



TEXAS

Health and Human Services

COVID-19 RESPONSE FOR ASSISTED LIVING FACILITIES

Abstract

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

Version 3.1

Table of Contents

Table of Contents.....	2
Points of Contact for this Document	4
Table of Changes	5
I. Purpose:	6
II. Goals:	6
III. Summary:	6
IV. S.P.I.C.E.	6
V. Prevent COVID-19 From Entering the Facility	7
Develop a COVID-19 Plan.....	7
Educate	14
Visitors and Non-essential Personnel	14
Screen	16
Environmental Cleaning and Disinfection.....	16
Provide Supplies for Recommended Infection Prevention and Control Practices	17
Monitor Residents.....	17
Residents Who Leave the Facility	18
Memory Care Units.....	19
Residents with Dementia.....	20
VI. Containment of Infection	21
Source Control	22
Reporting COVID-19.....	22
Outbreak Management.....	23
VII. HHSC LTCR Activities with ALFs that have Positive COVID-19 Cases	24
VIII. Post Recovery	25
Resident Recovery	25
Staff Returning to Work.....	26
IX. State/Regional/Local Support	27
Texas COVID-19 Assistance Team - ALF	27
Vulnerable Populations Rapid Response Team	28
ATTACHMENT 1: SPICE Graphic	29
ATTACHMENT 2: Facility Activities Required for ALF COVID-19 Response.....	30
ATTACHMENT 3: Isolation Planning in ALFs.....	32
ATTACHMENT 4: Comprehensive Mitigation Plan.....	33

ATTACHMENT 5: Monitoring Log.....	36
ATTACHMENT 6: Tracking Line List	37
ATTACHMENT 7: ALF Infection Control Checklist for COVID-19	38
Resources.....	49
Glossary of Acronyms in Alphabetical Order	51
Glossary of Acronyms in Alphabetical Order	49

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Table of Changes

I. Purpose:

The purpose of this document is to provide assisted living facilities (ALFs) with response guidance in the event of a positive COVID-19 case associated with the facility.

II. Goals:

- Assist ALFs to prevent introduction of COVID-19 to residents
- Manage ALF resources to prevent spread within a facility
- Understand what to do once a case of COVID-19 has been identified
- Provision of care for an infected resident(s)
- Recovery from an in-house COVID-19 event

III. Summary:

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

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

IV. S.P.I.C.E.

Recognizing that a potential COVID-19 situation in a facility can result in questions and confusion, this document directs that ALFs focus on the following five basic actions to anchor their response activities:

- **Surveillance** – monitor for symptoms: fever, chills, cough, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, shortness of breath, and difficulty breathing for each resident at least once each shift.
- **Protection/personal protective equipment (PPE)** – protect workforce and residents through the use of soap/water; hand sanitizer; facemask; if coughing or potential splash precautions are needed, wear a gown and face/eye shields. Refer to the latest [DSHS](#) guidance.
- **Isolate** – residents with confirmed cases need to be isolated

- **Communicate** – call the local health department/authority or DSHS, as well as HHSC, when any case is confirmed.
- **Evaluate** – assess infection control processes, spread of infection and mitigation efforts, staffing availability.

S.P.I.C.E. is not meant to be all-encompassing. It is suggested to assist initial actions and serve as a reminder of required activities.

V. Prevent COVID-19 From Entering the Facility

Follow Centers for Disease Control and Prevention (CDC) guidance for [Considerations When Preparing for COVID-19 in Assisted Living Facilities](#) and [Key Strategies to Prepare for COVID-19 in Long-term Care Facilities \(LTCFs\)](#).

Develop a COVID-19 Plan

Elements of a COVID-19 Plan include:

- Mitigation
- Communication
- Staffing
- Infection control
- PPE
- Testing
- Isolation/quarantine

This list is not all inclusive, consider expanding the COVID-19 Plan by including additional elements to best fit your resident's and facility needs.

