

COVID-19 RESPONSE PLAN for Assisted Living Facilities

Abstract

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



TEXAS
Health and Human
Services

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1. Points of Contact for this Document

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2. Table of Changes

Document Version	Date	Change
Version 3.0	5/12/20	Reorganized attachment order and included new attachments.
Version 3.0	5/12/20	Revised Table of Contents to reflect new order of document
Version 3.0	5/12/20	Additions made to pages: 2, 3, 5, 6, 7, 8, 9, 15, 16, 17, 18, 19, 21, 23, 29, 31, 32, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, and 48
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Version 3.3	7/27/20	Complete Re-Org.
Version 3.3	7/27/20	Added new HHSC Reporting Requirements
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Version 3.4	8/13/20	Added new Section: Re-Opening, pp 20-22
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Version 3.4	8/13/20	Added Attachment 8 Phase 1 Limited Visitation Rule 26 TAC §553.2003, pp 55-59
Version 3.4	8/13/20	Added Attachment 9 LTCR Provider Letter PL 20-24 pp 60-64
Version 3.5	10/2/20	Updated email addresses to texas.gov for document POC
Version 3.5	10/2/20	Revisions made to pages 7, 9-17, 19-24, 27-31, 37 and 57.
Version 3.5	10/2/20	Deleted Attachment 8 Phase 1 Open Attachment 8 Phase 1 Limited Visitation Rule 26 TAC §553.2003
Version 3.5	10/2/20	Added Attachment 8 Expansion of Opening Visitation Rule 26 TAC §553.2003
Version 3.5	10/2/20	Deleted Attachment 9 LTCR Provider Letter PL 20-24
Version 3.5	10/2/20	Added Attachment 9 LTCR Provider Letter PL 20-38
Version 3.5	10/20/20	Added Attachment 8 Expansion of Opening Visitation Rule 26 TAC §553.2003
Version 3.5	10/20/20	Added Attachment 9 LTCR Provider Letter PL 20-42
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Document Version	Date	Change
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Version 3.6	12/9/20	Added Attachment 10 LTCR Provider Letter PL 20-48
Version 3.6	12/9/20	Added Attachment 11 LTCR Provider Letter PL 20-50
Version 3.6	12/9/20	Added Attachment 12 LTCR Provider Letter PL 20-53
Version 3.6	12/9/20	Added Attachment 13 LTCR Provider Letter PL 20-49
Version 3.6	12/9/20	Added Attachment 14 LTCR Provider Letter PL 20-46
Version 3.6	12/9/20	Added Attachment 15 LTCR Provider Letter PL-37 (revised) Reporting Guidance for Long-term Care Providers
Version 3.7	1/22/21	Added Attachment 9 26 TAC §553.2004 ALF COVID-19 Vaccination Data Reporting Rule
Version 3.7	1/22/21	Added Attachment 17 LTCR Provider Letter PL 2021-01 Vaccination Data Reporting Revised
Version 3.7	1/22/21	Added new Section for COVID-19 Vaccines
Version 3.7	1/22/21	Added survey monkey link to report Vaccines Administered in ALFs
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Version 3.7	1/25/21	Added ALF Outbreak Data Chart
Version 3.8	3/24/21	Added Infection Control Zones Guidance on page 18
Version 3.8	3/24/21	Deleted (5) regarding foreign travel (obsolete) on p 66
Version 3.8	3/24/21	Revision to 4. Required Screening on page 9
Version 3.8	3/24/21	Revision to 5. Visitors
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Version 3.9	8/6/21	Revisions to 4. Required Screening
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Version 3.9	8/6/21	Revisions to 6. Infection Control
Version 3.9	8/6/21	Revisions to 7. Vaccines
Version 3.9	8/6/21	Revisions to 8. Outbreaks
Version 3.9	8/6/21	Added Revised §553.2001 COVID-19 Emergency Rule
Version 3.9	8/6/21	Added Revised §553.2004 COVID-19 Emergency Rule Vaccination Data Reporting
Version 3.9	8/6/21	Deleted PL 20-53 (obsolete guidance for dining, activities and volunteers)
Version 3.9	8/6/21	Deleted Obsolete Version of Emergency Rule §553.2001
Version 3.9	8/6/21	Deleted Obsolete Version of Emergency Rule §553.2004
Version 3.9	8/6/21	Deleted ALF Outbreak Data (obsolete)

