



Coronavirus (COVID-19)

Assisted Living Facility

Frequently Asked Questions

Updated: April 19, 2022

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.

If guidance changes from a previous FAQ, it will be noted in red font. Questions regarding these FAQ can be directed to Long-term Care Regulation, Policy, Rules & Training, at 512-438-3161 or LTCRPolicy@hhs.texas.gov.

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

- [CLIA Waivers](#)
- [COVID-19 Quarantine/ Isolation](#)
- [COVID-19 Reporting](#)
- [COVID-19 Screening](#)
- [Essential Caregiver](#)
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What is HHSC's response to the federal COVID-19 vaccination requirements?

Answer: As of November 24th, HHSC is aware of [CMS's interim final rule with comment period](#) that establishes COVID-19 vaccination requirements for staff of certain Medicare- and Medicaid-certified providers and suppliers. On November 15, 2021, the state of Texas initiated a [lawsuit](#) to challenge the rule. HHSC cannot comment on the pending litigation and recommends all providers and facilities speak with their legal counsel to determine how to proceed.

<Updated> Governor's Abbott's Order GA-36 impacts ALF facilities in what ways?

Answer: The order prohibits HHSC from mandating masks in ALFs; however, a facility must develop and enforce policies and procedures that ensure infection control practices, including whether the visitor and the resident must wear a face mask, face covering, or appropriate PPE.

CDC has updated its guidance:

- [Isolation and work restriction guidance](#) for healthcare personnel
- [Contingency and crisis management](#) in the setting of significant healthcare worker shortages
- COVID-19 Case definitions are now:
 - **Suspect-** Meets supportive laboratory evidence with no prior history of being a confirmed or probable case.
 - **Probable-**
 - Meets clinical criteria AND epidemiologic linkage with no confirmatory or presumptive laboratory evidence for SARS-CoV-2, OR
 - Meets presumptive laboratory evidence, OR

- Meets vital records criteria with no confirmatory laboratory evidence for SARS-CoV-2.
- **Confirmed-** Meets confirmatory laboratory evidence.

Tours

<Updated> Can a facility hold marketing events that host sales professionals from other companies for things like wine and appetizers?

Answer: Yes, with adherence to CDC guidance. All participants must physically distance from each other, follow [infection prevention and control protocols](#), and must remain away from residents and their visitors. All marketers and event attendees must follow facility PPE and visitation policies. Anyone entering the facility must pass COVID-19 screening criteria. The facility should maintain a log (with contact information) for all participants for contact tracing. Contact information for each person attending the event should be maintained with screening results for review and verification. A facility must develop and enforce policies and procedures that ensure infection control practices, including whether the visitor and the individual must wear a face mask, face covering, or appropriate PPE.

Is it permissible to allow prospective residents and their family members into the facility to take a tour?

Answer: An ALF may allow in-person tours for a potential resident. The following would apply to ALFs allowing in-person tours:

- Limit in-person tours to COVID negative areas of the building;
- Ensure all tour visitors maintain physical distancing between themselves and all staff, residents, and other visitors;
- Limit in-person tour groups to no more than three persons;
- Schedule in-person tours in advance; and
- Require visitors to follow the facility's mask policy.

COVID Quarantine/Isolation

<Updated> What are the current CDC quarantine recommendations?

Answer: The CDC has provided updated guidance for [Return to Work Criteria for HCP with Confirmed or Suspected COVID-19 Infection](#) and the

[Quarantine and Isolation](#) guidelines. Due to the rapidly changing nature of the CDC's return to work, quarantine, and isolation guidelines, facilities must visit the CDC's website and review the guidance to select which return to work situation is applicable.

<Updated> What is the Duration of Transmission-Based Precautions?

Answer: A symptom-based strategy for discontinuing Transmission-Based Precautions is preferred in most clinical situations.

The criteria for the symptom-based strategy are:

Residents with [mild to moderate illness](#) who are *not* moderately to [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.

Residents who were asymptomatic throughout their infection and are *not* [moderately to severely immunocompromised](#):

- At least 10 days have passed since the date of their first positive viral diagnostic test.

Residents with [severe to critical illness](#) or who are **NOT [moderately to severely immunocompromised](#):**

- At least 10 days and up to 20 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.
- Consider consultation with infection control experts.

A test-based strategy could be considered for some residents (e.g., those who are [moderately to severely immunocompromised](#)) in consultation with local infectious diseases experts if concerns exist for the resident being infectious for more than 20 days.

The criteria for the **test-based** strategy are:

Residents who are symptomatic:

- Resolution of fever without the use of fever-reducing medications; **and**
- Symptoms (e.g., cough, shortness of breath) have improved; **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 laboratory-based NAAT.

Residents 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 laboratory-based NAAT.

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current COVID-19 infection for a resident with suspected COVID-19 infection can be made based upon having negative results from at least one respiratory specimen tested using an FDA-authorized [COVID-19 viral test](#).

- If a higher level of clinical suspicion for COVID-19 infection exists, consider maintaining Transmission-Based Precautions and performing a second test for COVID-19.
- If a resident suspected of having COVID-19 infection is never tested, the decision to discontinue Transmission-Based Precautions can be made using the *symptom-based strategy*.

Ultimately, clinical judgement and suspicion of COVID-19 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

<Updated>What are the updated CDC recommendation for quarantine and isolation?

