FAQ can be directed to Long-term Care Regulation, Policy, Rules & Training, at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

September 1, 2020

The information in this section is new.

Link to latest ALF Plan: [COVID-19 Response for Assisted Living Facilities 3.4](#)

What are the steps that a facility needs to follow to be allowed to conduct Phase 1 visitations?

Answer: The facility must complete Long-term Care Regulatory (LTCR) Form 2192 Phase 1 COVID-19 Status Attestation to notify LTCR that it seeks a Phase 1 designation. The facility manager must attest to the following:

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

Can a visitor share a meal with the resident during a Phase 1 visit?

Answer: Visitors must wear a facemask or face covering at all times during the visit and residents should also wear a facemask or face covering (if tolerated); therefore, sharing a meal during a visit is not permissible.

What does staff monitoring of a visit consist of?

Answer: Facility staff must monitor the entire visit to ensure the following protocols are followed:

- Visits are scheduled in advance and are by appointment only;
- Visitation is scheduled to allow time for cleaning and sanitation of the visitation area between visits;
- Physical contact between residents and visitors does not occur;
- Visits occur where adequate space is available that meets required criteria and when adequate staff are available to monitor visits; and
- All visitors are screened outside of the facility prior to being allowed to visit, except visitors participating in a vehicle parade or a closed window visit.

Where can I find the Attestation Form? What is it used for?

Answer: LTCR Form 2192 Phase 1 COVID-19 Status Attestation Form is used to notify LTCR that the facility seeks a Phase 1 facility designation. The facility would need to email it to the LTCR regional director in the LTCR region where the facility is located. Form 2192 can be found on pages 7 and 8 of [PL 20-24](#).

Contact Information for Submitting LTCR Form 2192 to the LTCR Regional Director: <https://hhs.texas.gov/about-hhs/find-us/long-term-care-regulatory-regional-contact-numbers>

What safety precautions must be in place for a Phase 1 visit to occur at the facility?

Answer: The following requirements apply to outdoor visits, window visits, plexiglass indoor visits, and compassionate care visits:

- The facility must provide hand washing stations or hand sanitizer to the visitor and resident before and after visits;
- The visitor and resident must practice hand hygiene before and after the visit; and
- The resident and visitor must wear a facemask or face covering over both the mouth and nose throughout the visit.

What do I need to know about a plexiglass safety divider for inside visitations?

Answer: The facility must ensure the resident remains on one side of the barrier while the visitor remains on the opposite side. The facility also must limit the number of residents in the visitation area as needed. Additionally:

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

A facility that wants to allow indoor visitation should attach a photo of the visitation booth and its location in the facility to the attestation form 2192 to facilitate approval.

What is a compassionate care visit?

Answer: A compassionate care visit can take place during Phase 1 visitation if certain requirements are met. To allow for a compassionate care visit, the resident must be diagnosed as experiencing a “failure to thrive” by a physician. The visit is limited to one permanently designated personal visitor per resident. For example, if a resident’s daughter is the compassionate care visitor, the daughter cannot be replaced by another person as the compassionate care visitor. If the resident experiencing failure to thrive cannot tolerate an outdoor visit, the visit can take place in the resident’s room or other area of the facility separated from other residents. The following requirements must be followed for a compassionate care visit:

- The assisted living facility must limit the movement of the visitor through the facility to ensure interaction with other residents is minimized.
- Facility staff must supervise the visit for its duration.
- The visitor must wear a facemask of face covering over both the nose and mouth throughout the visit, and the resident must wear a facemask or face covering (if tolerated) throughout the visit.
- The facility must ensure social distancing of at least six feet is maintained between visitors and residents at all times.

What is the process for requesting visitation for residents who are experiencing a “failure to thrive?”

Answer: For a compassionate care (failure to thrive) visit, the resident must be diagnosed by a physician as experiencing a state of decline in the resident’s physical or mental health and documented in the resident records. It might be caused by chronic concurrent disease and functional impairment. Signs of a failure to thrive include weight loss, decreased appetite, poor nutrition, and inactivity. A physician is a practitioner who is licensed by the Texas Medical Board. A “failure to thrive” diagnosis from an Advanced Practice Registered Nurse would not meet the rule requirement, as nurses are not licensed by the Texas Medical Board.

