



Long-Term Care Regulation Provider Letter

Number: PL 20-54
Title: Guidance for Activities, Dining, and Volunteers
Provider Types: Hospice Inpatient Unit Operated by a Home and Community Support Services Agency
Date Issued: November 23, 2020

1.0 Subject and Purpose

This provider letter outlines hospice agency responsibilities for client activities in an inpatient hospice unit, including communal dining and holiday related activities. This provider letter also gives specific stipulations on the use of volunteers and guidance on protocol for clients who leave the hospice inpatient unit and return during a single admission episode. Return guidance does not apply to readmission to a subsequent stay at the inpatient unit. This guidance can be used as a general reference through the duration of the public health emergency, the COVID-19 pandemic.

2.0 Policy Details & Provider Responsibilities

Hospice agencies can offer hospice-coordinated group activities and communal dining services, as well as allow volunteers to enter its inpatient unit to provide essential critical services. Volunteers must adhere to all agency requirements, including but not limited to infection control principles, screening requirements, state emergency rules, and other state and federal regulations, as well as guidance from the federal Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS). Additionally, hospice agencies must assist clients and families in making an informed decision to leave the hospice inpatient unit for periods of a short duration.

2.1 Infection Control and Prevention Principles

The CDC, Centers for Medicare & Medicaid Services (CMS), and HHSC outline principles of COVID-19 infection control and prevention. These recommended guidelines, developed for nursing facilities, should be applied to all group activities, communal dining, and anyone who enters the hospice inpatient unit as an employee, visitor, volunteer, or provider of an essential service. These infection prevention and control measures include the following:

- All persons who enter the hospice inpatient unit are screened for signs and symptoms of COVID-19¹;
- Frequent hand hygiene (use of alcohol-based hand rub is preferred when hands are not visibly dirty);
- Use of facemask;
- Maintenance of physical distancing of at least six feet per program guidance and as applicable for the task or situation;
- Instructional signage posted throughout the inpatient hospice unit location with specified entries, exits, and routes to designated areas, including spaces for visitation, along with specific parts of the facility dedicated to client and staff allocated to cohorts based on their COVID-19 status;
- Frequent cleaning and disinfection of shared areas;²
- Education on COVID-19 signs and symptoms, infection control precautions, and other applicable practices;
- Appropriate use of personal protective equipment (PPE); and
- Effective cohorting of clients within separate areas based on their COVID-19 status (negative, positive, and unknown).

Hospice agencies must operationalize infection control and transmission-based prevention principles, as well as consider all available resources, when planning group activities and utilizing volunteers.

2.2 Screening

Each agency must screen all clients, staff, and anyone else who enters the location, for the following criteria,³

¹ 26 Texas Administrative Code [§558.960\(c\)](#)

² CDC's [Disinfecting Your Facility](#)

³ [Inpatient Hospice COVID-19 Emergency Rule](#)

- fever defined as a temperature of 100.4 Fahrenheit and above;
- signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
- additional signs and symptoms as outlined by the CDC in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov/coronavirus/2019-ncov/symptoms.html);
- contact in the last 14 days, unless to provide critical assistance, with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness; and
- has a positive COVID-19 test result from a test performed in the previous 10 days.

Anyone who does not pass screening must immediately leave the hospice inpatient unit.

2.3 Hospice-Coordinated Group Activities

Hospice-coordinated group activities, including holiday-related group activities, are limited to clients who are COVID-19 negative and those who have recovered from COVID-19 according to the CDC's criteria for the [discontinuation of transmission based precautions](#). Clients with an active COVID-19 infection and clients with unknown COVID-19 status must be excluded from participating in group activities.

Hospice agencies can utilize volunteers, or contract with other persons or entities ("activity contractors"), to host or assist with hospice-coordinated group activities, including holiday related group activities. Volunteers and activity contractors who will have direct contact with hospice clients must adhere to the Infection Control and Prevention Principals. Section 2.5 outlines other requirements related to the utilization of volunteers.

Governor Abbott's Executive Order No. GA-30 limits the number of people allowed for group activities to 10 individuals⁴. For long-term care providers, this limit applies to the people providing a group activity (volunteers and activity contractors), not the number of clients

⁴ [Executive Order No. GA-30](#)

attending the activity. Additionally, the limit does not apply to religious services. However, infection control and prevention principles must be followed in all cases, including maintaining physical distancing.

