On March 13, 2020, 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 visitation at certain long-term care facilities, including Assisted Living Facilities (ALFs) to protect the most vulnerable to COVID-19.

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 (FAQs) document.

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

May 4, 2020

When can a provider employee return to work after being diagnosed with COVID-19?

Answer: The CDC offers guidance to help providers make decisions about employees returning to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in context of local circumstances, and HHSC reminds providers that every employee, facility, and resident population requires individualized consideration.

According to the CDC, two options a provider can use to clear the employee to return to work are:

1. **Test-based strategy** – the employee can return when three conditions have been met:
   a. Fever-free without the use of fever reducing medication **AND**
   b. Cough and shortness of breath have improved **AND**
   c. Negative results from at least two consecutive FDA Emergency Use Authorized molecular assay for COVID-19 that were taken at least 24 hours apart

2. **Non-test-based strategy** – the employee can return when two conditions have been met:
   a. At least three days (72 hours) have passed since recovery of fever and improvement in cough and shortness of breath **AND**
   b. At least seven days have passed since symptoms first appeared

If the employee had a positive COVID-19 test but never showed symptoms, the CDC recommends excluding them from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test.

After the employee returns to work, both the provider and the employee must take necessary measures to ensure the safety of everyone in the facility. They should wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. They
should also be restricted from contact with severely immunocompromised residents until 14 days after illness onset, and they should adhere to all infection control procedures including hand hygiene, respiratory hygiene, and cough etiquette. They should self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen.

**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 the diagnosis.

**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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/community-care.html) 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 rea – 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?

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](https://www.dshs.state.tx.us/regions/default.shtm)
- Local Public Health Organizations [https://www.dshs.state.tx.us/regions/lhds.shtm](https://www.dshs.state.tx.us/regions/lhds.shtm)
- Texas Division of Emergency Management: [https://tdem.texas.gov/](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

The CDC provides additional guidance on how to clean and disinfect different surfaces throughout the facility.

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

**How do providers report confirmed cases of COVID-19?**

*Answer:* Contact the local health department, or the Department of State Health Services (DSHS) if there is no local health department. It is not necessary to double report a confirmed case to both the local health department and DSHS. You are advised to report to the local health entity. For a list of local health entities and public health offices refer to [https://dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/](https://dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/).

In addition, the ALF must report confirmed case of COVID-19 in staff and individuals receiving services from the provider as a self-reported incident. 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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/covid-19-preparedness-nursing-homes-long-term-care-settings.html) 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](https://www.austin-tx.gov/coronavirus>; https://www.austintexas.gov/coronavirus), 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](https://www.austintexas.gov/coronavirus).

**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?**


**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)](https://www.hhsc.texas.gov), [Centers for Disease Control (CDC)](https://www.cdc.gov), [Department of State Health Services (DSHS)](https://www.dshs.texas.gov) and your local public health department to reduce the risk of spreading the virus to residents served.