Answer: **Quarantine** is a strategy used to prevent transmission of COVID-19 by keeping people who have been in [close contact](#) with someone with COVID-19 apart from others. **Isolation** is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, or wear a [well-fitting mask](#) when they need to be around others. Please refer to the CDC guidance has been updated on the [Quarantine and Isolation](#) page.

<Updated> Do I have to automatically quarantine new residents?

Answer: All residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission. Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection: immediately and, if negative, again 5-7 days after their admission.

Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which of these residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission.

<Updated> Can a facility admit a COVID positive resident?

Answer: Yes, a facility can admit a COVID positive resident if the facility is able to provide appropriate care for the resident. The facility should create a plan for managing new admissions and readmissions when admitting new residents that aligns with the CDC guidance on [New Admissions and Residents who Leave the Facility](#).

<Added> What should I do if my facility cannot provide appropriate care for a COVID positive resident?

Answer: An assisted living facility (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. [PL 20-48](#) has additional information.

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 friends or family members choose to handle resident laundry, the

facility should schedule the laundry drop off and pick up to coincide with a visit.

<Added> Do residents who are not up to date with their COVID vaccine have to physically distance themselves from other residents?

Answer: There is not a rule that requires physical distancing, although it is recommended to decrease virus transmission. Per the CDC, residents who are not up to date with all recommended COVID vaccine doses should physically distance themselves from other residents when feasible space is available.

COVID Reporting

If a 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 that 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 facility is located. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc. [PL 21-04](#) has the most current 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 working 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.

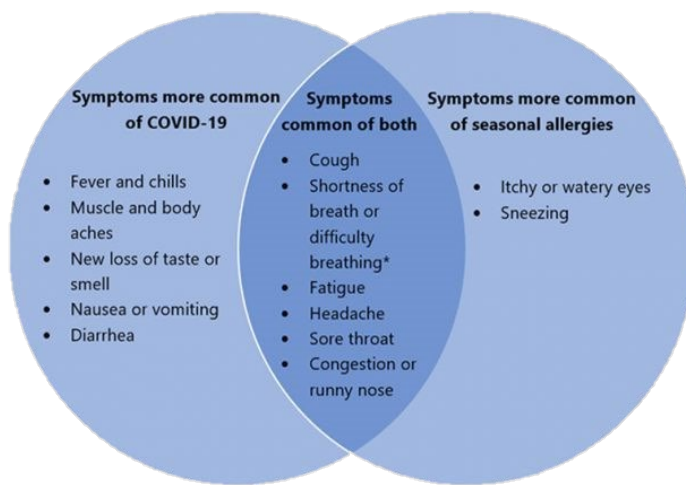
COVID-19 Screening

<Updated> Can a facility discontinue screening and or screening logs?

Answer: The facility must continue to screen. The requirement for documentation (screening logs) has been removed therefore a facility is not required to document the screening.

Are there any differences in symptoms between COVID infection and seasonal allergies?

Answer: Yes. COVID-19 and seasonal allergies share many symptoms, but there are key differences between the two. The image in the diagram below compares symptoms caused by seasonal allergies and those caused by COVID-19. Use of this diagram may be helpful when screening people entering a facility. Also keep in mind that people with seasonal allergies often have a history of seasonal allergies, and this is something you may want to ask them about when screening. In some cases, it may be difficult to tell the difference between allergies and COVID-19 symptoms, and a person may need to get a COVID-19 test to confirm the person's diagnosis.



<Updated> How long does a facility need to keep screening logs and documentation?

Answer: The April 3, 2022, update to §553.2001 removed the requirement to maintain screening logs.

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

Answer: Yes. [26 TAC §553.2003](#)(a)(8) defines an outbreak 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.

Personal Protective Equipment (PPE)

<Updated> Can staff wear masks and face shields when caring for positive and or unknown residents if they have not been fit-tested for an N95?

Answer: When used solely for source control, any of the options listed below could be used for an entire shift unless they become soiled, damaged, or hard to breathe through.

Source control options for HCP include:

- A NIOSH-approved N95 or equivalent or higher-level respirator; OR
- A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated); OR
- A well-fitting facemask.

Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for residents, regardless of their vaccination status.

Certain circumstances may arise that allow staff to wear alternative supplies that can be found on the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).

<Updated> Are staff required to wear masks?

Answer: All facilities must have policies and procedures regarding infection control measures and may utilize CDC guidance to determine when masks should be used. HHSC does not have a rule requiring mask usage but does have a requirement for facilities to create and follow their own infection control policies and procedures.

What Personal Protective Equipment is required for a positive resident?

Answer: HCP who enter the room of a resident with suspected or confirmed COVID-19 infection should adhere to [Standard Precautions](#) and use a

NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).

How does a person 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 cannot get PPE from vendors 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>
- [Local Public Health Organizations](#)
- <https://www.dshs.state.tx.us/regions/lhds.shtm>
- [Texas Division of Emergency Management:](#)
- <https://tdem.texas.gov/>

What if an ALF cannot find someone to perform fit tests for the N95 respirators?

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

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

Do we need to use biohazard bags for disposal of PPE (e.g., 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.

Types of Visits

What does it mean for a facility to have "offered" the vaccination?

Answer: The definition of "offer" in this context means to administer, arrange/assist, OR educate/give information about the COVID-19 vaccine AND document the resident's choice to vaccinate or not vaccinate.

Do visitors have to maintain physical distance from the resident they are visiting?

Answer: A resident and his or her personal visitor may have close or personal contact in accordance with CDC guidance. The visitor must

maintain physical distancing between themselves and all other persons in the facility.