While the 10-person limit does not apply to clients, the hospice must limit the number of clients participating in any given activity to allow for physical distancing between all activity participants, adherence to the infection control guidelines, and ensuring the safety of clients. The hospice can limit the number of people participating in an activity based on the status of COVID-19 infections in the client census.

The hospice must limit participation in group activities to clients and those individuals who entered into an agreement to host or otherwise assist in the hospice-coordinated activity (volunteers and activity contractors). Client visitors, including essential caregivers, cannot participate in group activities unless they are hosting or assisting in the specific hospice-coordinated activity as a volunteer. Visitors, including individuals also designated as essential caregivers, who are hosting or assisting a hospice-coordinated activity should be considered volunteers and must meet the requirements for volunteers described in this provider letter and in state regulations.

2.4 Dining

2.4.1 Communal Dining

Clients can participate in communal dining, which is limited to clients who are COVID-19 negative and clients who have recovered from COVID-19 according to the CDC's criteria for the [discontinuation of transmission based precautions](#). The Infection Control and Prevention Principles, including physical distancing of at least 6 feet between clients, still apply. The number of clients permitted for any dining activity or in any dining space will depend on the specifics of the space available to allow for physical distancing among all clients. The hospice can consider additional limitations on dining based on the status of COVID-19 infections among clients.

2.4.2 Food Delivered by Essential Caregiver Visitors

An essential caregiver can personally bring outside food and drink to a client during a visit. Essential caregivers are not required to maintain a distance of 6 feet between themselves and the client they are visiting⁵. A client can eat or drink during an essential caregiver visit. However, essential caregivers cannot eat or drink during the visit with a client because they are required to wear a facemask over their nose and mouth throughout the entire visit⁶.

2.4.3 Food Delivered by Other Visitors

Visitors other than essential caregivers can bring outside food and drink for a client during a visit but must drop off the meal or food item in a designated delivery area, as determined by the hospice. A client can eat or drink during a visit. However, a visitor cannot eat or drink during the visit because visitors must wear a facemask over their nose and mouth throughout the entire visit⁷.

2.4.4 Food Delivered by Other Persons

A client can receive outside meals or food items delivered by persons other than a visitor. Agencies must designate an outside area for food and other items to be delivered. Agency staff must bring the delivered food from the designated outside area to the client. Agencies should refer to CDC guidance for handling deliveries.

2.5 Volunteers

Agencies can use volunteers to provide supplemental but essential tasks in the inpatient hospice unit in assigned roles that would otherwise be performed by employees (e.g., monitoring visits between clients and family members, escorting essential caregivers, assisting with cleaning and sanitizing, and direct care). Volunteers who enter

⁵ [Inpatient Hospice COVID-19 Emergency Rule](#),

⁶ [Inpatient Hospice COVID-19 Emergency Rule](#)

⁷ [Inpatient Hospice COVID-19 Emergency Rule](#)

the hospice inpatient unit to provide supplemental tasks must receive training on infection prevention and control standards and all other training provided to volunteers prior to the COVID-19 public health emergency (such as identifying and preventing abuse, neglect, and exploitation). The hospice can use volunteers who were on interdisciplinary and volunteer teams and providing hospice services before the COVID-19 public health emergency, but the hospice must ensure these volunteers are trained on all COVID-19 infection prevention and control standards.

Hospice agencies also can use volunteers to host or assist with hospice-coordinated group activities (e.g., high school choir, bingo with clients, book club). Volunteers who only enter a hospice to host or assist with hospice-coordinated group activities must be trained on all infection prevention and control standards. A volunteer cannot eat or drink while assisting with group activities or communal dining because volunteers must wear a facemask over their nose and mouth at all times.

Volunteers also must pass all screening requirements, as outlined above, and must be overseen by hospice staff. Volunteers must also adhere to the same PPE requirements as staff. Volunteer testing requirements are described in section 2.6.

Hospice agencies should execute a written agreement with all volunteers documenting training requirements and policies regarding infection prevention and control standards.

2.6 Testing for COVID-19

Hospice agencies should develop their own testing strategy for employees, volunteers, and other individuals performing supplemental tasks or hospice-coordinated activities under this arrangement and who regularly provide services in the hospice inpatient unit. To determine testing frequency, hospices should consider factors such as the frequency of activities, frequency of volunteer visits, county positivity rate, and other factors specific to their location, clients, or community.

Unless a client is symptomatic, routine testing of clients is not recommended. The hospice agency must screen clients at least once a day and more often in accordance with the plan of care and infection control protocols determined by the agency's policies, which can include screening at shift changes as indicated.