Version 4.0	8/27/21	Deleted Attachment 7 Obsolete Emergency Visitation Rule §553.2003 to replace with revised rule
Version 4.0	8/27/21	Added Attachment 7 Revised 8/21 §553.2003 Emergency Visitation Rule
Version 4.0	8/27/21	Deleted Attachment 8 Obsolete LTCR Provider Letter PL 2021-12
Version 4.0	8/27/21	Deleted Obsolete LTCR FORM 2196: Expansion of Reopening Visitation Status Attestation Form for ALF
Version 4.0	8/27/21	Added Attachment 8 LTCR Provider Letter PL 2021-31 (Replaces PL 2021-12)
Version 4.0	8/27/21	Revisions to 4. Required Screening
Version 4.0	8/27/21	Revisions to 5. Visitors
Version 4.0	8/27/21	Revisions to 6. Infection Control
Version 4.0	8/27/21	Revisions to 7. Vaccines
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Version 4.0	8/27/21	Revisions to 9. Reporting
Version 4.0	8/27/21	Deleted HHSC LTCR Activities with ALFs that have COVID-19 Cases-the activities are no longer done
Version 4.0	8/27/21	Deleted State/Regional/Local Support-these resources are no longer available
Version 4.1	10/27/21	Updated 4 Required Screening for fully vaccinated staff and residents
Version 4.1	10/27/21	Updated 5 Visitors to comply with Governor Abbott's new GA 40
Version 4.1	10/27/21	Updated 6 Infection Control for fully vaccinated staff and residents and deleted obsolete and redundant information
Version 4.1	10/27/21	Updated 7 Vaccines with information on additional and booster doses
Version 4.1	10/27/21	Updated 8 Outbreaks to delete redundant and obsolete information
Version 4.1	10/27/21	Added 9 Therapeutics
Version 4.1	10/27/21	Updated 10 Reporting Requirements with information on additional and booster doses
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Version 4.3	1/25/22a	Deleted some screening criteria for individuals entering an ALF due to changes in CDC guidance.
Version 4.3	1/25/21	Deleted Attachment 3, the chart for staff return to work/end of isolation flow chart due to changes in CDC guidance.
Version 4.3	1/25/21	Deleted some information about vaccines due to changes in CDC guidance.
Version 4.3	1/25/21	Added clarifying details to guidance for reporting positive COVID

		cases.
Version 4.4	2/23/22	Added exposure back to screening criteria for individuals entering an ALF due again to changes in CDC guidance.
Version 4.4	2/23/22	Added Updated 2/16/22 Attachment 06 26 TAC §553.2003 Expansion of Reopening Visitation
Version 4.4	2/23/22	Updated information in Visitors section to current 26 TAC §553.2003
Version 4.4	2/23/22	Updated information in Residents to reflect current CDC guidance
Version 4.4	2/23/22	Updated vaccination information to reflect new CDC terminology
Version 4.4	2/23/22	Clarified definition for outbreak according to current 26 TAC §553.2003
Version 4.4	4/12/22	Revised due to updated ALF mitigation rules in 553.2001
Version 4.4	4/12/22	Deleted example of screening log and renumbered attachments
Version 4.5	6/20/22	Deleted requirement for ALFs to offer vaccine to allow personal visitation per the expired Visitation rule at §553.2003.
Version 4.5	6/20/22	Deleted obsolete links in the Resources and Links section.
Version 4.5	6/20/22	Added ALF related sections of 26 TAC CHAPTER 570 RULES DURING A PUBLIC HEALTH EMERGENCY OR DISASTER
Version 4.5	6/20/22	Deleted retired Long-term Regulation Provider Letter PL 2021-31 regarding expired visitation rule at 26 TAC §553.2003.
Version 4.5	6/20/22	Deleted expired visitation rule at 26 TAC §553.2003
Version 4.5	6/20/22	Deleted PL 20-48 regarding rules for transferring a resident who is has COVID as the requirement is no longer in 26 TAC §553.2001.
Version 4.5	6/20/22	Deleted expired rule TAC §553.2004 ALF COVID-19 Vaccination Data Reporting and Communication System Enrollment
Version 4.6	8/9/22	Updated information in Purpose to reflect current guidance
Version 4.6	8/9/22	Deleted Required Screening section. Screening no longer required
Version 4.6	8/9/22	Updated information in Visitors to reflect current guidance
Version 4.6	8/9/22	Updated information in Infection Control to reflect current guidance
Version 4.6	8/9/22	Updated information in Outbreaks to reflect current guidance
Version 4.6	8/9/22	Deleted body of PL 20-46 as the letter was revised. Link only.
Version 4.6	8/9/22	Deleted PL 2020-37 reporting positive cases. Requirement expired.
Version 4.6	8/9/22	Deleted 26 TAC §553.2001 Covid mitigation rule. Expired.
Version 4.6	8/9/22	Deleted dead end CDC link regarding PPE in Attachment 2