Who are providers of essential services?

Answer: The rules at 26 TAC §553.45 define providers of essential services as persons including, but not limited to, contract doctors, contract nurses,

and home health and hospice workers whose services are necessary to ensure resident health and safety.

When residents leave the facility to go to an essential medical appointment do they have to be quarantined when they return?

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

<added>Do newly admitted residents have to be isolated for 14 days if they are admitted with a negative COVID test?

Answer: No, the new resident must be screened for symptoms and quarantined for the first 14 days, during which time the facility should monitor the new resident for fever and other symptoms of COVID at least daily.

Can a resident leave the facility to attend a funeral?

Answer: Yes; however, the resident would need to be quarantined upon return. <added>

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

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

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

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

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

- Wear disposable gloves when handling dirty laundry, then throw the gloves away.
- Don't shake dirty laundry if you can avoid it.

- Wash items using the warmest possible water, and dry items completely.

Does a facility have to follow the city or county rules if they are stricter than the state rules?

Answer: Local authorities can impose stricter orders prohibiting visitation to a facility. The facility must follow the more stringent guidelines.

How can I assist my residents vote in the November 2020 election?

Answer: A facility can assist residents by arranging transportation to and from the voting polls, which could include assisting them with curbside voting and/or by working with residents for early voting in person or by mail.

For further information on voting early in person or by mail, including information on assistance in requesting, marking, or mailing a ballot by mail, please read our pamphlet titled "[Early Voting in Texas.](#)"

August 21 ,2020

Are open window visits allowed without an approved Phase 1 facility designation?

Answer: No. A facility must have an approved Phase 1 facility designation to allow for open window visitation. During an open window visit visitors must be screened, wear a mask or cloth face covering, practice social distancing and facility staff must monitor the visit to ensure proper infection control protocol is being followed.

A closed window visit does not require a Phase 1 facility designation. During a closed window visit the visitor does not have to be screened or wear a mask or cloth face covering but must remain on the opposite side of the closed window outside of the facility.

Can a Phase 1 facility choose not to allow inside visits?

Answer: Yes, it is up to the facility to decide if it wants to allow indoor visits. Note that local authorities might have imposed more stringent restrictions

that prohibit visitation to a facility. The facility must follow the more stringent guidelines.

Does a facility have to be a Phase 1 facility to allow a failure to thrive visit?

Answer: Yes. "Failure to thrive" is defined as a state of decline in a resident's physical or mental health, diagnosed by a physician and documented in the resident's records, which can be caused by chronic concurrent disease and functional impairment. Signs of a failure to thrive include weight loss, decreased appetite, poor nutrition, and inactivity. Prevalent and predictive conditions that might lead to a failure to thrive include impaired physical function, malnutrition, depression, and cognitive impairment.

Does Phase 1 designation allow a facility to bring in a designated beauty operator?

Answer: No. As of now, persons providing haircuts or similar services are not providing "critical assistance," as described in the Governor's Executive Order GA-21 and previous orders. Additional information can be found in 26 Texas Administrative Code (TAC) §553.45, Emergency Rule for Assisted Living Facility Response to COVID-19, on the HHSC website's [home page](#).

Where can I find information relating to COVID-19 and Phase 1 on the HHSC website.

Answer: The HHSC COVID-19 website can be found at [Coronavirus \(COVID-19\)](#) and the DSHS COVID-19 website at [Coronavirus Disease 2019 \(COVID-19\)](#).