Facilities should provide instruction, before visitors enter the resident's room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.

When a facility allows personal visitation in the resident's room, is there a limit to the number of people that may be included?

Answer: Each party of visitors (no matter how many personal visitors end up visiting with the resident) is considered a "group," and as long as the members of the group maintain physical distancing of at least six feet from *other* groups, staff, and residents, they need not maintain physical distancing from each other. Additionally, members of the group do not need to maintain physical distancing from the resident they are visiting. So, limits on the size of groups would depend upon a number of factors including the size and configuration of the room.

<Updated> Do visits have to be scheduled?

Answer: Visitation must be facilitated to ensure [infection prevention and control](#) measures are followed. An assisted living facility may schedule personal visits in advance or permit personal visits that are not scheduled in advance. **Scheduling in advance or the ALF's general visitation hours must not be so restrictive as to prohibit or limit visitation for residents.**

Is a plexiglass barrier still required?

Answer: No, and ALFs are no longer required to submit an attestation form or receive an approved visitation designation.

What is an end-of-life visit?

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

Essential Caregiver

<Updated> Does the visitation by the essential caregiver have to be in the resident's room?

Answer: **The visit may occur in the location of a resident's choice of designated visitation area, which may include the resident's bedroom,**

outdoors, or in another area in the facility that limits the visitor's movement through the facility and interaction with other residents and staff.

How many essential caregivers can visit at one time?

Answer: Up to two essential caregivers may visit a resident at the same time.

<Updated> What is the difference between an essential caregiver and a personal visitor? Answer: There are a few differences between the essential caregiver and a personal visitor. Only two people can be designated by a resident as the resident's essential caregivers. An essential caregiver is trained in the infection control policies and procedures of the facility and has entered into a written agreement confirming that the essential caregiver understands and agrees to follow applicable policies, procedures, and requirements. An essential caregiver is also specifically trained on proper PPE usage.

A personal visitor is not necessarily trained in infection control protocol and does not have to sign an agreement to abide by the facilities policies and procedures. Also, a personal visitor can only visit a resident with a COVID-19 negative status.

An essential caregiver can visit a resident with any COVID status.

<Updated> How do you determine the level of COVID-19 transmission in the community?

Answer: To determine the level of COVID-19 transmission in the community where a healthcare facility is located, visit the CDC's [COVID-19 Data Tracker](#).

<Updated> What are the responsibilities of an essential caregiver?

Answer: An essential caregiver may assist a resident with ADLs and with dining. Essential caregivers do not have to provide care but can provide emotional and social support. Any care provided will need to be documented in the resident's service plan as well as the type of service provided.

The facility is still responsible for the care of the resident while the caregiver is present to ensure all applicable delegation rules and other applicable state requirements are followed.

<Updated> Can the essential caregiver visit the resident every day?

Answer: Facilities must allow for essential caregiver visits. There is not a rule that prohibits an essential caregiver from visiting every day.

<Updated> Does the essential caregiver visit have to be monitored by facility staff?

Answer: No.

General Visitation

None of our residents have been tested. Should we get them tested so we know for sure they are negative?

Answer: An ALF is not required to test residents, and if it chooses to test residents, a resident has the right to refuse testing.

<Updated> What types of visits are allowed for a positive resident?

Answer: All types of visits are allowed for residents with any COVID status.

What signs need to be posted in the facility?

Answer: An ALF must provide instructional signs throughout the facility and proper visitor education regarding:

- signs and symptoms of COVID-19;
- infection control precautions; and
- other applicable facility practices (e.g., use of facemasks and other appropriate PPE, specified entries and exits, routes to designated areas, and hand hygiene)

<Updated> Can I request a visitor's COVID-19 test result or vaccination card to enter the facility?

Answer: No. An assisted living facility may ask about a visitor's COVID-19 vaccination or test status; however, a facility must not require visitors to provide documentation of a COVID-19 negative test or COVID-19 vaccination status as a condition to enter the facility.

<Added> If a visitor has a positive COVID test or is exhibiting COVID symptoms, can they still visit?

Answer: No. A visitor with a positive COVID test or who is exhibiting COVID-19 symptoms will not pass the screening requirements.

<Updated> Physical Distancing

Do residents have to physically distance from other residents in the ALF?

Answer: Physical distancing (when physical distancing is feasible and will not interfere with provision of care) is recommended for everyone in the ALF. A facility must develop and enforce policies and procedures that ensure infection control practices that align with consideration for CDC guidance on [Implementing Source Control Measures](#).

Can more than one resident be in the facility's salon at once?

Answer: The rules do not address this. Based on the facility's layout, staff should try to physically distance residents if possible.

Resident Activities and Dining

Can entertainers, families, and volunteer groups enter the facility?

Answer: Yes,

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.

What are some examples of visitors joining in activities and dining?

Answer: Some examples are as follows:

- A small group, such as members from a local club or a group of high school students, who volunteer to participate in an activity with residents, such as putting up decorations or putting on a performance.
- Family joining a resident for a holiday dinner at an individual family table that is adequately distanced from other residents' family tables.
- ALF staff taking residents in community busses to look at Christmas lights.

Visitors can dine with a resident while visiting, but visitors need to stay separated from others in the dining area (other than the group of visitors and the resident they are visiting).

Per the CDC, those who are vaccinated can choose not to physical distance, but it is still recommended that those unvaccinated remain distanced. What an inspector would look for when coming into a facility is whether there is sufficient distancing to ensure proper infection control.

