Coronavirus (COVID-19)
Assisted Living Facility
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, new questions will be identified with the date that they were added. If guidance changes, it will be identified in red font as added or deleted text. 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.

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

- COVID-19 Quarantine/ Isolation
- COVID-19 Reporting
- COVID-19 Screening and Documentation
- Personal Protective Equipment (PPE)
- Resident Activities and Dining
- Salon Services
- Staff
- Trips Away from the Facility
- Training and Webinar Links
- Resources
COVID Quarantine /Isolation

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.

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.

If a resident with unknown 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 unknown or confirmed to have COVID-19.

What does it mean to quarantine a resident?

**Answer:** Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.
What are resident Cohorts?

**Answer:** Resident Cohorts are the grouping the residents by their COVID statuses. The resident cohorts who are COVID-19 positive, COVID-19 negative or unknown COVID-19 status.

Can a facility admit a resident with a negative test?

**Answer:** Yes, but the facility would need to quarantine the new resident.

Can a facility admit a COVID positive resident?

**Answer:** Yes, but the new resident would need to be kept in isolation.

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

**Answer:** Yes, but the new resident would need to be quarantined for 14 days.

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/) for full details.

**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.

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

**Answer:** A family member or friend of a resident is not prohibited from doing laundry by emergency rule. Facilities are required to have policies and procedures in place for staff to handle, store, process, and transport all linens and laundry in accordance with national standards to produce hygienically clean laundry and prevent the spread of infection to the extent possible.

If families choose to handle resident laundry, the facility must designate a place outside the facility for them to pick it up and drop it off and arrange for staff to take it in and out of the building.

**COVID Reporting**

**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. [PL 20-37](https://www.gpo.gov/fdsys/pkg/PLAW-116publ379/ppt-PLAW-116publ379.htm) has the most current requirements.

Assisted living facility providers must:

- 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

- 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.

- 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 5 days.

- If the death might have resulted from abuse, neglect, or exploitation, additional reporting requirements might apply

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
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.

How do providers report confirmed cases of COVID-19?

Answer: Contact the local health authority or the Department of State Health Services (DSHS). It is not necessary to double report a confirmed case to both the local health authority and DSHS. 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. A facility is not required to report additional confirmed cases until a facility has been without new cases for 14 days or more.

COVID-19 Screening and Documentation

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.

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.

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

Answer: You can contact your regional directors by finding your point of contact listed in the regional map. 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. Refer to the map of regional boundaries

Personal Protective Equipment (PPE)

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.

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

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

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

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

If you 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.

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
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:


What do I need to do if I have a resident that cannot safely wear a mask due to a medical condition?

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 physical 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 can be posed by the exception or accommodation.

If an ALF has no positive or suspected 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 face coverings are not considered to be PPE, so ALF staff should avoid staff use of cloth face coverings. Facemasks are PPE and are often referred to as surgical masks or procedure masks. 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? Can the ALF still use the N95 respirators?**

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

OSHA’s *Respiratory Protection eTool* is another resource available to ALFs for N95 respirator and fit-testing information and resources.

**Do we need to use biohazard bags for disposal of PPE (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.

**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.

**Will HHSC continue to perform surveys/investigations?**

Answer: At this time, all surveys, including renewal surveys are now being conducted. 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.

**Resident Activities and Dining**

If an ALF is COVID free, can it allow dining in groups greater than 10 if all practice physical distancing?

Answer: Yes. If residents are physically distanced while dining, the facility can exceed more than 10 people in a dining room.

**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).

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: Guidance has changed. Group activities are no longer restricted to 10 for residents that are COVID negative. Residents still need to adhere to physical distancing.

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.


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 could be possible for a person to 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.

**Salon Services**

**Are salon services allowed in the ALF?**

**Answer:** Yes, a facility can allow a salon services visitor to enter the facility to provide services to a resident if the salon services visitor passes the screening, 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: [https://open.texas.gov/](https://open.texas.gov/), and adheres to the following:

- each visit is limited to two hours, unless the assisted living facility determines that it can only accommodate a visit for a shorter duration or that it can accommodate a longer duration and adjusts the duration of the visit accordingly.
- The visit 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.
- Salon services visitors do not have to maintain physical distancing between themselves and each resident they are visiting but must maintain physical distancing between themselves and all other residents and staff.
- The resident must wear a facemask or face covering (if tolerated) throughout the visit.
- The assisted living facility must develop and enforce salon services visitation policies and procedures.
What are the conditions for having a hairdresser/barber in the facility?