Mitigation – a mitigation plan outlines the process for identifying and implementing actions to reduce the impact of COVID-19 in the facility by:

- keeping COVID-19 from entering the facility,
- identifying infection,
- preventing the spread of COVID-19,
- assessing supply of PPE, and
- identifying and managing severe illness.
- **having a plan for quarantining or cohorting COVID-19 positive residents in an area separate from residents who are COVID-19 negative, as well as a dedicated staff to monitor and provide care to those residents if it is feasible for the facility to do so, or**
- **having a plan to transfer COVID-19 positive residents to an alternate ALF, a skilled nursing facility or a hospital, as appropriate, that can care for the residents until they are cleared to return.**

See **ATTACHMENT 4: Comprehensive Mitigation Plan** for additional information.

Communication - Develop a plan to regularly communicate and provide information to personnel, residents, and family members (including information about signs and symptoms of COVID-19 and strategies to managing stress and anxiety).

Share the latest information about COVID-19 and review CDC guidance:

- [Considerations When Preparing for COVID-19 in Assisted Living Facilities](#)
- [Key Strategies to Prepare for COVID-19 in Long-term Care Facilities \(LTCFs\)](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#)
- [Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](#)

Staffing – Enforce sick leave policies for ill staff and healthcare providers. Sick leave policies that do not penalize staff with loss of status, wages, or benefits will encourage staff who are ill to stay home. Staff who are confirmed or suspected to have COVID-19 must stay at home. See *SECTION VIII. Post Recovery – Staff Returning to Work* of this guidance for information on when they can return to work. Require staff to report via phone prior to reporting for work if they have known exposure or COVID-19 related symptoms. Require staff to self-monitor on days they work and on days they don't.

Some ALF residents' daily activities such as dining, bathing, grooming and ambulating require assistance from facility staff. Caring for someone with COVID-19 requires additional time and resources, including PPE to maintain infection control and protect other residents and staff. As staff are exposed, become symptomatic, or test positive for COVID-19, the available workforce will decline, making it even more challenging for ALFs to provide care.

ALF staff may also work in more than one facility, so if an employee is exposed, it is likely they will expose residents and staff in more than one facility, making it difficult to contain spread. Governor Abbott issued an [executive order](#) stating long-term care facilities should minimize the movement of staff between facilities whenever possible.

This might be especially difficult for smaller facilities that have fewer staff, making it challenging to maintain adequate staffing should staff become ill or

not report to work. 26 TAC §553.41(a)(3)(A) require ALFs to provide staffing ratios based upon the needs of residents, as identified in their individual service plans. Consider increasing staffing ratios by contracting additional staff, transferring out residents, or temporarily declining new admissions.

Facilities can consider establishing COVID-19 care teams to dedicate to the care of positive cases. Train these teams for proper use of N95 respirators and prepared to provide an advanced level of care for cases if necessary, or until cases can be transferred to a higher level of care.

Infection Control - Review facility infection control policies and procedures required by 26 TAC §553.41(n). Comply with all CDC guidance related to infection control. (Frequently monitor CDC guidance as it is being updated often. For additional resources on infection control, visit the [Association for Professionals in Infection Control and Epidemiology](#))

Review handwashing, surface cleaning, and other environmental hygiene precautions with staff. Reinforce the importance of hand hygiene among all facility staff, including any contract staff. Facilities can increase the frequency of hand hygiene audits and implement short in-service sessions on the proper technique.

Ensure that supplies for performing hand hygiene are readily available and easily accessible by staff. Advise staff not to keep hand sanitizer bottles in their pockets. This practice causes hands and sanitizer bottles to become contaminated. Instead, consider keeping alcohol-based hand rub bottles in easily accessible areas, as well as mounted to the sides of carts (dining tray carts, wound care carts, medication carts, etc.)

See ATTACHMENT 7: *ALF Infection Control Checklist for COVID-19* for additional information.

PPE – Plans for supplies should focus on ensuring an adequate amount of PPE and that all required PPE is easily accessible to staff. It is not reasonable for all ALFs to have the same amount of PPE, which will vary depending on the facility size, type, and resident and staff needs.