The emergency rules for assisted living facilities can be found on the HHSC website:

§553.45 Emergency Rule for Assisted Living Facility Response to COVID-19

<https://hhs.texas.gov/sites/default/files/documents/govdelivery/alf-emergency-rules.pdf>

§553.2001 Assisted Living Facility COVID-19 Response

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/long-term-care/alf-covid-19-response-emergency-rule.pdf>

§553.2003 Assisted Living Facility COVID-19 Response – Phase 1 Visitation

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/alf/hhsc-20-0061-assisted-living-facility-covid-19-response-emergency-rule-web.pdf>

[PL 20-24 Phase 1 COVID-19 Visitation Requirements](#) clarifies Phase 1 requirements, updates the attestation form 2192 to specifically indicate if a facility is requesting indoor visitation, and clarifies that the facility should submit the form to the LTCR Regional Director in the region where the facility is located.

How do we submit a request for a life safety code (LSC) inspection related to plexiglass booths?

Answer: Fill out attestation form 2192 from provider letter 20-24 and submit it to the regional director in the region where the facility is located. The regional director will send it to the applicable LSC staff for approval.

Are masks required for indoor plexiglass visits?

Answer: The visitor must wear a face mask or face covering over both the mouth and nose throughout the visit. The resident must wear a face mask or face covering (if tolerated) throughout the visit.

Can facilities restrict physical contact as part of facility conditions?

Answer: Physical contact between residents and visitors is prohibited for any type of Phase 1 visit, per 26 TAC §553.2003(e)(3).

Are plexiglass booths required for outside visitation?

Answer: No. Plexiglass booths are required only for indoor visits.

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

Answer: Yes. 26 TAC §553.2003(a)(3) defines an outbreak as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid/unpaid staff.

Who is considered essential and non-essential visitors now considering the Phase 1 visitations? Do we consider personal visitors as essential under the Phase 1 rules?

Answer: No. Essential visitors are those who provide critical assistance such as doctors, contract nurses, and home health and hospice staff whose services are necessary to ensure resident care is provided and to protect the health and safety of residents.

What is a plexiglass indoor visit?

Answer: A plexiglass indoor visit is defined at 26 TAC §553.2003(a)(5) as a personal visit between a resident and one or more personal visitors, during which the resident and the visitor are both inside the facility but within a booth separated by a plexiglass barrier. The resident remains on one side of the barrier while the visitor remains on the opposite side at all times. Per §553.2003(h)(2), prior to its use, the facility must submit, for approval, a photo of the plexiglass visitation booth and its location in the facility to the Life Safety Code Program Manager in the LTCR Region where the facility is located.

Is there existing guidance that outlines what will be available in other phases of reopening/visitation?

Answer: Not at this time. HHSC continues to monitor the COVID-19 situation and will provide updates as they become available.

Where can I find information on the extension of the emergency rules?

Answer: The information can be found on the HHS web site [Emergency Rules for LTC Providers Extended](#). The emergency rules can be found on the

[Assisted Living Facilities \(ALF\)](#) page under [HHSC released emergency rules related to COVID-19 for LTCR Providers \(PDF\)](#).

Do newly admitted residents have to be isolated for 14 days if they are admitted with a negative COVID test?

Answer: Yes, the new resident must be screened for symptoms and quarantined for the first 14 days, during which time the facility should monitor the new resident for fever and other symptoms of COVID at least daily.

When do I need to change out a resident's mask?

Answer: The mask should be replaced when the mask is not clean, or the resident has left the facility and returns Any time the mask has been exposed to a contaminant, sneezed or drooled into, it should be replaced.

How often should I clean Cloth Face Coverings?

Answer: The CDC recommends that [cloth face coverings should be washed](#) after each use, or when soiled. It is important to always [remove face coverings correctly](#) and [wash your hands](#) after handling or touching a used face covering.

In a washing machine, you can include your face covering with your regular laundry. And use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering.

Use a dryer on the highest heat setting and leave in the dryer until completely dry.

Are face shields better than masks?

Answer: It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the

wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.

<revised>What is the CDC's updated Symptom-based strategy for determining when HCP can return to work?

Answer: HCP with [mild to moderate illness](#) who are not severely immunocompromised:

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

HCP with [severe to critical illness](#) or who are severely immunocompromised¹:

- At least 20 days have passed since symptoms first appeared
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

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

Does the CDC have a current Test-Based Strategy for Determining when HCP Can Return to Work?