Can a facility allow residents to go on an outing?

Answer: Yes. CDC guidance is that residents taking social excursions outside the facility should be educated about potential risks of public settings,

particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. They should be encouraged and assisted with adherence to all recommended [infection prevention and control](#) measures, including source control, physical distancing, and hand hygiene. If they are visiting friends or family in their homes, they should follow the source control and physical distancing recommendations for visiting with others in private settings as described in the Interim Public Health Recommendations for Fully Vaccinated People.

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

Answer: Yes. 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. Visitors can help with personal effects but cannot go in and out of the facility during the visit.

https://www.cisa.gov/sites/default/files/publications/essential_critical_infrastructure_workforce-guidance_v4.1_508.pdf

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

Answer: No. The CISA Guidance on Essential Critical Infrastructure Workforce (referenced above) applies only to employees and cannot be applied to family members for the purpose of creating an exception.

Moreover, if facilities were to allow this, it could cause contention among other individuals who would like to be considered an exception to the rule.

<Updated> Can ALF residents have salon service visits?

Answer: Yes. However, the new emergency rules 26 TAC [§553.2003, Assisted Living Facility COVID-19 Response](#), allow salon visitors to provide salon services in the facility under the same visitation requirements as any other visitor (e.g., person providing salon services must pass the screening process).

Initiative for free distribution of Antigen Testing

Is a county positivity rate tied to ALF testing?

Answer: The county positivity rate is not mandatorily tied to ALF testing. However, the ALF can use the county positivity rate to guide their testing policies and strategies.

How does the new initiative for free distribution of antigen test kits for essential caregiver's work?

Answer: [PL 2020-49 \(Revised\)](#) has been revised to expand the availability of free BinaxNOW COVID-19 point of care (POC) antigen test kits. All long-term care providers can now request free BinaxNOW COVID-19 POC antigen test kits. The requested test kits can now be used to test any individuals, including residents, staff, and visitors. This letter describes the process to request distribution of a limited number of free BinaxNOW COVID-19 POC antigen test kits. Providers can apply for BinaxNOW COVID-19 POC antigen test kits until supplies are exhausted.

To request consideration for the free BinaxNOW POC antigen COVID-19 test kits, a facility must complete the Attestation for Free Test Kits, [LTCR Form 2198](#). An ALF must submit the completed attestation to the HHSC Regional Director or designee for the region in which the provider is located. To request consideration for the free test kits for essential caregivers, a HCSSA must submit the completed attestation to the HHSC Regional Director or designee in the region in which the in resident hospice unit is located. To request consideration for the free test kits for HCSSA staff going into an ALF must submit the completed attestation to the HHSC Regional Director or designee where 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 provider to support the attestation

Can facilities use any of the antigen tests?

Answer: Any type of approved consumer test for COVID-19 can be used, or a facility can require documentation of a negative test taken elsewhere.

Where can I find information on reporting Point of care Antigen results?

Answer: HHSC has published [Provider Letter 20-46 Reporting Guidance for Long-Term Care Providers – Point-of-Care Antigen Testing \(PDF\)](#) for NFs and

ALFs. PL 20-46 outlines responsibilities related to reporting COVID-19 test results for providers conducting point-of-care antigen tests within their facilities. This letter is not intended for use by providers that do not conduct COVID-19 POC tests within their facility. Providers that do not conduct COVID-19 POC tests within their facility may refer to [PL 20-37](#).

How soon can our facility start testing?

Answer: Once a facility receives a CLIA waiver number, it can begin testing.

Does the essential caregiver test positive count against the facility as far as an outbreak?

Answer: No, the essential caregiver is not included in the definition of an outbreak, which is a laboratory-confirmed case of COVID-19 identified in either a resident or paid or unpaid staff. However, the positive result must be reported through the CLIA program.

CLIA Waivers

Where can I find the latest CLIA Guidance During the COVID-19 Emergency?

Answer: The updated FAQs for CLIA Guidance During the COVID-19 Emergency can be found on the CMS website under the [CLIA FAQs](#).

How long does it take to get a CLIA waiver?

Answer: The current goal is 48 hours if all forms are filled out correctly with no errors. Once the waiver number is returned to the requestor in an email, a facility can begin testing. The waiver process is currently at 72 hours. The applicants should indicate that the CLIA waiver is requested in reference to “LTC COVID testing requirements” to expedite the request.

Where do I send my CLIA waiver request and questions?

Answer: If you have any questions about the application process, please call your [CLIA zone office \(PDF\)](#). Please forward completed documents to your appropriate CLIA zone office in order for your CLIA application to be accepted and processed. Your application will not be processed until all requested information is received and approved by this office.

How much will the CLIA waiver cost?

Answer: Do not send CLIA fee payments with the initial application. After an initial application has been received by the Health Facility Compliance zone office and a CLIA number has been assigned, a facility will receive a fee

coupon with which to submit a fee payment. For more information, see the Centers for Medicare and Medicaid Services, [CLIA Certificate Fee Schedule](#).

What information is required for a CLIA certificate?

Answer: The information required for a CLIA Certificate includes:

For section I, General Information with the facility name, federal tax ID number, email address, telephone and fax numbers, facility address (physical location), and a mailing/ billing address. Then select the desired send fee coupon to this address, send certificate to this address, and fill in corporate address if necessary. Fill in the name of the director along with their credentials.

For section II, Type of Certificate requested, you will select "Certificate of Waiver."