Obtain PPE through your normal supply chain or through other resources available to you first. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or [Regional Advisory Councils](#).

If you can't get PPE from vendor(s) and have exhausted all other options, reference the [State of Texas Assistance Request \(STAR\) User Guide](#) for

instructions on submitting a request for supplies. Please note that this is not a guarantee of receiving PPE. Supplies of PPE may be insufficient to meet demand.

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 while protecting staff. Make continuous attempts to get adequate amount of PPE. If unable to get PPE, document 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](#).

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/>

For COVID-19 patients, CDC recommends staff adhere to standard and transmission-based precautions. Follow the CDC [Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#), which includes detailed information regarding recommended PPE.

Consider designating staff to steward these supplies and encourage appropriate use by staff and residents.

It is recommended to fit-test staff for N95 respirators prior to use, however, the current supply of testing kits is scarce and difficult to secure. Employees wearing tight-fitting respiratory protection should perform a [user seal check](#) each time they put on their respirator. Refer to CDC's [Proper N95 Respirator Use for Respiratory Protection Preparedness](#) for resources on how to effectively wear respirators.

For the duration of the state of emergency, all ALF personnel must wear a facemask while in the facility. HHSC released [COVID-19: Questions and Answers Regarding Facemasks and Respirators](#).

Proper Use of Mask or Respirator	
Do's:	Don'ts:

<ul style="list-style-type: none"> • Secure ties or elastic bands at middle of head and neck • Fit flexible band to nose bridge • Fit snug to face and below chin • Fit-check or seal check respirator 	<ul style="list-style-type: none"> • DON'T wear if wet, soiled, crumpled, or has holes • DON'T share mask or respirators with others • DON'T leave hanging around your ear or neck • DON'T reuse • DON'T wear loose and gaping
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[OSHA Respiratory Protection Training Videos](#), including:

- [Respiratory Protection for Healthcare Workers](#)
- [The Differences Between Respirators and Surgical Masks](#)
- [Respirator Safety: Donning & Doffing](#)
- [Respirator Types](#)
- [Respirator Fit Testing](#)
- [Maintenance and Care of Respirators](#)
- [Medical Evaluations](#)
- [Respiratory Protection Training Requirements](#)
- [Voluntary Use of Respirators](#)
- [Counterfeit and Altered Respirators: The Importance of NIOSH Certification](#)
- OSHA Respiratory Protection Standard ([29 CFR §1910.134](#))

Testing - Work with LHD or DSHS to ensure that test kits are available, and that testing is conducted quickly and efficiently. After the first positive test of an ALF staff member or resident, test all residents and staff of the facility for COVID-19. ALFs with current positive cases and that have not done comprehensive testing must conduct an assessment of their current infection levels. Test all ALF staff and residents who were either not previously tested or were tested previously but are now exhibiting symptoms of COVID-19.

ALF staff and residents have the right to refuse testing. Educate the resident on the benefits of testing. If a resident is unable to consent, their legally authorized representative should be contacted to provide consent. Facilities should obtain consent prior to testing. If the resident chooses *not* to be tested, the resident must be considered positive and will need to be quarantined. However, the resident should not be cohorted with residents with confirmed cases of COVID-19. Staff who refuse testing should stop working and self-quarantine at home and self-monitor for 14 days unless they provide proof of a negative polymerase chain reaction test.

Isolation/quarantine - Develop plans to quarantine residents with exposure or symptoms and monitor their condition and isolate residents with positive cases from residents who are not positive.

Consider creating an isolation unit/wing within your facility. If possible, identify a separate, well-ventilated area to use as an isolation wing/unit. Use an area that provides meaningful separation between COVID-19 positive residents and the space where the facility cares for residents who are COVID-19 negative or untested and asymptomatic. A curtain or a moveable screen does not provide meaningful separation.