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

The criteria for the test-based strategy are:

HCP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCP who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).<revised>

What are some of the CDC's return to Work Practices and Work Restrictions?

Answer: After returning to work, HCP should:

Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time

period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

<revised>What is the newest alert regarding reporting COVID—from alert 7/24 for ALF?

Answer: Effective immediately, assisted living facility providers must:

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

At this time CII is accepting initial COVID self-reports by speaking with a live agent at 1-800-458-9858 or email at ciicomplaints@hhsc.state.tx.us. After submission of the initial report, the Provider Investigation Report (3613-A) can be submitted via TULIP (if the initial report was initially submitted via TULIP) or email at ciiprovider@hhsc.state.tx.us

In order to speak with a live agent, providers can dial the toll-free hotline and follow the prompts to get to the provider reporting menu (select a language and then select option 2). Once in the provider menu, they would press 1 to speak to a live agent. Our agents are available from 7:00 am to 7:00 pm Monday through Friday. The preferred method is that that providers submit self-reports through the online reporting portal in TULIP.

Do not report subsequent cases and addendums to HHSC.

Self-reported COVID-19 case counts in assisted living facilities can be found in this [downloadable Excel](#). This is a rapidly evolving situation and

information will be updated as it becomes available. Check back often for the latest details and what you need to know about COVID-19. Data in this report reflect COVID-19 cases in residents and staff at licensed assisted living facilities, as self-reported by the provider to the Texas Health and Human Services Commission (HHSC) as of the date indicated. This data has been reviewed for data entry and transcription errors, but HHSC cannot verify the accuracy of the facility's report in its entirety. If you find that your data is incorrect or needs to be updated, please [contact the Regional Director](#) for your facility.<revised>

Can we require a negative test for a new staff member?

Answer: The facility needs to ensure the new staff member is either tested prior to hire or can prove they have quarantined prior to starting. Or the prospective employee can prove they have been quarantined prior to starting. A facility can require a negative test for a new staff member if it is part of their hiring policies.

How do I Contact the regional directors for Omni care testing?

Answer: Survey operations has redrawn regional boundaries for survey and investigation purposes. These changes are effective November 1, 2019. [Refer to the map for the new regional boundaries \(PDF\). Long Term Care Regional Contact Numbers and email addresses](#) can be found online listed by regions.

What is the definition of COVID probable?

Answer: COVID Probable means the person has been exposed to the COVID virus and could be suspected of being positive. Probable COVID cases should be treated similarly to positive cases.

July 21, 2020

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

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

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

Is there any guidance for ALFs with residents in memory care who are unable or refuse to wear a facemask and have difficulty understanding social distancing recommendations?

Answer: The CDC has released some helpful guidance for ALFs with individuals with cognitive disabilities who are having a difficult time following recommended infection prevention practices such as social distancing, washing their hands, avoiding touching their face, and wearing a cloth face covering for source control:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

When residents leave the facility to go to an essential medical appointment do they have to be quarantined when they return?

Answer: Not necessarily. A resident who leaves the facility to go to an essential medical appointment will have the same status with regard to COVID when they return as they did when they went to the medical appointment. In other words, if they were COVID negative upon departure and they return without fever or other symptoms or new COVID diagnosis, then they do not need to be kept separate from residents who have not left the facility. If the resident was positive or probable for COVID when they went to the appointment or received a positive diagnosis for COVID during their absence, then the facility is required to follow or resume its protocol regarding a COVID positive or probable resident, including quarantining the resident. Facility staff should encourage all returning residents to practice good hand hygiene, avoid crowds, wear a facemask or cloth face covering any time they are out of their room, and maintain all social distancing protocols.

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

Answer: HHSC still recommends that facilities continue to strongly encourage residents to leave the facility only for essential medical appointments and to practice good hand hygiene, avoid crowds while outside the facility, and wear a facemask or cloth face covering any time they are not able to keep a social distance of six feet from another individual.