3. Introduction

Purpose

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

Goals

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

Overview

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

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

<deleted> ~~4. Required Screening~~

~~An ALF must screen all individuals who enter the facility prior to entry in accordance with the rules at 26 TAC §§553.2001 (except for emergency services personnel in an emergency), in accordance with the following screening criteria as recommended by HHSC:~~

- ~~• a positive viral test for COVID-19;~~
- ~~• symptoms of COVID-19; or~~
- ~~• close contact with someone with COVID-19 infection.~~

~~If a visitor meets any of the screening criteria, they must leave the facility and reschedule the visit.~~

~~If staff meets any of the screening criteria, they cannot report to work until they meet CDC return to work criteria.~~

~~If a resident meets any of the screening criteria, implement increased infection-control measures including quarantine as applicable and monitor for symptoms of COVID-19 according to guidance.~~

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

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

4. Visitors

~~<deleted>Persons providing critical assistance~~

~~**must be allowed to enter the facility.** provided they pass required screening. These include:~~

- ~~• Family members and loved ones of residents at the end of life;~~
- ~~• Essential caregivers;~~
- ~~• Emergency responders (do not screen in an emergency);~~
- ~~• Persons with legal authority to enter, including:
 - ~~o Government personnel performing their official duties, including HHSC surveyors whose presence is necessary to ensure the ALF is protecting the health safety of residents and providing appropriate care;~~
 - ~~o Law enforcement officers (do not screen in an emergency) and~~
 - ~~o Representatives of the Long term Care Ombudsman's Office and representatives of Disability Rights Texas; and~~~~
- ~~• Providers of essential services which include contract doctors, contract nurses, home health and hospice workers, health care professionals, contract professionals, clergy members and spiritual counselors, whose services are necessary to ensure resident health and safety.~~

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

Personal Visitors

ALFs must allow all residents to have personal visitors. The facility must ensure a comfortable and safe outdoor visitation area, considering outside air temperature and ventilation.

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

~~<added> All facilities must follow their infection control policies and procedures in the §553.261(f). The policies and procedures related to infection control protocols must include how the facility wants to handle masks, physical distancing, PPE, transmission-based precautions and potential exposure or outbreaks in the facility. The facility should use the CDC guidelines to help them develop their policies. <added>~~

Vaccination Status

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

5. Infection Control

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

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

- Cold Zones for COVID-19 negative residents
- Warm Zones for monitoring residents with unknown COVID-19 status
- Hot Zones for COVID-19 positive residents

An ALF should have spaces for staff to doff and dispose of PPE used in a warm zone or hot zone, and wash hands or use hand sanitizer before entering a cold zone in the facility:

PPE

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

Make necessary PPE available in areas where care is provided to residents with COVID-19 and residents with unknown COVID-19 status. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room.

Cleaning and Disinfecting

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

Make sure EPA-registered hospital-grade disinfectants are available. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against COVID-19.

Provide supplies for recommended hand hygiene. Have alcohol-based hand sanitizer with 60–95 percent alcohol easily accessible. Make sure sinks are well-stocked with soap and paper towels for handwashing.

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

Staff

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

Require staff with symptoms of COVID-19 to report sick by phone or other virtual method consistent with facility policy.

If a staff member has a confirmed case the facility should follow the most current CDC return to work criteria based on the situation and the status of staffing (Conventional, Contingency or Crisis). [CDC return to work criteria](#)

Per CDC guidance, staff who have had a higher risk exposure may not need to be restricted from work. Review [CDC HCP Guidance-Risk Assessment](#) and [CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) recommendations for Healthcare Personnel During the COVID-29 Pandemic for possible exceptions and additional information.

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

Residents

Ask residents to report if they feel feverish or have symptoms of respiratory infection and coronavirus. If a resident has fever or symptoms, implement increased infection control measures. ~~<deleted redundant> including quarantine as applicable<deleted>.~~

Leaving and returning

Residents have the right to leave and return to the facility for any reason, and the facility cannot restrict residents from exercising this right. The facility has a responsibility to inform residents of the increased risk of contracting COVID-19 and the importance of safety precautions like avoiding crowds, washing hands often and maintaining physical distancing from others whenever possible, so that the resident is making an informed decision.

~~<deleted>Same day~~

~~For a resident who leaves the ALF and returns the same day, the resident's COVID-19 status is the same as it was when they left.~~

~~Overnight<deleted>~~

Per CDC guidance, a resident who is either up to date with all recommended COVID-19 vaccines, including any booster dose(s) when eligible, fully vaccinated or had COVID-19 in the previous three months and has fully recovered, does not have to quarantine, even if they were away from the facility overnight or if they had close contact with someone who has COVID-19.