Isolation wings/units:

- When possible, use an area with an entrance separated from the rest of the building. Use a separated isolation space so the essential staff maintaining the building or providing services to residents in the isolation space are not required to go through areas where negative or asymptomatic residents are receiving care.
- Provide hand hygiene areas as needed, including inside and outside of the entrance to isolation area when possible.
- Use a private bedroom with its own bathroom for each resident when possible.
- Use a semi-private bedroom and cohort COVID-19 positive residents if necessary. If a resident with COVID-19 has another infectious disease that requires transmission-based precautions, they need to be in a single occupancy room.
- House a resident in the same bedroom for their entire stay while in the isolation unit/wing when possible.
- Limit resident transport and movement to medically essential purposes only.
- Use dedicated healthcare personnel (HCP) and staff for the isolation area,
- Minimize traffic in and out of the isolation area,
- Provide adequate staff with training, skills, and competencies for COVID-19 care.
- Provide dedicated and adequate PPE, supplies, and equipment for use in the isolation area.
- Train HCP and staff on proper use and maintenance of PPE, per CDC guidance.
- Use dedicated staff to provide meal services and cleaning in the isolation area.
- Transfer all of a resident's personal belongings to a new bedroom in the isolation area, and ensure all belongings are disinfected before they are moved out of the isolation area

HCP/staff leaving and entering isolation wing/unit:

- Directly after entering the isolation area and prior to donning PPE, perform hand hygiene
- Put on proper PPE
- Perform hand hygiene before and after performing resident care
- Directly before exiting the isolation area, remove PPE
- Perform hand hygiene
- Exit isolation area, and directly after leaving the isolation area, perform hand hygiene

Creating an isolation wing may not be feasible for all ALFs. Facility structures vary in size and space. Consider creating a voluntary isolation facility to host only residents positive for COVID-19. For voluntary isolation, ALFs should:

- Identify ALF location to use as an isolation facility
- Identify service and supply vendors and notify them of anticipated operations start date. Example: transportation, oxygen supply, laundry, hospice agencies
- Arrange for PPE supplies and HCP/staff training
- Discharge current residents to other ALFs in the area if needed, working with residents and families, guardians, and local LTC ombudsman
- Standard discharge requirements apply, and resident's rights are still protected. If current residents do not want to move to another ALF, they are not required to move, and the facility should take all actions necessary to protect them from possible COVID-19 exposure
- Follow steps for establishing an isolation wing/unit if residents do not want to move
- When residents move, transfer all personal belongings to limit the risk of contamination
- Work with the LHD or DSHs to test residents per the testing strategy prior to moving them to other ALFs
- Staffing considerations:
 - Provide additional training specific to caring for persons with COVID-19
 - Provide additional PPE training
 - Provide meals to all employees to limit items brought into the facility and to limit them exiting the facility
 - Provide showers and changing areas for the start and end of each shift
 - Increase housekeeping and laundry to accommodate increased needs in a COVID-19 positive environment

Educate

Educate residents and families about COVID-19 actions the facility is taking to protect them and their loved ones (including visitor restrictions), as well as actions residents can take to protect themselves in the facility.

Educate residents and any essential visitors regarding the importance of handwashing. Help residents perform hand hygiene if they are unable to do so themselves. Educate residents to cover their coughs and sneezes with a tissue, then throw the tissue away in the trash and wash their hands.

Inform residents to practice social distancing. Social distancing means avoiding unnecessary physical contact and keeping a distance of at least 6 feet from other people.

Educate and train staff to adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have staff demonstrate competency with putting on and removing PPE. Remind staff not to report to work when ill.

Coordinate with your long-term care ombudsman to assist with education to residents and family members. To request help from an ombudsman statewide, call 1-800-252-2412 or email ltc.ombudsman@hhsc.state.tx.us.