The facility must have and implement a written procedure for a resident who leaves the facility for anything other than an essential medical appointment. This procedure should include screening the resident immediately upon return by taking their temperature and asking whether they came in contact with a person who is COVID-19 positive or showed symptoms of the virus and then monitoring them at least daily for fever and other symptoms of COVID-19 for the next 14 days. During this time, the resident's movement in the facility should be limited to areas separate from those occupied by residents who have not left the facility.

Can an ALF admit new residents during at this time?

Answer: An ALF can admit new residents if the ALF is able to meet the prospective resident's needs and has sufficient staff to care for the resident without negatively impacting the level of care that staff is able to provide to current residents. ALFs must have and implement a written policy for admitting new residents during the COVID pandemic including knowing where the new resident was living prior to being admitted, such as home, with a family member, or a hospital. The new resident must be screened for symptoms and quarantined for the first 14 days, during which time the facility should monitor the new resident for fever and other symptoms of COVID at least daily.

The ALF is required to comply with §553.41(c) Resident assessment, §553.41(d) Resident policies, §553.41(e) Admission Policies, and, in addition, the requirements for admissions in §553.53 if admitting a resident with Alzheimer's or related disorders into a certified Alzheimer's ALF or unit.

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

Answer: Yes, you can. According to the Texas Division of Emergency Management under the US Department of Homeland Security's Cybersecurity and Infrastructure Security Agency's (CISA) Guidance on Essential Critical Infrastructure Workforce, "workers responsible for the movement and provision of household goods" are listed as essential critical infrastructure workers. The link to the full document is below. The facility should screen such workers prior to their entering the facility for fever and other symptoms of COVID-19 as it would any vendors.

https://www.cisa.gov/sites/default/files/publications/Version_3.1_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers.pdf

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

Answer: No. The CISA Guidance on Essential Critical Infrastructure Workforce (referenced above) applies only to employees and cannot be applied to family members for the purpose of creating an exception. Moreover, if facilities were to allow this, it could cause contention among other individuals who would like to be considered an exception to the rule.

Can COVID-19 be spread through food, including restaurant take out, refrigerated or frozen packaged food?

Answer: Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently, there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food, it is important to always wash your hands with soap and water for at least 20 seconds for general food safety. Throughout the day use a tissue to cover your coughing or sneezing, and wash your hands after blowing your nose, coughing or sneezing, or going to the bathroom.

It may be possible that a person can get COVID-19 by touching a surface or object, like a packaging container, that has the virus on it and then touching

their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. In general, because of poor survivability of coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging.

Learn what is known about the [spread of COVID-19](#).

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

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

May 20, 2020

Where can we go to find the most up-to-date guidance and information from HHSC about the COVID-19 Pandemic? May we share COVID-19 information from HHSC with family?

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

May ALF residents go to hair and nail salons now that the state is allowing these establishments to open?

Answer: In light of the higher risks associated with COVID-19 infection for individuals over the age of 65, Governor Abbott, in his May 5, 2020, Executive Order [GA-21, "strongly encouraged" people in that age category](#) "to stay at home as much as possible; to maintain appropriate distance from any member of the household who has been out of the residence in the

previous 14 days; and, if leaving the home, to implement social distancing and to practice good hygiene, environmental cleanliness, and sanitation.”

Consistent with the Governor’s order, HHSC recommends that facilities continue to strongly encourage residents to leave the facility only for essential medical appointments, and to remind residents who do leave the facility to continue to follow [CDC guidance](#) on how to protect themselves and others by practicing social distancing and the protective personal hygiene habits. More specifically, when residents must leave the facility, remind them to:

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

May an ALF allow a person to come into the facility to provide haircuts and nail services, so residents do not have to leave the facility for these services?

Answer: No, not at this time. A persons providing haircuts, pedicures, or similar services would not be providing “critical assistance,” as described in the Governor’s Executive Order GA-21 and previous orders, and 26 Texas Administrative Code §553.45, Emergency Rule for Assisted Living Facility Response to COVID-19, available on the HHSC website’s [home page](#) for ALFs. As a result, they would fall within the Governor’s prohibition on visitors to ALFs.