All other residents who are new admissions, readmissions, or spent one or more nights away from the ALF, ~~<added>should ~~<added><deleted>must ~~<deleted>~~ be quarantined per the CDC guidance on [when to quarantine](#). If no symptoms develop during daily monitoring, quarantine can end after day 10 without testing; or after day 7 with a negative COVID-19 test result (test must occur on day 5 or later). Continue to monitor the resident for a total of 14 days after potential exposure~~~~

Fully vaccinated people who do not quarantine should still watch for [symptoms of COVID-19](#) for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated. Keep in mind that quarantine does not mean the resident must remain in their room for the duration of the quarantine period.

Activities and Dining

~~<added>Activities and dining should continue as in pre-COVID, but if there is an outbreak in the facility then activities and dining should be modified accordingly. ~~

~~<deleted>Entertainers, families and volunteer groups can enter the facility if they and the ALF adhere to the following:~~

- ~~• The ALF must screen each person entering the facility prior to entry, in accordance with the ALF COVID-19 emergency rule at 26 TAC §553.2001. Only persons who pass the screening can enter the facility.~~
- ~~• All individuals who enter the facility for the purposes of activities or dining are bound by the rules at 26 TAC §§553.2001. ~~

Memory Care Units and Alzheimer's Certified Units

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units and Alzheimer's certified units where numerous residents with cognitive impairment reside together. These residents can have a difficult time following recommended infection prevention practices.

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

6.Vaccines

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

HHSC

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

Find a Vaccine

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

Local Pharmacies

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

Texas Public Health Vaccine Scheduler

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

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

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

Find Vaccine by Phone

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

Additional Primary Shot for Moderately or Severely Immunocompromised People

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

See the CDC guidance on [additional primary shots](#) for full details about who should receive an additional primary shot.

People should talk to their healthcare provider about their medical condition,

and whether getting an additional primary shot is appropriate for them.

Booster Shot

COVID-19 Vaccine booster shots are available for everyone aged 12 years and older.

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

People should talk to their healthcare provider about their medical condition, and whether getting a booster shot is appropriate for them.

Up to date

According to the CDC, "up to date" means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Fully Vaccinated

According to the CDC, "fully vaccinated" means a person has received their primary series of COVID-19 vaccines.

Residents

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

Staff

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

Side Effects & Allergic Reactions

Mild side effects are normal signs your body is building protection, and they usually go away after a few days. To be safe, your provider will have you wait on-site for 15-30 minutes after your shot.

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

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

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

Become a Vaccine Provider

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

7. Outbreaks

An outbreak of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff who have been present in the facility in the last 14 days.

~~<deleted>. Please see the Required Reporting section in this document for details about how, when, and what to report regarding confirmed cases of COVID-19. <deleted>~~

Outbreak Testing

Testing is not currently mandated for ALF residents or staff.

The CDC recommends testing all individuals with symptoms whenever a COVID-19 outbreak occurs in a community where older adults or individuals with disabilities reside.

Care for Residents who have COVID-19

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

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

To prevent transmission, ALFs can use separate staffing teams for COVID-19-positive residents whenever possible.

Transferring Residents who have COVID-19

If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the facility should: ~~<deleted>, in accordance with 26 TAC §553.2001 <deleted>~~

- Transfer the resident to an alternate facility that has agreed to accept and care for the facility's COVID-19 positive residents until they are fully recovered;
- Assist the resident and family members to transfer the resident to the alternate facility;
- ~~<added> Follow applicable infection control protocols to <added>~~ isolate the resident in an area that is separate from other residents until the resident is transferred; and
- ~~<added>~~ Assist the resident to return to the facility once the resident is fully recovered from COVID. ~~<added>~~

8. Therapeutics

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

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

Providers with questions about monoclonal antibodies or ordering can email therapeutics@dshs.texas.gov or call Provider Support at 833-832-7068, option 0.