Visitors and Non-essential Personnel

Executive Order No. 21 and 26 Texas Administrative Code (TAC) §553.45(d) requires ALFs to restrict visitors to only those who are providing critical assistance, which includes the following:

- Persons who provide essential services such as doctors, contract nurses, home health and hospice staff whose services are necessary to ensure resident care is provided and to protect the health and safety of residents.
- Persons with legal authority to enter such as HHSC surveyors who presence is necessary to ensure the ALF is protecting the health safety of residents and providing appropriate care, law enforcement officers, representatives of Disability Rights Texas, and representatives of the long term-care ombudsman's office.
- Family members and loved ones of residents at the end-of-life.

End-of-life care is the care given to people who have stopped treatment for their disease and are near the end-of-life. Make decisions about visitation during an end-of-life situation on a case-by-case basis. For people allowed in the facility (end-of-life situations when death is imminent), provide instruction before visitors enter the facility and residents' rooms on hand

hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Screen visitors and exclude those with **COVID-19 related** symptoms.

There is no "one size fits all", and facilities should use their best judgement to determine which person are "essential" and which are not. Visitors who are allowed in the facility must wear a facemask while in the building and be restricted to the resident's room or other location designated by the facility. Visitors who are not providing care to residents, such as visitors in end-of-life scenarios, can wear a cloth face cover instead of a facemask if no facemasks are available.

- Remind visitors to refrain from physical contact with residents and others while in the facility.
- Practice social distancing by not shaking hands or hugging and remaining at least 6 feet apart.
- If possible (pending design of building), create dedicated visiting areas near the entrance to the facility where residents can meet with visitors in a sanitized environment. [Clean and disinfect](#) rooms after each resident-visitor meeting.

In lieu of visits, consider offering alternative means of communication for people who would otherwise visit. Restrict non-essential personnel including volunteers and non-essential consultant personnel (barbers, delivery personnel) from entering the building.

Review and revise how the facility interacts with vendors and delivery personnel, agency staff, transportation providers (when taking residents to offsite appointments, etc.), and other non-healthcare providers (food delivery, etc.), including taking necessary actions to prevent any potential transmission. For example, do not have vendors bring supplies inside the facility. Instead, have vendors drop off supplies at a dedicated location, such as a loading dock.

Do not restrict surveyors. HHSC is constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors might have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per the CDC guidelines, they pose a low risk to transmission in the next facility and must be allowed to enter. However, there are circumstances under which surveyors should not enter, such as if they have a fever or any additional signs or symptoms of illness.

Screen

26 TAC §553.45 requires ALFs to screen all individuals prior to entering the facility. Screening criteria includes:

- Symptoms such as **fever or chills**, cough, shortness of breath **or difficulty breathing**, sore throat, **fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea**;
- Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19, or someone who is ill with a respiratory illness; or
- International travel within the last 14 days to countries with ongoing community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>.

Prohibit all individuals who meet any of the above stated criteria from entering the facility.

Maintain a log of all visitors who enter the building that at minimum includes name, current contact information, and fever and presence/absence of symptoms. DSHS has created a [template screening log](#) (see ATTACHMENT 6: Tracking Line List) for facility staff that is available on the DSHS website at <https://dshs.texas.gov/coronavirus/>.

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

Environmental Cleaning and Disinfection

Increase environmental cleaning. Clean and disinfect all frequently touched surfaces such as doorknobs/handles, elevator buttons, bathroom surfaces/fixtures, remote controls, and wheelchairs. Limit the sharing of personal items and equipment between residents. Provide additional work supplies to avoid sharing (pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.)

Make sure EPA-registered hospital-grade disinfectants are available to allow for frequent disinfection of high-touch surfaces and shared resident care equipment. Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against COVID-19.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

Provide Supplies for Recommended Infection Prevention and Control Practices

- Hand hygiene supplies:
 - Put alcohol-based hand sanitizer with 60–95 percent alcohol in every resident room, if appropriate (ideally inside and outside of the room) and other resident care and common areas (outside dining hall, in therapy gym).
 - Make sure sinks are well-stocked with soap and paper towels for handwashing.
- Respiratory hygiene and cough etiquette:
 - Make tissues and facemasks available for people who are coughing.
 - Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors and staff.
- Make necessary PPE available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. Facilities should have supplies of:
 - Facemasks
 - Respirators
 - Gowns
 - Gloves
 - Eye protection (face shield or goggles).
- Consider implementing a respiratory protection program compliant with the OSHA standard for employees if not already in place. A respiratory protection program includes medical evaluations, training, and fit testing.
- Environmental cleaning and disinfection:
 - Make sure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
 - Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Monitor Residents