Are staff allowed to give perms or haircuts to residents?

Answer: Yes, in general, if a staff member is willing and able to perform these services and the resident is willing to accept the service from a staff member, it is likely permissible. In providing any service to a resident, ALF staff members must adhere to the facility's infection control policies and

procedures established under 26 TAC §553.41(n)(1) “to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection,” including COVID-19. Appropriate infection control includes the use of proper PPE when performing a service that puts the staff member in close proximity to a resident.

The Texas Department of Licensing and Regulation (TDLR) is the agency responsible for licensing and regulation of cosmetology and barbering. Questions relating to specific proposed practices and arrangements, setting, licensure requirements, and applicable law can be directed to TDLR’s [Cosmetology licensing program](#).

May an ALF continue to offer group activities for residents?

Answer: Yes, ALFs may offer opportunities for virtual group activities and may continue to offer in-person activities that are planned to safeguard the health and safety of residents, as well as staff. An example of an activity planned to promote participants’ mutual safety might be one in which participants wear facemasks; everyone maintains social distancing by staying or being organized to keep at least six feet apart from one another; and the activity is conducted in a group of no more than 10 people, including staff. At the same time, to minimize the risk of COVID-19 infection, while offering residents the benefits of the ALF’s activities program, an ALF and its residents should balance activity planning and attendance with the Governor’s recommendation for persons over 65 to stay at home as much as possible.

When will family members of residents be allowed to visit their loved ones in the facility again?

Answer: The most recent orders from the Governor extends the restrictions of all visitors to long-term care facilities except for those visitors providing critical assistance, as further explained in 26 Texas Administrative Code §553.45, Emergency Rule for Assisted Living Facility Response to COVID-19.

May family members bring things, such as a cell phone, toiletries or groceries, to a resident in an ALF if they don't physically enter the facility, but meet with a staff member outside to drop off the items?

Answer: Yes. HHSC suggests that the facility establish procedures for a family member to call to make arrangements for drop-off, with agreement to appropriate disinfection before staff brings the items into the facility.

What if an ALF has a resident for whom it is dangerous or impractical to wear a face covering when one would otherwise be called for, because of a mental or cognitive disability, a behavioral disorder, or another condition, such as a co-occurring psychiatric disorder, it is dangerous or impractical for the resident to wear a face covering?

Answer: If you have a resident who does not have symptoms of COVID-19, and for some reason is not able to wear a face covering when one is otherwise called for, document the reason, and try to ensure that the resident follows the additional guidelines for controlling the spread of COVID-19, such as social distancing and frequent hand washing. Document any special exceptions or accommodations that the ALF deems necessary to protect the well-being or safety of a resident in your facility, as well as any additional measures taken to account for any added risks to others that may be posed by the exception or accommodation.

If an ALF has no positive or presumptive cases of COVID-19, can staff wear cloth masks in order to preserve their supply PPE in the event that someone in the facility later contracts the virus?

Answer: Per the CDC, cloth facemasks are not considered to be PPE, so ALFs should avoid staff use of cloth facemasks. However, if the facility has a low supply of PPE and there is no COVID-19 infection present in the facility, cloth face coverings are better for source control than no face covering. Contact the ALF's local health department or DSHS for assistance if the ALF has a shortage of PPE, without an adequate supply source. If the ALF is not able to get more PPE, document the shortage and inability to find a supply source, and document that the decision for staff to use cloth facemasks due to the shortage.

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

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

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

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

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

Where should providers send questions prior to the ALF COVID-19 FAQ Webinars, so HHSC staff might be able to answer them during the next webinar?

Answer: Due to the limited time for the presentation of each webinar, submit questions in advance to PolicyRulesTraining@hhsc.state.tx.us.

[Go to this page](#) on the HHSC website to sign up for upcoming webinars.

May 4, 2020

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

Answer: When reporting confirmed COVID-19 cases to the local health department, it is important to report in the county where the individual is located. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc.