~~<deleted> 10. Reporting Requirements—~~

~~Confirmed Cases of COVID-19~~

~~ALFs must report to HHSC:~~

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

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

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

- ~~• via TULIP~~
- ~~• by email at ciiprovider@hhsc.state.tx.us~~
- ~~• by fax at 1-877-438-5827~~

~~**Do not** report cases that do not meet the criteria outlined in the first two bullet points of this section (**first case, first new case after at least 14 days with no cases**).~~

~~HHSC LTCR Regional Offices may contact facilities to request information related to COVID-19 cases. Reporting to a LTCR Regional Office is not related to reporting COVID-19 positive cases to HHSC CII. See PL 2021-04 for full details.~~
~~<deleted>~~

9. Reporting Communicable Diseases

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

Find contact information for your local/regional health department here: <https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/>

~~<deleted> Test Results~~

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

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

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

~~Please see Attachment 13: PL 20-46 Reporting Guidance for Long-term Providers for full guidance on reporting COVID-19 testing data. <deleted>~~

10. Resources and Links

List of Acronyms

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

Links (in alphabetical order)

- [Cleaning and Disinfecting Your Facility](#)
- [Complaint and Incident Intake](#)
- [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)
- [DSHS: Coronavirus Disease 2019 \(COVID-19\)](#)
- [COVID-19: Facemasks & Respirators Questions and Answers](#)
- [FEMA: COVID-19 Pandemic Operational Guidance All-Hazards.](#)
- [COVID-19 Testing Locations](#)
- [COVID-19 Travel Recommendations by Destination](#)
- [Difference Between Isolation and Quarantine](#)
- [Donning and Doffing PPE Graphic](#)
- [Executive Orders by Governor Greg Abbott](#)
- [Healthcare Workers: Information on COVID-19](#)
- [Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities](#)
- [Interim U.S. Guidance for Risk Assessment and Public Health Management and Healthcare Personnel and Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#)
- [List N: Disinfectants for Use Against SARS-CoV-2](#)
- [Local Health Entities](#)
- [OSHA Respiratory Protection Standard \(29 CFR §1910.134\)](#)
- [PPE Burn Rate Calculator](#)
- [Proper N95 Respirator Use for Respiratory Protection Preparedness](#)
- [Public Health Regions](#)
- [Regional Advisory Councils](#)
- [State of Texas Assistance Request \(STAR\)](#)
- [Stress and Coping](#)

- [Symptoms of Coronavirus](#)
- [TDEM](#)
- [Texas Local Public Health Organizations HHS \(Federal\)](#)
- [Therapeutics TDEM.texas.gov](#)
- [TULIP](#)
- [Vaccine Adverse Event Reporting System \(VAERS\) HHSC \(Texas\)](#)

Attachment 1: Recommended Facility Activities for ALF COVID-19 Response



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

Prepare before a positive case (actions focused on response)

- Review/create a COVID-19 plan for residents
- Determine/review who is responsible for specific functions under the facility plans
- Develop a communication plan (external and internal)
- Evaluate supplies/resources including PPE
- ~~<deleted>~~ Enact resident/staff/visitor screening~~<deleted>~~
- Determine what community sources are available for COVID testing and how residents, staff and visitors, if applicable, can be tested (a “testing plan”)
- Evaluate supply chains and other resources for essential materials including PPE

Immediately 0-24 Hours Reaction to an outbreak

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

Extended 24-72 Hours Protect

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

Long-Term 72 Hours+ Transition

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

Attachment 2: Use of PPE in ALFs

PPE for COVID-19 positive ~~<deleted>~~ and COVID-19 unknown status ~~<deleted>~~ residents

Staff should:

- Follow standard precautions.
- Use an N95 facemask or respirator (if available and if they have been trained and appropriately fit tested) rather than a cloth face covering or facemask.
- Use eye protection.
- Use nonsterile, disposable gloves and isolation gowns, which are used for routine care in healthcare settings.

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

~~<deleted dead link>~~ [CDC: Using Personal Protective Equipment \(PPE\)](#) ~~<deleted>~~

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

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

1. GLOVES

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



2. GOGGLES OR FACE SHIELD

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



3. GOWN

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



4. MASK OR RESPIRATOR

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



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



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

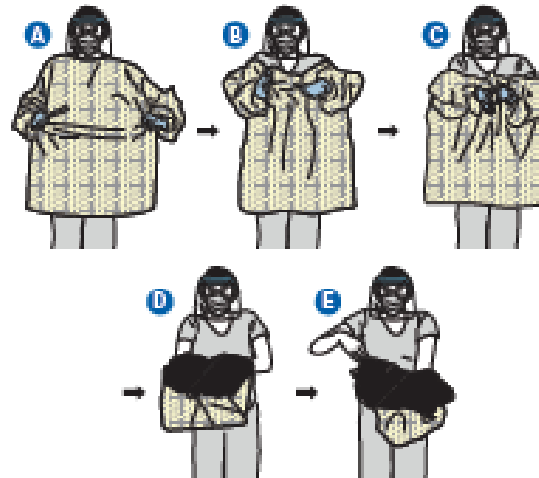


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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