For section III, you will need to select 04 for Assisted Living Facility.

For section IV, you will need to fill out the times you are planning by start and end each day or simply check the 24-hour box.

For section V, if your facility has multiple sites, you will need to determine if the certificate is to cover a single site or multiple ones. If the desired certificate is for a single, select no, and go to the next section. If yes, then you will need to answer:

- Is this a laboratory that is not at a fixed location?
- Is this a not-for-profit or federal, state or local government laboratory?
- Is this a hospital with several laboratories located at contiguous buildings?

For section VI, you will need to identify the waived testing (to be) performed and be as specific as possible.

If you are only applying for a Certificate of Waiver you can skip to section IX.

For section IX, Type of control, you will need to select if you are a voluntary nonprofit type, for profit or government type.

For section X, Director affiliation with other laboratories, you will need to disclose other CLIA numbers that the director is associated with along with the names of those laboratories.

After filling out all the applicable sections, review the "Attention: Read the

following carefully before signing the application” section. Once the form is filled out you agree to everything on the form, sign it and then it must be sent to your local State Agency. Do not send any payment with your completed application. For more detailed information on instructions for how to complete this for please refer to page 6 of the [CMS-116](#) or the [quick start guide](#).

The CLIA application is used for a variety of services. ALFs requesting a CLIA waiver in order to provide COVID-19 testing should indicate this in Section VI of the form. The form asks for the facility name, physical address, type of certification requested (CLIA waiver), and the type of facility requesting the information. There are also specific instructions relating to which sections the facility needs to fill out and how to do so.

<https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>

Staff

<Updated> What is the most current CDC guidance on staffing?

Answer: The CDC's [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) details guidance for providers to determine the duration of staff restrictions based on infection and exposure. Follow the Conventional, Contingency, and Crisis columns on the provided table where applicable.

Can US postal workers be allowed to deliver mail to residents in ALF that share a lobby with a Skilled Nursing Facility if they refuse to be screened?

Answer: The [Expansion of Reopening Visitation Emergency Rule](#) requires all individuals to be screened upon entering the facility, except for emergency services personnel in an emergency. However, a facility cannot impede on a postal worker's ability to deliver mail per 18 U.S. Code §1701. The facility must find a solution that adheres to both state and federal requirements. If possible, the facility may consider finding an alternate site for the postal worker to deliver mail that does not require the postal worker to enter the shared lobby. However, the mailboxes or other approved delivery location might be located in the shared lobby and there may not be an alternate site for the postal worker to deliver the mail. If the postal worker is unable to deliver the mail to an alternate site and refuses to be screened, the facility should permit the postal worker to perform the functions of their job but

limit their access to only the location of the mail delivery.

The facility should document:

- the reason the postal worker was not screened, such as they refused;
- why they were permitted to carry out the functions of their job anyway, such as 18 U.S. Code §1701; and
- the IPC measures taken, such as cleaning and sanitization of the area after mail delivery and limiting the postal worker's access to a specific area only.

<Updated> Do fully vaccinated staff with higher-risk exposure need to be restricted from work for 14 days following exposure?

Answer: No. The CDC has provided updated guidance for [Return to Work Criteria for HCP with Confirmed or Suspected COVID-19 Infection and the Quarantine and Isolation guidelines](#). Due to the rapidly changing nature of the CDC's return to work, quarantine, and isolation guidelines, facilities must visit the CDC's website and review the guidance to select which return to work situation is applicable.

<Updated> Can asymptomatic staff continue to work?

Answer: Asymptomatic staff who are up to date on their vaccinations can continue to work and have no work restrictions. Staff who are not up-to-date have to follow the Conventional, Contingency, and Crisis chart for facilities found on the [CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) depending on each individual facility's staffing ability.

<Updated> What are the CDC recommendations for health-care personnel who require a TB test?

Answer: Refer to [PL 2020-25](#) for guidance.

<Updated> Can the updated CDC guidance for shortened quarantine timeline apply to staff?

Answer: Yes, it can. The criteria for when an employee may return to work depends on if the employee has symptoms of COVID-19 or has been diagnosed with COVID-19 and is in isolation, or if the employee has been exposed to COVID-19 and requires quarantine. Follow the CDC's [Return to Work Criteria](#) for more guidance.

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 [§553.2003](#) define providers of essential services as contract doctors or nurses, home health and hospice workers, health care professionals, contract professionals, and clergy members and spiritual counselors, whose services are necessary to ensure resident health and safety.

<Updated> What are some of the CDC’s return to work practices and work restrictions?

Answer: The CDC has updated its [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) as of Jan. 21, 2022. In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they are up-to-date with all recommended COVID-19 vaccine doses and do not develop symptoms or test positive for SARS-CoV-2. Due to the rapidly changing nature of the CDC’s return to work guidelines, facilities must visit the CDC’s website and review the guidance to select which return to work situation is applicable.

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 is the person prohibited from doing so for 14 days?

Answer: Any staff or essential visitor that is providing services while using the appropriate PPE is not prohibited from providing services to additional resident’s 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 COVID-19 cases. Facilities must screen all HCP at the beginning of their shift for fever and respiratory symptoms. If an HCP is ill, the HCP 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. Each person only needs one COVID-19 test.

A facility must develop and implement a policy regarding staff working with other long-term care (LTC) providers that limits the sharing of staff with other LTC providers and facilities, unless required in order to maintain adequate staffing at a facility. However, that staff member will need to provide documentation of the testing to all facilities where they work.