If an ALF resident tests positive for COVID-19, how do we handle staff quarantine?

Answer: Providers will have to determine what kind of exposure (risk) their staff had with a resident who tests positive. If it is determined exposure occurred, the facility should follow these CDC guidelines:

- Staff in the high- or medium-risk category should undergo active monitoring, including restriction from work in any health-care setting until 14 days after their last exposure.
- Staff in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.
- Staff who adhere to all recommended infection prevention and control practices should still perform self-monitoring, with delegated supervision as described under the low-risk exposure category.
- Staff in the *no identifiable risk* category do not require monitoring or restriction from work.
- Staff who have a community or travel-associated exposure should undergo monitoring as defined by the applicable risk category.

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

What can we expect as a facility after we make a report of a staff or resident that has tested positive for COVID-19? What kind of public resource response can we anticipate? Will HHSC or DSHS or the local health department come to the facility to assist?

Answer: The response will depend on the level of COVID-19 event a facility is experiencing or whether the facility requests assistance.

HHSC will serve as the lead state agency in the state's response to an LTCF COVID-19 event. HHSC actions will include:

- Development of testing recommendations, in consultation with DSHS
- Ensuring appropriate/assistance with resident movement
- Providing subject matter experts (SME)
- Coordination of HHSC, DSHS, emergency management and local actions

In addition to the activities above, HHSC will coordinate formation of the Texas COVID-19 Assistance Team – ALF (TCAT-ALF). This team will include representatives from HHSC, DSHS, local health departments (as applicable) and emergency management (as applicable). This team will assist facilities with management of a COVID-19 event through provision of SMEs, resource request management, and support to facility actions through initial response activation. The TCAT-ALF will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-LTC deactivation. See [COVID-19 Response for Assisted Living Facilities](#) for more information.

Will HHSC continue to perform surveys/investigations?

Answer: Long-term Care Regulatory (LTCR) will continue to investigate complaints and incidents (such as ANE), but surveys and investigations will be triaged at the immediate threat level. A streamlined infection control review tool will be used during these surveys, regardless of immediate threat allegation.

Additionally, LTCR will continue to conduct initial surveys.

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

Answer: On April 17, 2020, Governor Abbott issued an [executive order](#) stating long-term care facilities should minimize the movement of staff between facilities whenever possible.

Can ALFs prohibit residents from attending routine doctor visits?

Answer: Ask residents not to leave the facility except for medically necessary purposes. Program providers can work with the resident to reschedule appointments for non-critical services, including routine doctor or therapy visits, or arrange for those services to be delivered through a method other than an in-person visit, such as by telephone, telemedicine, Skype etc.

Can ALF residents go outdoors on facility property (to the gazebo or within the fenced area of the property, for example) as a group so long as there are 10 or fewer?

Answer: CDC recommends the cancelation of all group activities. However, residents can go outside within a protected area – defined as an area restricted only to ALF residents and staff – if fewer than 10 people are in the area and they are all practicing social distancing (at least six feet between each person).

Can residents receive visitors and visit on ALF property but only outside?

Answer: No. On March 19, 2020, Governor Abbott issued an [executive order](#) stating people shall not visit long-term care facilities unless to provided critical services. For more information see [PL 20-23](#).

Are ALF residents, not suspected of having COVID-19, required to wear masks while they are receiving care or when out of their rooms?

Answer: Have residents wear a cloth face covering or facemasks whenever they are leaving their room, are in a setting in which increases the likelihood of coming within 6 feet of staff or other residents, are being provided care, or are leaving the facility for a procedure.

The purpose of having residents wear facemasks or cloth face coverings is to prevent the spread of coronavirus by resident unknown to have COVID-19. For more information regarding cloth face coverings visit:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Where can I find available information on Facemasks and Respirators?

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

Can COVID-19 be transmitted through food?

Answer: The CDC states that there is no evidence of transmitting the disease through food. For more information refer to the [CDC's Food Safety and Coronavirus Disease 2019 \(COVID-19\)](#).