1. GOWN AND GLOVES

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



2. GOGGLES OR FACE SHIELD

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

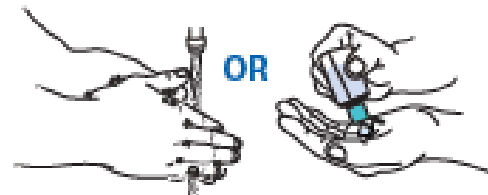


3. MASK OR RESPIRATOR

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



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



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



How to Wear a Medical Mask Safely

Dos

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

Don'ts

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

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

HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

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

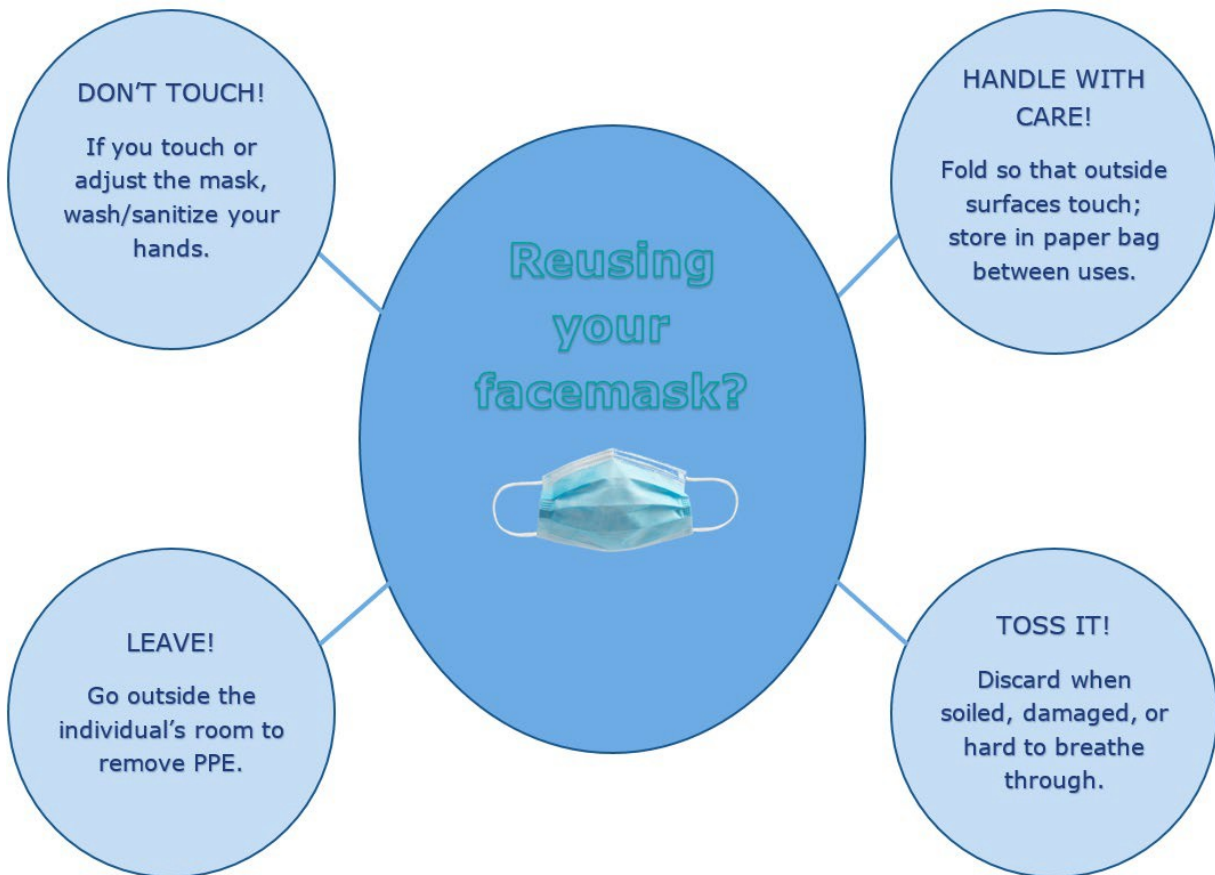
EPI·WIN



Reusing Facemasks

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

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



~~<deleted expired rule> Attachment 3-26 TAC §553.2001. Assisted Living Facility COVID-19 Response
ALF COVID-19 Response Emergency Rules 04.03.22 (texas.gov)~~

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

~~§553.2001. Assisted Living Facility COVID-19 Response.~~

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

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

~~———(2) COVID-19 positive—The status of a person who has tested positive for COVID-19 and does not yet meet Department of State Health Services (DSHS) guidance for the discontinuation of transmission-based precautions.~~