**Answer:** The following requirements must be met for allowing a salon or barber into the facility:

- Each visit is limited to two hours, unless the assisted living facility determines that it can only accommodate a visit for a shorter duration or that it can accommodate a longer duration and adjusts the duration of the visit accordingly.
- The visit 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.
- Salon services visitors do not have to maintain physical distancing between themselves and each resident they are visiting but must maintain physical distancing between themselves and all other residents and staff.
- The resident must wear a facemask or face covering (if tolerated) throughout the visit.
- The assisted living facility must develop and enforce salon services visitation policies and procedures.

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](https://www.tdlr.texas.gov/cosmetology).
The new emergency rules §553.2003. Assisted Living Facility COVID-19 Response allow salon visitors salon services are now allowed in the facility under certain conditions.

What does the ALF have to enforce if the facility allows a salon or barber into the facility?

Answer: The assisted living facility must develop and enforce salon services visitation policies and procedures, which include:

- a testing strategy for salon services visitors;
- an agreement that the salon services visitor understands and agrees to follow the applicable policies, procedures, and requirements;
- training each salon services visitor on proper PPE usage and infection control measures, hand hygiene, and cough and sneeze etiquette;
- the salon services visitor must wear a facemask and any other appropriate PPE recommended by CDC guidance and the facility’s policy while in the assisted living facility;
- expectations regarding using only designated entrances and exits as directed;
- limiting visitation to the area designated by the facility in accordance with (o)(2) of this subsection;
- facility staff must escort the salon services visitor from the facility entrance to the designated visitation area at the start of each visit; and
- facility staff must escort the salon services visitor from the designated visitation area to the facility exit at the end of each visit;

Staff

Are staff allowed to give tours for perspective residents and family members?

Answer: No. In person tours are not allowed at this time.

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

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

Who are providers of essential services?

Answer: The rules at 26 TAC §553.45 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.

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 immunocompromised:

- 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 reationplic-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).

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.

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. The facility can require a negative test for a new staff member if it is part of their hiring policies.

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.

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

**Answer:** The facility needs to know if employees work in multiple facilities and be able to contact the other facility if the employee gets COVID. Health
care personnel (HCP) who work in multiple locations can pose higher risk and should be asked about exposure to facilities with recognized COVID19 cases. Facilities must screen all HCP at the beginning of their shift for fever and respiratory symptoms. Facilities must also screen HCPs for the following:

- Fever or 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

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. If a HCP is ill, the HCO should don a facemask and leave the workplace. Facilities should also use the CDC’s exposure risk assessment table for guidance on how to handle staff that have had different levels of exposure to COVID-19 cases. Even if they work for multiple facilities one COVID test is sufficient for both facilities and the results need to be shared. If the result is positive, both facilities would need to report.

**What can an ALF do to protect their staff?**

**Answer:** 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.

**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.

**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.

**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 immunocompromised:

- 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)

**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.

**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 perspective 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.

**Trips Away From the Facility**

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

**Answer:** A facility should strongly discourage residents from leaving the building except for essential medical visits. 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.

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

**Answer:** Not necessarily, any departure from the facility provides the opportunity for infection. If the resident is leaving with a family member, this could be considered a higher risk for, unlike leaving with a facility employee, you have less chance of ensuring infection control compliance.

For a resident to maintain the same status in the facility if off-site for a medical appointment is that the resident, the accompanying transporter and the medical appointment facility are all trained in infection control and would be expected to implement these protocols. And by following these protocols, the risk is lowered and the burden on the ALF regarding quarantine is lowered.

If the facility wants to ask additional screening questions of the resident, on what and how they were transported and if infection control protocol was followed then the facility could ask the resident to be quarantined to err on the side of safety of all residents if protocol was not followed.

The essential care giver can now take the resident to essential medical visits as well.

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

**Answer:** The facility should strongly discourage residents from leaving the facility unless going to essential medical visits. If a resident who leaves the facility for a salon visit must be quarantined for 14 days upon return. (See also Salon Services Section)

The new emergency rules §553.2003. Assisted Living Facility COVID-19 Response allow salon visitors salon services are now allowed in the facility under certain conditions.

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

**Answer:** 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 physical 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.

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 curb side 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.”

Can the resident go vote in person at a polling place? If so, must they be quarantined upon return?

Answer: Yes, residents can leave the facility to vote in person. The status of the resident upon return will be dependent on the PPE utilized and training of and handling by the person taking the resident to the voting poll.

Can a resident leave the facility to attend a funeral?

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

Training and Webinar links

- September 30, 2020 – ALF COVID-19 Q&A Webinar Slides (PDF)
- September 30, 2020 – ALF COVID-19 Q&A Webinar Recording
Visitation

Can a visitor share a meal with the resident during a 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.

Are nurses allowed into the facility to administer flu shots?

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

Can small facilities that do not have designated areas for COVID-19 positive, negative, and unknown status still get visitation designation?