It is considered an outbreak when volunteers or other individuals performing supplemental tasks or hospice-coordinated activities tests positive for COVID-19 or develops signs and symptoms of COVID-19 within 48 hours of visiting the hospice inpatient unit. According to the [CDC](#), for a client, visitor, or employee with confirmed COVID-19 who develops symptoms, the exposure window is considered to be two days before symptom onset. If the date of exposure cannot be determined, it is reasonable to use a starting point of two days prior to the positive test, although the infectious period could be longer. Hospice agencies should consult with their local health department for assistance in determining the date of exposure.

2.7 Clients Who Leave in Hospice Inpatient Unit

Clients have the right to make an informed decision to leave the hospice inpatient unit to go out into the community, whether it be to go to a family activity, a doctor's appointment, or a store. Hospice staff must inform clients about the risks associated with different activities. If a client makes an informed decision to leave, the hospice must educate the client (and client's family, if applicable) about infection control and prevention procedures, including:

- wearing a facemask or face covering, if tolerated for the client;
- performing hand hygiene;
- cough and sneeze etiquette;
- physical distancing (maintaining at least six feet of distance between themselves and others);
- being aware of others who could have COVID-19 or are confirmed to have COVID-19; and
- reporting any contact with another person who potentially has COVID-19 or is confirmed to have COVID-19 to the hospice administrator.

For clients who go into the community, the hospice will have to determine whether the client meets any of the criteria for "unknown COVID-19 status," which include:

- time spent away from the inpatient unit;
- having exposure or close contact with a person who is COVID-19 positive; and
- having exposure or close contact with a person who is exhibiting symptoms of COVID-19 while awaiting test results.

If the client is determined to qualify as being of unknown COVID-19 status based on the above considerations, the client will need to be placed in a 14-day quarantine upon return, depending on the length of stay ordered for the client. Quarantine must not negatively affect the client's discharge plan as developed by the interdisciplinary team.

Clients who leave the hospice inpatient unit do not have to be quarantined upon return if they were not gone for a significant number of hours and did not have contact with others who potentially have COVID-19 or are confirmed to have COVID-19. This is regardless of a client's means of transportation.

The hospice employees should discuss with the client (or their visit companion) what activities occurred while the client was outside the hospice inpatient unit, using the following questions as a guide:

- Were you in any crowded spaces whether that be in public or at a large household gathering?
- Were you in any situation where you were unable to maintain a physical distance of at least six feet from someone who was not wearing a facemask (excluding mealtimes) when you were in out in public or visiting with others in a household?
- To your knowledge, did you encounter anyone who tested positive for COVID-19 within the previous 14 days and who does not yet meet [CDC end of isolation criteria?](#)
- Did you encounter anyone who was exhibiting any symptoms related to COVID-19, whether that be in public or at a household gathering?

A “yes” to any of these questions should be further investigated. Ask the client or their visit companion the following questions to help determine if exposure occurred:

- If you attended a gathering at a family member or friend’s household, how many others attended? Was the gathering mostly indoors or mostly outdoors? Did attendees maintain physical distancing, wear facemasks, or practice other infection control measures such as proper hand hygiene?
- If you came in close contact with someone at a household gathering who was not wearing a face mask or practicing other infection control procedures, how long did that close contact occur?
- Did attendees at the household gathering maintain physical distancing during mealtimes, when they were unable to wear a facemask?

If the hospice agency determines that a client who left requires a 14-day quarantine, the agency must document the decision and its rationale.

As a reminder, hospice agencies must include in their infection prevention and control plans protocols for expanding quarantine areas as needed to accommodate an increase in unknown COVID-19 status clients.

3.0 Background/History

Hospice-coordinated group activities and communal dining, as well as the use of volunteers, has been restricted for long-term care clients during the COVID-19 pandemic. These types of activity and socialization are essential to client well-being as the pandemic continues. This guidance aims to achieve a balance between the safety and well-being of clients and staff in long-term care facilities, while also preventing the potential spread of COVID-19 in the hospice.

4.0 Resources

CDC guidance:

- [Guidance for Shared or Congregate Housing](#)
- [Potential Exposure at Work](#)

- [Disinfecting Your Facility](#)
- [Responding to COVID-19](#)

[State Operations Manual, Appendix M – Guidance to Surveyors- Hospice](#)

5.0 Contact Information

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