What can an ALF do to protect its staff?

Answer: Facilities must ensure they have an emergency preparedness plan that addresses all required elements as addressed in 26 TAC [§553.275](#) 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; and
- 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 [§553.261\(f\)](#), including:

- Reinforcing good hygiene practices for residents and staff such as proper handwashing, covering of coughs and sneezes, and use of hand sanitizer;
- Properly cleaning, disinfecting, and limiting sharing of medical equipment between residents and areas of the facility;
- Regularly disinfecting all workspaces such as nurse's stations, phones, and internal radios; and
- Actively and consistently monitoring 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 and hand sanitizer, and any other disinfecting agents to maintain a healthful environment and provide staff with adequate office supplies to avoid sharing.

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

Answer: Yes. [26 TAC §553.2003\(a\)\(8\)](#) defines an outbreak 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.**

<Updated> 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 which aligns with [current CDC guidance](#). **The CDC has provided updated guidance for [Return to Work Criteria for HCP with Confirmed or Suspected COVID-19 Infection and the Quarantine and Isolation guidelines](#). Due to the rapidly changing nature of the CDC's return to work, quarantine, and isolation guidelines, facilities must visit the CDC's website and review the guidance to select which return to work situation is applicable.**

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

Trips Away from the Facility

Where can I find information on the COVID-19 Travel Recommendations by Destination?

Answer: The link below is a CDC updated website that is updated regularly by the CDC.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

After completing the COVID vaccine, can residents leave for a day trip away from the facility?

Answer: Yes. Residents can leave the facility with or without the COVID vaccine, but they must be screened upon return.

<Updated> Can ALF residents leave the facility for any reason (e.g. doctor visits, funerals, family visits, etc.)? If they do, do they have to be quarantined when they come back?

Answer: Yes. Residents may leave the facility. Facilities may not make policies that limit the resident's ability to leave the facility. Doing so is a violation of the resident's rights.

To keep residents safe, facilities should encourage residents to wear a facemask or cloth face covering (as tolerated) for source control whenever they leave the facility. The resident status would remain the same as it was before leaving the facility, as long as all infection prevention protocols are followed.

All residents and their loved ones are encouraged to follow infection control and prevention procedures to increase their own personal safety while they are enjoying time in the community or going to appointments.

Quarantine is not necessary for residents who:

1. leave the facility for less than 24 hours for appointments or outings;
2. **did not** have close contact with someone who is COVID-19 positive; and

3. who are up to date on their vaccines or have recovered from SARS-CoV-2 in the past 90 days.

Review the CDC guidance for [Create a Plan for Managing New Admissions and Readmissions](#) for residents who leave the facility for longer than 24 hours.

Vaccinations

<Updated>What are the CDC Recommendations on how to Stay Up to Date and Fully Vaccinated?

Answer: As of April 2nd, the CDC recommends that you are up to date with your COVID-19 vaccines when you have followed the current recommendations listed on the [Stay Up to Date with Your Vaccines page](#).

A person is up to date with their COVID-19 vaccination if they have received all recommended doses in the primary series and [one booster](#) when eligible. Getting a second booster is not necessary to be considered up to date at this time.

[Fully vaccinated](#) means a person has received their primary series of COVID-19 vaccines. Everyone is still considered fully vaccinated two weeks after their second dose in a 2-shot series, such as the Pfizer, BioNTech or Moderna vaccines, or two weeks after a single-dose vaccine, such as the J&J/Janssen vaccine.

The CDC has their own [Frequently Asked Questions about COVID-19 Vaccination](#) web page.

[Pfizer-BioNTech COVID-19 Vaccine \(also known as COMIRNATY\) Overview and Safety](#)

Can a facility have a policy that requires visitors be escorted during a visit with a resident?

Answer: This would not be prohibited. A facility could have a policy that requires visitors to be escorted, but such a policy cannot be used to restrict visitation. This means that if the facility is short-staffed, it may not to deny or limit visitation because of its own policy.

Where can I find information about the Bamlanivimab therapy?

Answer: Bamlanivimab is a neutralizing antibody drug, which means it contains man-made antibodies similar to the antibodies of residents who recovered from COVID-19. Scientists think these antibodies may help limit the amount of COVID-19 virus in a person's body. This could give a person's body more time to learn how to make its own antibodies.

HHSC LTCR and DSHS encourage LTC providers to contact the State Infusion Hotline at 1-800-742-5990 to request infusions of monoclonal antibodies and a medical team at their facility. LTC providers set up to provide infusions can also request immediate delivery of monoclonal antibody therapeutics to their facility.

Read the [letter \(PDF\)](#) for details and additional monoclonal antibody resources.

What are the requirements for how to properly contact HHSC regarding vaccination reporting?

Answer: ALFs are required to report COVID-19 vaccinations administered in the facility to residents and staff, either by the facility or a pharmacy partner, and vaccinations of residents and staff that occurred outside of the facility, such as at a pharmacy, doctor's office, or local vaccination clinic. Do **not** include data for vaccinations administered to essential caregivers.

ALFs must submit this data to HHSC within 24 hours after each round of vaccinations is administered or within 24 hours after learning of the data. HHSC has developed a Survey Monkey tool to collect the data listed below: <https://www.surveymonkey.com/r/SRDM2GY>.

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

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

The Survey Monkey link is: <https://www.surveymonkey.com/r/SRDM2GY>.

Does the testing regiment in a facility change once the majority of staff and residents have been fully vaccinated?