How can I sign up for email alerts from Texas Health and Human Services?

Answer: Please visit the following link and select the topics you are interested in receiving alerts for:
<https://service.govdelivery.com/accounts/TXHHSC/subscriber/network>

How to put on (don) and take off (doff) PPE gear:

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

April 8, 2020

Should ALF residents be confined to their rooms?

Answer: If a resident is presumptive or confirmed to have COVID-19, then they should be confined to separate, well-ventilated areas such as private rooms with doors closed and private bathrooms (as possible). To avoid spread of COVID-19, facilities should do the following:

- Cancel communal dining and all group activities, such as internal and external group activities.
- Implement active screening of residents and staff for fever and respiratory symptoms.

- Remind residents to practice social distancing and perform frequent hand hygiene.

If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering an ALF?

Answer: ALFs should not require screening of emergency services personnel in the event of an emergency.

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

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

How do ALFs get personal protective equipment (PPE)?

Answer: Providers must have personal protective equipment available. You should try to get PPE through your normal supply chain or through other resources available to you first. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or [Regional Advisory Councils](#).

If you 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.

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

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

Resources:

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

How can ALFs protect their staff?

Answer: Facilities must ensure they have an Emergency Preparedness Plan that addresses all required elements as addressed in 26 TAC [§553.44](#) including:

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

Facilities must comply with all infection control requirements as required in 26 TAC [§553.41\(n\)](#), including:

- Reinforcing strong hygiene practices for residents and staff such as proper handwashing, covering of coughs and sneezes and use of hand sanitizer
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility
- Regularly disinfect all workspaces such as nurse's stations, phones, and internal radios

- Actively and consistently monitor residents for potential symptoms of respiratory infections

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

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

How do providers report confirmed cases of COVID-19?

Answer: Contact the local health authority or the Department of State Health Services (DSHS). <added>It is not necessary to double report a confirmed case to both the local health authority and DSHS.<added> DSHS maintains a list of [local disease reporting contacts and links](#), as well as links to applicable legal requirements and general reporting instructions on its website.

In addition, an ALF must report to HHSC as a self-reported incident each confirmed case of COVID-19 in staff and individuals receiving services from the provider and any client who dies from COVID-19-related causes. A confirmed case is considered a critical incident. Providers must notify HHSC through [TULIP](#) or by calling Complaint and Incident Intake (CII) at 1-800-458-9858.

If a resident with presumptive or confirmed COVID-19 is being transferred to another healthcare facility does the ALF need to inform the receiving facility?

Answer: Yes, the ALF must inform the receiving healthcare facility that the resident is presumptive or confirmed to have COVID-19.

Where do ALF providers go for COVID-19 information?

Answer: Reliable sources of information include:

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

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

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

Answer: Yes, CDC's [COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#) identifies key areas that ALFs should consider in their COVID-19 planning. This tool can be used to self-assess the strengths and weaknesses of current preparedness efforts. This checklist highlights important areas to review.

Why can't I visit my loved one who is an ALF resident?

Answer: Per Governor Abbott's March 19, 2020, [Executive Order No. 3](#), ALF providers must prohibit all visitors not providing critical assistance given the significant health and safety risk to medically fragile residents posed by COVID-19.

During this time, the facility should provide alternate means of communication for people who would otherwise visit, such as virtual communications (e.g. video or telephone conferencing systems) to promote ongoing contact between residents and their loved ones. For additional information please refer to [PL 20-23](#).

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

Answer: Facilities should decide on a case-by-case basis when a resident is near the end of life and follow CMS and CDC guidance for visitation. See [QSO-20-14-NH](#) and [CDC guidance](#).

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

Answer: An ALF employee or essential visitor, that is providing services while using the appropriate PPE, is not prohibited from providing services to

additional residents while being consistent with the CDC guidelines. If an employee has unprotected exposure, then the facility must make the decision to isolate the staff member while they monitor the signs and symptoms of the infection, also consistent with CDC guidelines, or ensure the employee goes home to self-quarantine.

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