Answer: Yes. To do so, a small assisted living facility that cannot provide separate areas, including enclosed rooms such as bedrooms or activities rooms, units, wings, halls, or buildings for residents who are COVID-19 positive, COVID-19 negative, or unknown COVID-19 status, must demonstrate that for the entire facility:
(1) there have been no confirmed COVID-19 cases for at least 14 consecutive days in staff;
(2) there have been no facility-acquired COVID-19 confirmed cases for at least 14 consecutive days in residents; and
(3) if an assisted living facility has had previous cases of COVID-19 in staff or residents, HHSC LTCR has conducted a verification survey and confirmed the following:

(A) all staff and residents have fully recovered;
(B) the assisted living facility has adequate staffing to continue care for all residents and monitor visits permitted by the rules; and
(C) the assisted living facility is in compliance with infection control requirements and emergency rules related to COVID-19.

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

**Answer:** Physical contact between residents and visitors is prohibited, except for essential caregiver and end-of-life visits per 26 TAC §553.2003(e)(3).

What does a facility need to do to get a visitation designation?

**Answer:** To request a facility visitation designation, an ALF must submit a completed Long-term Care Regulation (LTCR) form 2194, COVID-19 Status Attestation Form, including a facility map indicating which areas, which include enclosed rooms such as bedrooms or activities rooms, units, wings, halls, or buildings which accommodate COVID-19 negative, COVID-19 positive, and unknown COVID-19 status residents, to the Regional Director in the LTCR Region where the facility is located. A facility with previous approval for visitation does not have to submit Form 2194 and a facility map, unless the previous visitation approval has been withdrawn, rescinded, or cancelled.

Can 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.

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.
What is a plexiglass indoor visit?

Answer: A plexiglass indoor visit is defined as a personal visit between a resident and one or more personal visitors, during which the resident and the visitor are both inside the facility but within a booth separated by a plexiglass barrier. The resident remains on one side of the barrier while the visitor remains on the opposite side at all times. 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.

Are plexiglass barriers required for outside visitation?

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

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

Answer: Fill out the attestation form that can be found in PL 20-38 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.

What safety precautions must be in place to allow for visits to occur at the facility?

Answer: The following requirements apply to outdoor visits, window visits and plexiglass indoor 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 to facilitate approval.

**What are the steps that a facility needs to follow to be allowed to be designated for visitation?**

**Answer:** To receive a facility visitation designation, a facility must demonstrate that it has separate areas, units, wings, halls, or buildings designated for COVID-19 positive, COVID-19 negative, and unknown COVID-19 status resident cohorts; separate dedicated staff are working exclusively in the separate areas, units, wings, halls, or buildings; and there have been no confirmed COVID-19 cases for at least 14 consecutive days in staff working in the area, unit, wing, hall, or building that accommodates residents who are COVID-19 negative. If the facility was previously designated as a phase 1, you do not need to resubmit for the visitation designation.

**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.
Are open window visits allowed without an approved facility designation?

**Answer:** No. A facility must have an approved 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 visitation 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 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.

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

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

**Resources**

**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

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

**Answer:** Reliable sources of information include:
Is there a checklist available for ALFs that will help assess and improve our preparedness for responding to COVID-19?

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

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](https://www.cdc.gov) 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.

**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](https://www.dshs.texas.gov/covid-19) which provides data which are updated daily and include datasets such as:

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

**Where 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](https://www.hhsc.state.tx.us) on the HHSC website to sign up for upcoming webinars.

**Where can I find available information on Facemasks and Respirators?**

*Answer:* HHSC released [COVID-19: Questions and Answers Regarding Facemasks and Respirators](https://www.hhsc.state.tx.us/covid-19/)

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

*Answer:* HHSC has created a document called the Texas Health and Human Services [COVID-19 Response Plan](https://www.hhsc.state.tx.us/covid-19/response-plan/) for Assisted Living Facilities. This document is available on the HHSC [home page](https://www.hhsc.state.tx.us) 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.

**What is the newest alert regarding reporting COVID—from PL 20-37 for ALF?**

**Answer:** Assisted living facility providers should review PL 20-37. This letter outlines provider reporting responsibilities related to COVID-19 positive cases and deaths (COVID-19 and non-COVID-19 related). 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.
- 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.
- 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 5 days.
- If the death might have resulted from abuse, neglect, or exploitation, additional reporting requirements might apply.

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.

Where can I find information relating to COVID-19 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

§553.2001 Assisted Living Facility COVID-19 Response


PL 20-37 is the most current guidance that describes in detail related Conditions COVID-19 reporting responsibilities

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](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

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

**Answer:** Yes. These are considered essential services, and these vendors should be granted access if they are screened and follow the appropriate CDC guidelines for transmission-based precautions. See CMS [QSO-20-14-NH](https://www.cms.gov) and [CDC guidance](https://www.cdc.gov).