Answer: No. DSHS and the CDC will continue to evaluate what precautions are needed. At this time, our public health partners do not recommend lessening current precautions.

<Updated> Can a facility place a new resident with a COVID-19 negative test in a semi-private room with a current resident who is COVID negative and has had the second vaccine?

Answer: In general, quarantine is no longer recommended for fully vaccinated residents with following [close contact](#) to COVID-19 or those residents who have had COVID-19 infection in the prior 90 days. [Updated quarantine recommendations for fully vaccinated residents who have had close contact with someone with SARS-CoV-2 infection to align with recommendations more closely for the community.](#)

Can someone get a COVID 19 vaccination at the same time as another vaccine?

Answer: Wait at least 14 days after getting a COVID-19 vaccination before getting any other vaccine, including a flu or shingles vaccine. If you get another vaccine first, wait at least 14 days before getting your COVID-19 vaccine.

If a COVID-19 vaccine is inadvertently given within 14 days of another vaccine, you do **not** need to restart the COVID-19 vaccine series; you should still complete the series on schedule. When more data are available on the safety and effectiveness of COVID-19 vaccines administered simultaneously with other vaccines, the CDC can update this recommendation.

Are there any concerns between the TB tests and mRNA COVID-19 vaccines?

Answer: No data is yet available on the impact of the [COVID-19 mRNA](#) vaccines on either the tuberculin skin test (TST) (administered by intradermal placement of 0.1 cc of purified protein derivative) or the interferon gamma release assay (IGRA). There is no immunologic reason to believe that a TST or blood draw for IGRA will hinder the effectiveness of COVID-19 mRNA vaccines.

Is it safe to give the vaccine to residents or staff who are COVID positive?

Answer: The CDC recommends the vaccination be offered to persons who previously had symptomatic or asymptomatic COVID-19 infection. If a person has received the first dose then becomes COVID positive, the recipient can still get the second dose once they are free of COVID-like symptoms and have recovered. There is no minimal interval between infection and vaccination.

Is it safe to give the vaccine to residents or staff who have recovered from COVID?

Answer: The vaccination can be safely offered to persons regardless of history of prior symptomatic or asymptomatic COVID-19 infection.

Is it safe to give the vaccine to residents with unknown COVID status?

Answer: Yes, but always screen residents for contraindications and precautions before a vaccine is administered, even if the same vaccine was administered previously.

What should the resident do if he or she has an allergic reaction?

Answer: If the resident has an immediate allergic reaction — even if it was not severe — to any ingredient in an mRNA COVID-19 vaccine, the Centers for Disease Control and Prevention (CDC) recommends he or she should *not* get either of the currently available mRNA COVID-19 vaccines. If the resident had an immediate allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, they should *not* get the second dose. The resident's doctor can refer the resident to a specialist in allergies and immunology to provide more care or advice.

<Updated> Where can I find the Long-Term Care Facility Tool Kit for vaccinations?

Answer: The link for [COVID-19 Vaccines for Long-term Care Residents](#) has been updated February 24th, 2022 with information a facility needs to be prepared for the COVID vaccination.

Does the choice of receiving the vaccine extend to residents with dementia?

Answer: If the resident can express his or her wishes, then a decision should not be made over the resident's objections to receive or decline the vaccine. This situation should be addressed on a case-by-case basis.

Can a person get a shingles vaccine in-between the COVID-19 vaccine shots?

Answer: Per DSHS guidance, there are no contraindications for other vaccines with the COVID-19 vaccines.

If someone has already recovered from COVID-19, should they still get the COVID-19 vaccine?

Answer: Yes. The CDC recommends that due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, vaccine should be offered regardless of whether a resident already had COVID-19 infection. Immunity from the COVID-19 vaccine may last longer than the natural immunity received through contracting COVID-19. People who currently have COVID-19 should not be vaccinated while being sick.

Where can I find information on the vaccination data survey and to determine what facilities are to report vaccinations administered by a facility or a pharmacy partner?

Answer: [PL 2021-1](#) contains all the information needed to report the information such as methods, frequency, and parameters on the reporting of the vaccination data survey. The [Survey Monkey link](#) to submit your data is also in [PL 2021-1](#).

Do pharmacies report facility information?

Answer: No, they report individual vaccinations.

What are the requirements necessary to be a vaccine provider?

Answer: A "licensed signing clinician" will be required to enroll in the COVID-19 Vaccine Program. Licensed signing clinicians include medical doctors, nurse practitioners, and advanced practice nurses, among others.

Any medical professional is eligible to administer the COVID-19 vaccine, including but not limited to licensed nurses, medical assistants, emergency medical services (including paramedics or EMTs), or staff members granted authority to vaccinate by a signing clinician.

For additional guidance for PREP Act coverage for qualified technicians and pharmacy interns for COVID-19 vaccines, visit the [COVID-19 Vaccine Emergency Use Authorization \(EUA\) Fact Sheets page](#) (CDC).

What is the COVID-19 Vaccine Provider hotline?

Answer: If you have any questions or concerns, please call the DSHS Vaccine Provider hotline at 877-835-7750. The COVID-19 hotline hours of operation are 8 a.m. to 5 p.m., Monday through Friday. You may also email COVID19VacEnroll@dshs.texas.gov.

Will residents or staff who have recovered from COVID-19 receive

the vaccine in same priority order as those who have not had COVID?

Answer: Yes. People who have recovered can still receive the vaccine at the same time as those who have not had COVID.

