



Long-Term Care Regulatory Provider Letter

Number: PL 20-14
Title: Guidance on COVID 19 Response in DAHS Facilities
Provider Types: Day Activity and Health Services (DAHS) Facility
Date Issued: March 20, 2020

1.0 Subject and Purpose

Based on state law, federal guidance, and Governor Abbott's disaster declaration, HHSC is updating licensure requirements for day activity and health activity (DAHS) facilities to assist them in protecting the clients in their care. The Health and Human Services Commission (HHSC) is responsible for establishing standards to ensure the health and welfare of persons attending Day Activity and Health Services (DAHS) facilities.¹ Due to the escalating situation of the COVID-19 (coronavirus), HHSC urges facilities to follow the guidance in this letter which is consistent with the new requirements.

Prohibition of Nonessential Visitors

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

Visitors who provide critical assistance may include the following:

- Persons who provide essential services such as doctors, nurses, home health staff whose services are necessary to ensure client care is provided and to protect the health and safety of clients being served.

¹ See Texas Human Resources Code, §103.004(b)(1).

- Individuals with legal authority to enter such as HHSC surveyors whose presence is necessary to ensure the DAHS is protecting the health and safety of clients and providing appropriate care.

All people entering the facility should be screened as described below and practice hand hygiene prior to and during the visit.

**** A DAHS should not require screening of emergency services personnel in the event of an emergency****

Screening of Clients and Essential Visitors

Essential visitors should be excluded from entry if they meet any of the following screening criteria:

- Has symptoms of a respiratory infection, such as fever as defined by CDC, cough, shortness of breath, or sore throat;
- In the last 14 days, had contact with someone with a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with respiratory illness; or
- International travel within the last 14 days to [countries with sustained community transmission](#).

DAHS facilities should take precautions and screen all visitors to ensure they do not meet the above criteria. Temperature checks should be performed and hand sanitizer should be available to all essential visitors prior to entry,

If the DAHS has a census of greater than 10 clients being served the facility should limit meal times and activities to smaller groups to maintain distance among staff and clients where possible.

2.0 Policy Details & Provider Responsibilities

DAHS facilities should do the following:

1. Follow guidance issued by:

- a. The [Centers for Disease Control](#) (CDC)
 - b. The [Department of State Health Services](#) (DSHS)
 - c. The [Health and Human Services Commission](#) (HHSC)
 - d. Their local public health department
2. Ensure the facility has an Emergency Preparedness Plan that addresses all required elements as addressed in 40 Texas Administrative Code (TAC) [§98.64](#) including:
 - a. Universal precautions by using personal protective equipment (PPE) supplies, conservation strategies and strategies to address possible shortages
 - b. Staffing and contingency plans
 - c. Provision of health and safety services, including those for clients with special needs
 - d. Ensuring uninterrupted supplies such as water, food, medications, and other needed supplies
 3. A DAHS facility is already required to have written policies for the control communicable diseases in employees with clients. These policies should be updated to align with CDC guidance and address the use of personal protective equipment (PPE).
 4. Have personal protective equipment (PPE) available. If facilities are unable to obtain PPE, they will not be cited for not having certain supplies if they cannot obtain them for reasons outside their control. Follow national guidelines for optimizing current supply or identify the next best option to care for the facility.
 5. Protect individuals by canceling events in public where large numbers of people are gathered and group activities.
 6. Meet all staffing requirements² to ensure sufficient staff to provide oversight of client health and welfare.
 7. Ensure that all direct service staff are free of communicable diseases³. DAHS facilities should ensure precautions such as:

² See 40 TAC §98.62(b).

³ See 40 TAC §98.62(c).

- a. Limiting physical contact, such as handshaking, hugging, etc.
 - b. Reinforcing strong hygiene practices for clients and staff such as proper handwashing, covering of coughs and sneezes and use of hand sanitizer
 - c. Practicing social distancing as defined by CDC.
 - d. Properly cleaning, disinfecting, and limiting the sharing of medical equipment between clients and areas of the DAHS facility
 - e. Using gloves when providing direct client care
8. Regularly disinfect all workspaces such as work stations, phones, and internal radios
 9. Display visible signage at all entrances to include the screening criteria in section 1.0 above prior to allowing entry or access to clients. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or to list exceptions for essential visitors as defined in section 1.0 above. The signage should remain in place until further guidance is issued by HHSC.
 10. Disinfect the area following an essential visitor's exit from the facility.
 11. Actively and consistently monitor clients for potential symptoms of respiratory infection. They must notify the individual physician immediately.⁵
 12. Contact their local health department, or DSHS if there is no local health department, if:
 - a. there are questions related to COVID-19,
 - b. they suspect an individual has COVID-19,
 - c. there is an increase in the number of respiratory illnesses among individuals or service providers.
 13. Ensure that the facility is equipped with soap, hand sanitizer, and any other disinfecting agents to maintain a healthful environment.

14. Provide staff with adequate office supplies to avoid sharing.
15. Maintain documentation to demonstrate compliance.

3.0 Background/History

DAHS facilities have the responsibility to protect the health and safety of clients under their care at all times. State guidance indicates that COVID-19 presents a significant health and safety risk to DAHS clients, most of whom have serious underlying health conditions that make them especially vulnerable to communicable diseases. The best method of protecting them from infection is to keep the infection out of the DAHS facility.

4.0 Resources

Centers for Disease Control [*COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings*](#)

Centers for Disease Control [*Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)*](#)

Governor Greg Abbott's Disaster Proclamation is provided at https://gov.texas.gov/uploads/files/press/DISASTER_covid19_disaster_proclamation_IMAGE_03-13-2020.pdf

5.0 Contact Information

If you have any questions about this letter, please contact the HHSC Policy, Rules, and Training unit by email at PolicyRulesTraining@hhsc.state.tx.us or call (512) 438-3161.