Ask residents to report if they feel feverish or have symptoms such as **chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea**. Actively monitor all residents

upon admission and at least daily for fever and other COVID-19 related symptoms. If the resident has fever or other symptoms, implement recommended infection prevention and control (IPC) measures.

Residents who leave the facility

HHSC recommends that facilities continue to strongly encourage residents to leave the facility only for essential medical appointments, and to remind residents who do leave the facility to continue to follow CDC guidance on how to protect themselves and others by practicing social distancing and protective personal hygiene habits.

More specifically, when residents must leave the facility, remind them to:

- wash their hands or use hand sanitizer after touching any surface and before returning to the facility;
- avoid touching their face, particularly with unwashed hands;
- avoid crowds;
- stay at least six feet (about two arms' length) away from other people; and
- wear a face mask, if possible, while outside the facility and remove and, if it is washable, launder it upon re-entry to the facility.

Upon the resident's return to the facility, the facility must ensure that:

- staff screens the resident by taking their temperature and asking whether they knowingly came in contact with a person who is COVID-19 positive or showed symptoms of the virus;
- the resident's facemask worn outside the facility is discarded or cloth face covering is laundered;
- the resident's hands are washed thoroughly, or alcohol-based hand sanitizer is used;
- the resident changes into clean clothes, with staff assistance if needed, and the resident's clothing that was worn outside the facility is laundered immediately;
- all hard surface items the resident brings back into the facility are disinfected appropriately;
- for the next 14 days, staff monitors the resident for symptoms of the virus and takes their temperature regularly; and
- and during those next 14 days, the resident's movement within the facility is limited to areas separate from those occupied by residents who have not left the building.

Any time a resident leaves the facility, there is a chance of spreading COVID-19. If a facility has residents who need to leave the building on a

regular basis for medical appointments, consider quarantining them from residents who have not gone out the building. Keep in mind that quarantine does not necessarily mean the resident must remain in their room for 14 days. Consistent and continual monitoring is a must, as well as using infection control protocols and masks.

Memory Care Units

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units where numerous residents with cognitive impairment reside together. Residents in memory care units can have a difficult time following recommended infection prevention practices such as social distancing, washing their hands, avoiding touching their face, and wearing a cloth face covering for source control.

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

Follow CDC guidance: [Considerations for Memory Care Units in Long-term Care Facilities](#)

- Maintain resident's routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of facemasks or cloth coverings (if tolerated). Facemasks or cloth conversing should not be used for anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Dedicate personnel to work only on memory care units when possible and try to keep staffing consistent.
- Continue to provide structured activities, which can occur in the resident's room or in groups no greater than 10, including staff.
- Provide safe ways for residents to continue to be active.
- Practice social distancing when in common areas, and gently redirect residents who are ambulatory and in close proximity to other residents or personnel.
- Frequently clean often-touched surfaces in the memory care unit, especially in resident rooms and areas where residents spend a lot of time.
- Continue to ensure access to necessary medical care and to emergency services if needed and if in alignment with resident goals of care.

Memory Care Units with Suspected or Confirmed COVID-19

- Require staff providing care to residents with suspected or confirmed COVID-19 to wear appropriate PPE.
- Consider potential risk and benefits of moving residents out of the memory care unit to a designated COVID-19 isolation wing/unit (if possible). Moving residents with confirmed COVID-19 to a designated COVID-19 isolation wing/unit can help decrease the exposure risk of other residents and HCP. However, it can cause disorientation, anger, and agitation and increase risks for others safety concerns. Facilities might determine that its safer to maintain care of residents with COVID-19 on the memory care unit with dedicated personnel.
- If it is determined that the resident should move to the COVID-19 isolation wing/unit:
 - Educate and prepare the resident about the move and prepared to repeat that information as needed.
 - Prepare personnel on the receiving unit about the habits and schedule of the resident and try to duplicate it as much as possible in the new setting.
 - Make the space as familiar as possible before introducing the new space to the resident.