<Updated> What happens if someone misses the dose timeline for the 2nd dose?

Answer: If someone misses the recommended time for the second dose, he or she should get it at the first opportunity. There is no need to repeat doses/start the cycle over.

Both doses are necessary for protection; efficacy of a single dose has not been systematically evaluated.

Please visit the [Texas COVID-19 Vaccine Provider Locations map](#) to see if and where you might be able to get a vaccine today. Remember, your ability to get a vaccine today or this week will depend on vaccine availability at your provider's office, clinic, or facility.

I have signed up for the partnership, but where can I find information on the COVID-19 Vaccination-Pharmacy Partnership for Long-Term Care Program?

Answer: The CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living long term care facilities once vaccination is available and recommended for them. For more information, LTCFs should see the [COVID-19 Vaccination-Pharmacy Partnership for Long-Term Care Program](#) (PDF).

Our facility recently has had our 1st round of vaccinations, and one of our employees developed "COVID" like symptoms that day. Do I need to report this?

Answer: No, the facility only needs to report a positive case of COVID. There are differences between the symptoms of the vaccine and the COVID virus. However, the employee cannot work until the symptoms are known to be due to vaccine. Otherwise, the employee should quarantine and then follow the [Return to Work Criteria](#).

Can the essential caregiver be vaccinated at an ALF?

Answer: Yes, but this should not be reported via the Survey Monkey.

Does the CDC have any recommendations for safeguards after

receiving the COVID immunization?

Answer: The CDC has [provided recommendations for COVID-19 vaccination providers](#) about how to prepare for the possibility of a severe allergic reaction:

- All people who get a COVID-19 vaccine should be monitored on site. People who have had severe allergic reactions or who have had any type of immediate allergic reaction to a vaccine or injectable therapy should be monitored for at least 30 minutes after getting the vaccine. All other people should be monitored for at least 15 minutes after getting the vaccine.
- Vaccination providers should have appropriate medications and equipment—such as epinephrine, antihistamines, stethoscopes, blood pressure cuffs, and timing devices to check a pulse—at all COVID-19 vaccination sites.
- If someone experiences a severe allergic reaction after getting a COVID-19 vaccine, vaccination providers should provide rapid care and call for emergency medical services. The recipient should continue to be monitored in a medical facility for at least several hours.

[Learn more about what to expect after getting vaccinated for COVID-19](#), including normal side effects and tips to reduce pain or discomfort.

If a resident refuses a COVID-19 vaccine, can the facility discharge the resident?

Answer: No, the facility cannot discharge a resident because the resident refuses the COVID-19 vaccine. [26 TAC §553.267\(a\)](#) ensures that the resident has the right to make his or her own choices regarding personal affairs, care, benefits, and services.

Who has authority to consent for a resident to receive a vaccine?

Answer: The resident or resident's legally authorized representative (LAR), as applicable, has the authority to consent for the resident to receive a vaccine.

If a resident is unable to consent to receive a vaccine and has no LAR, can an ALF manager make the decision to administer the vaccine to the resident?

Answer: No. If residents are unable to participate in their medical care, including consenting to a vaccine, they must have a LAR make a decision on their behalf.

What if the resident has COVID-19 when the first or second dose of a vaccine is being administered?

Answer: In general, vaccinations are not administered to individuals with moderate to severe illness from infection. In the case of the influenza vaccine, CDC advises the following when considering administration to people in a health care environment:

- For residents with suspected or confirmed COVID-19 who are symptomatic, health care personnel should consider deferring (postponing) influenza vaccination:
 - for at least 10 days after symptom onset; AND
 - for at least 24 hours with no fever without the use of fever-reducing medications; AND
 - until COVID-19 symptoms are improving; AND
 - until the resident is no longer moderately to severely ill.

Consider further deferring vaccination until the resident has fully recovered from acute illness. (<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>).

Visitation

What are the visitation recommendations for health care communities?

Answer: Facilities need to have policy and procedures in place for visitation.

Facilities must post signs at entrances reminding them of the:

- 1) importance of remaining up to date with all recommended COVID-19 vaccine doses;
- 2) [recommendations for source control and physical distancing](#); and
- 3) any other facility instructions related to visitation.

Even if they have met [community criteria](#) to discontinue isolation or quarantine, visitors should not visit if they have any of the following and have not met the same criteria used to discontinue isolation and quarantine for residents:

- a positive viral test for SARS-CoV-2;
- [symptoms](#) of COVID-19; or
- close contact with someone with SARS-CoV-2 infection.

Facilitate and [encourage alternative methods for visitation](#)(e.g., video conferencing) and communication with the resident.

Is there an age limit for visitors?

Answer: No; however, a designated essential caregiver must be at least 18 years old.

Are nurses allowed into the facility to administer flu shots?

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

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

Answer: A resident and his or her personal visitor may have close or personal contact in accordance with CDC guidance. The visitor must maintain physical distancing between themselves and all other persons in the facility.

Resources

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

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:

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

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

Answer: Yes. CDC’s [COVID-19 Infection Control Assessment and Response \(ICAR\) tool](#) contains relevant information for assisted living facilities to help ALFs prepare for coronavirus disease 2019 (COVID-19). This ICAR tool should be used as one tool to develop a comprehensive COVID-19 response plan.

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 provide 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](#) 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 can I find available information on facemasks and respirators?

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

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 residents and family?

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

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.](#)

<Updated> 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.

[For a list of past webinar recordings and slides please view the Webinars header on the ALF Provider Portal](#)