~~———(3) COVID-19 status—The status of a person based on COVID-19 test results, symptoms, or other factors that consider the person's potential for having the virus.~~

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

~~(c) In the situation described in subsection (b) of this section, the assisted living facility must assist the resident and family members to transfer the resident to the alternate facility.~~

~~(d) An assisted living facility must screen all residents, staff, and people who come to the facility, in accordance with Texas Health and Human Services Commission (HHSC) guidance.~~

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

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

~~(g) An assisted living facility must develop and enforce policies and procedures for infection control. The written standards, policies, and procedures for the facility's infection prevention and control program must include standard and transmission-based precautions.~~

~~(h) An assisted living facility must report COVID-19 activity as required by §553.261(f) of this chapter (relating to Coordination of Care). COVID-19 activity must be reported to HHSC Complaint and Incident Intake as described below.~~

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

~~————(2) A facility must submit Form 3613-A, Provider Investigation Report, to HHSC Complaint and Incident Intake through TULIP or by calling 1-800-458-9858 within five working days from the day a confirmed case is reported.
<deleted>~~

Attachment 3 26 TAC §553.570 LTC Rules during Public Health Emergency ALF Sections

[Texas Administrative Code \(state.tx.us\)](http://state.tx.us)

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 570 RULES DURING A PUBLIC HEALTH EMERGENCY OR DISASTER
SUBCHAPTER B ASSISTED LIVING FACILITIES

§570.111 Visitation

(a) An assisted living facility's visitation policies and procedures may change during a public health emergency or disaster. Assisted living facility (ALF) visitation policies and procedures may not be more restrictive than guidance or directives issued by HHSC, DSHS, executive or local orders.

(b) An ALF may not prohibit a resident from receiving in-person visitation with a religious counselor during a public health emergency or disaster on request from the resident, resident's legally authorized representative (LAR), or resident's family member unless a federal law or a federal agency requires the facility to prohibit in-person visitation during a public health emergency.

(c) An ALF must adopt policies and procedures for in-person visitation with a religious counselor during a public health emergency or disaster. These policies and procedures:

(1) must comply with the minimum health and safety requirements for in-person visitation with religious counselors developed by HHSC;

(2) may include reasonable time, place, and manner restrictions on in-person visitation with religious counselors to:

(A) mitigate the spread of a communicable disease; and

(B) address the resident's medical condition;

(3) must include special consideration for residents receiving end-of-life care; and

(4) may condition in-person visitation with a religious counselor on the religious counselor's compliance with an ALF's guidelines, policies, and procedures for in-person visitation with a religious counselor.

(d) An ALF must permit end-of-life visits and immediately communicate any changes in a resident's condition that would qualify the resident for end-of-life visits to the resident representative.

§570.113 Essential Caregiver Visits

(a) A resident or the resident's legally authorized representative (LAR), if the resident is unable, has the right to designate at least one essential caregiver.

(b) An assisted living facility (ALF) must permit essential caregiver visits except as provided by subsection (j) of this section.

(c) An ALF must allow essential caregiver visits to occur outdoors, in the resident's bedroom, or in another area designated for visitation by the ALF upon request by a resident or resident's LAR.

(d) An ALF must develop a visitation policy that permits an essential caregiver to visit the resident for at least two hours each day.

(e) An ALF must have procedures in place to enable physical contact between the resident and the essential caregiver.

(f) The ALF must develop safety protocols for essential caregiver visits. The safety protocols may not be more stringent for essential caregivers than safety protocols for staff.

(g) An ALF must obtain the signature of the essential caregiver certifying that the essential caregiver will follow the facility's safety protocols for essential caregiver visits.

(h) An ALF may revoke an essential caregiver designation if the caregiver violates the facility's safety protocols or rules adopted under this chapter.

(i) If an ALF revokes a person's designation as an essential caregiver under subsection (h) of this section:

(1) the resident or the resident's LAR has the right to immediately designate another person as the essential caregiver;

(2) within 24 hours after the revocation, the facility must inform the resident or the resident's legally authorized representative, in writing, of the right to appeal the revocation and the procedures for filing an appeal with the Texas Health and Human Services Commission (HHSC) Appeals Division by:

(A) email at OCC_Appeals_ContestedCases@hhs.texas.gov; or

(B) mail at HHSC Appeals Division, P.O. Box 149030, MC W-613, Austin, TX 78714-9030; and

(3) the ALF must comply with a hearing officer's decision regarding an appeal of an essential caregiver revocation.