Residents with Dementia

Residents with dementia may have an impaired ability to follow or remember instructions. Follow HHSC guidance when caring for residents with dementia to ensure infection control procedures such as:

- refraining from touching their face
- practicing hand hygiene
- wearing a cloth face covering or facemask
- refraining from placing things in their mouth
- keeping residents in safe areas
- maintaining social distancing

Everyone living with dementia will respond to this situation differently. Be prepared to try a variety of approaches to help residents feel safe and reassured.

Now, more than ever, staff's knowledge of the resident is so important. Putting the person before the task allows every task to be an opportunity for engagement. Person-centered care decreases disruptive behaviors that may

occur due to inconsistencies in daily routines, boredom, loneliness, or sense of helplessness, therefore helping to prevent the spread of COVID-19.

VI. Containment of Infection

Once a case of COVID-19 is identified in the facility, immediate action must be taken to isolate the resident who is positive for COVID-19 away from other residents.

Implement COVID-19 Plan:

- **Communicate** - Communicate with residents, staff, and family when there is exposure and confirmed cases in the facility.
- **Staffing** - Use separate staffing teams for COVID-19-positive residents to the best of their ability.
- **Infection Control** - Rigorously clean and sanitize the facility and follow infection control measures.
- **PPE** - Supply PPE to care for COVID-19 positive residents.
- **Testing** - Work with the local health department/authority and DSHS to determine a COVID-19 testing strategy for residents and staff.
- **Isolation/quarantine** - Isolate residents with positive cases from residents who are not positive. Quarantine residents with exposure or symptoms and monitor their condition.

Symptoms of COVID-19 can vary in severity. Initially, symptoms can be mild and not require transfer to a hospital if the facility can follow the infection prevention and control practices recommended by the CDC. Accommodate a resident in a private room when their own bathroom when possible.

If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, transfer the resident to another facility capable of implementation. Notify the transport personnel and the receiving facility about the suspected diagnosis prior to transfer. While awaiting transfer, have residents who are symptomatic wear a facemask (if tolerated) and be separated from others (kept in their room with the door closed). HCP will use appropriate PPE when encountering the resident.

Move and monitor any roommates for fever and symptoms twice daily for 14 days. Room-sharing might be necessary if multiple residents have known or suspected COVID-19. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.

If the resident is transferred to a higher level of care, perform a final, full clean of the room and use an EPA-registered disinfectant that has qualified under its emerging viral pathogens program for use against COVID-19. These products can be found on EPA's List N <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

Source Control

Have all residents who are ill:

- wear a facemask at all times (as tolerated) except for when they are eating or drinking, taking medications, or performing personal hygiene like bathing or oral care; and
- wear a surgical mask when healthcare or other essential personnel enter the room.

If the resident cannot tolerate a surgical mask, personnel who enter the room must wear N95 respirators, if available. Ensure staff have been appropriately trained before using N95 respirators. If they are not available or staff are not trained, have staff wear a facemask. Respiratory protection is worn in addition to gown, gloves, and face shield.

Have all residents who are not ill wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.

Restrict all residents to their rooms and have HCP wear all recommended PPE **when caring for** residents (regardless of symptoms) on the affected unit (or facility-wide, depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. Train HCP on proper PPE use, including putting it on and taking it off. **If HCP PPE supply is limited, implement strategies to optimize PPE, which might include extended use of respirators, facemasks, and eye protection and limiting gown use to high contact care activities and those where splashes and sprays are anticipated. Broader testing could be utilized to prioritize PPE supplies.**

To prevent transmission, ALFs should use separate staffing teams for COVID-19-positive residents to the best of their ability. They also should work with state and local leaders to designate alternative facilities or units within a facility to separate COVID-19-negative residents from COVID-19-positive residents, as well as those with unknown COVID-19 status.