(j) An ALF may petition HHSC to suspend in-person essential caregiver visits

for no more than seven consecutive calendar days if in-person visitation poses a serious community health risk. An ALF may request an extension from HHSC to suspend in-person essential caregiver visitation beyond the ALF's original request, but HHSC may not approve an extension for a period that exceeds seven days, and an ALF must separately request each extension. HHSC may deny the ALF's original request to suspend in-person essential caregiver visitation or the ALF's extension request if HHSC determines that in-person visitation does not pose a serious community health risk.

(k) An ALF may not suspend in-person essential caregiver visits in a calendar year for a time period that:

- (1) is more than 14 consecutive days; or
- (2) is more than a total of 45 days.

Attachment 4 Long-Term Care Regulation Provider Letter PL 20-50

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

Influenza (Flu) Vaccine Guidance During COVID-19

Date Issued: November 17, 2020

1.0 Subject and Purpose

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

2.0 Policy Details & Provider Responsibilities

2.1 The Adult Influenza Vaccine Initiative

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

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

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

Provider enrollment process:

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

2.2 Vaccination of Persons with Confirmed or Suspected COVID-19

In general, the annual influenza vaccination should be deferred for persons with suspected or confirmed COVID-19 until the criteria for the

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

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

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

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

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

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

2.4 People who SHOULD NOT get the flu vaccine

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

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

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

- Allergy to eggs or any of the ingredients in the vaccine. See Special

Considerations Regarding Egg Allergy for more information about egg allergies and flu vaccine.

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

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

3.0 Background/History

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

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

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

Attachment 5 Long-Term Care Regulation Provider Letter PL 20-49

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

Date Revised: November 23, 2020

1.0 Subject and Purpose

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

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

2.0 Policy Details & Provider Responsibilities

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

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

2.1 Eligibility

The attestation criteria require an ALF to:

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

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

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

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

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

2.2 CLIA Waivers

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

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

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

2.3 Reporting COVID-19 Test Results

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

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

report the test results.

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

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

3.0 Background/History

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

4.0 Resources

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

Attachment 6 Long-Term Care Regulation Provider Letter PL 20-46

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

<deleted body of PL as PL 20-46 was revised. Click link to read PL>

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

~~Date Revised: November 30, 2020~~

~~1.0 Subject and Purpose~~

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

~~2.0 Policy Details & Provider Responsibilities~~

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

~~2.1 CLIA Waivers~~

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

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

~~2.2 Reporting COVID-19 Test Results:~~

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

~~2.2.1 Reporting to NHSN~~

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

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

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

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

2.2.2 Reporting to DSHS

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

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

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

Facilities can contact DSHS at COVID-19ELR@dshs.texas.gov with any questions related to registration or reporting through DSHS.

~~2.2.3 Reporting to the Local Health Department~~

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

~~5. Locate the LHD or DSHS Region for the area in which the ALF is located:
<https://www.dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/>~~

~~6. The LHD or DSHS region will inform providers of any required reporting forms and processes.~~

~~7. The required data is submitted to the LHD or DSHS Region for the area in which the facility is located, using the forms and processes indicated.~~

~~2.2.4 Reporting Confirmed Cases & Additional Reporting Information for all ALF Providers~~

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

~~3.0 Background/History~~

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

~~<deleted expired rule> Attachment 7 Long-Term Care Regulation Provider Letter PL-2021-04
Provider Letter 2021-04 HHSC COVID Reporting (texas.gov)~~

~~1.0 Subject and Purpose~~

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

~~2.0 Policy Details & Provider Responsibilities~~

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

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

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

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

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

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

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

~~<deleted-expired rule> Attachment 4 Long-term Regulation Provider Letter PL-2020-37 (Revised)~~

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

1.0 Subject and Purpose

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

2.0 Policy Details & Provider Responsibilities

ALF-Related Conditions COVID-19 Reporting Responsibilities

All ALFs shall:

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

<deleted> Attachment 5 Long-Term Care Regulation Provider Letter PL 20-48

~~Transferring COVID-19 Positive Residents~~

~~Date Issued: November 3, 2020~~

~~1.0 Subject and Purpose~~

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

~~2.0 Policy Details & Provider Responsibilities~~

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

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

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

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

- ~~Inform the following persons that the facility is transferring the resident and include the date of transfer and anticipated length of stay:~~
 - ~~the resident, the resident's legally authorized representative, and any emergency contact(s);~~
 - ~~the resident's primary care physician or medical team, as applicable; and~~
 - ~~any home and community support services agency or health care professional who provides care for the resident in the facility.~~

~~2.1 Emergency warning signs of respiratory distress~~

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

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

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

~~3.0 Background/History~~

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