Reporting COVID-19

All confirmed cases of COVID-19 must be reported to the local health department (LHD), or public health region (PHR) in jurisdictions where the

PHR serves as the LHD. If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone.

You can find contact information for your local/regional health department here: <https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/>. Work with your LHD to complete the COVID-19 case report form as necessary. Post a list of state contacts where it is visible on all shifts.

Facilities are also required to notify HHSC Long-term Care Regulation (LTCR) of any confirmed cases in either residents or HCP/staff. Submit an incident report to [HHSC Complaint and Incident Intake](#) through [TULIP](#) or by calling 1-800-458-9858.

Outbreak Management

A **confirmed outbreak** of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 in either a resident or paid/unpaid staff. All confirmed outbreaks will be reported to the LHD or PHR immediately, as well as to HHSC.

A **suspected outbreak** is defined as one or more cases of respiratory illness within a one-week period without a positive test for COVID-19.

If an outbreak of COVID-19 is suspected or confirmed in your facility, strict measures must be put in place to halt disease transmission. Use the suspected outbreak definition if your facility is awaiting test results from either a resident or paid/unpaid staff. You can reach out to your local health authority for assistance but are not required to report suspected outbreaks. If you suspect a resident or staff member might have COVID-19, do not wait for test results to implement outbreak control measures.

If you have two or more residents or staff with similar symptoms, report to your local health authority as you would for any other cluster of illness. Maintain a low threshold of suspicion for COVID-19, as early symptoms can be non-specific and include atypical presentations such as diarrhea, nausea, and vomiting, among others.

Implement universal use of facemask for HCP while inside the facility. Follow the CDC's guidance for optimizing the supply of PPE when deciding how long staff must wear one facemask (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>).

Only use homemade facemasks or cloth face coverings when all other options have been exhausted and then only use them for source control. These masks are not considered protective.

Consider having HCP wear all recommended PPE for COVID-19 (gown, gloves, eye protection, a facemask or N95 respirator) **when caring for residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents.** Implement protocols for extended use of eye protection and facemasks. Refer to [DSHS' website](#) for strategies for optimizing the supply of PPE. If HCP PPE supply is limited, implement strategies to optimize PPE supply, which might include extended use of respirators, facemasks, and eye protection and limited gown use to high-contact care activities and those where splashes and sprays are anticipated. Broader testing could be utilized to prioritize PPE supplies.

Implement protocols for cohorting positive COVID-19 cases with dedicated HCP. Depending on facility type and size, consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 cases. Train and fit-test the HCP for N95 masks if possible. Require a [user seal check](#) each time an N95 mask is worn to help ensure the best fit possible.

Make movement and monitoring decisions for HCP with exposure to COVID-19 in consultation with local public health authorities. To learn more, refer to the [CDC 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 2019 \(COVID-19\)](#).

Maintain a line list of all confirmed and suspected COVID-19 cases within your facility. Include details such as name, date of birth, age, sex, whether staff or resident, room number or job description, date of symptom onset, fever, symptoms, and others. If your facility does not already have a line list template, you can find one on the DSHS website at <https://dshs.texas.gov/coronavirus/>.

VII. HHSC LTCR Activities with ALFs that have Positive COVID-19 Cases

For a report of a positive COVID-19 test (resident or staff) in an ALF, LTCR will take the following actions:

- Verify the ALF is prohibiting non-essential visitors.
- Generate an incident intake for potential investigation.
- Conduct a focused review of facility infection control processes.

- Communicate with the local health department/local health authority and DSHS.
- Determine the number of residents positive for COVID-19.
- Determine the number of staff positive for COVID-19.
- Review facility isolation precautions and determine how residents are isolated in the facility (dedicated wing/unit, private room) to ensure compliance with requirements.
- Determine whether facilities have implemented a testing strategy to include testing of all staff and residents when a facility has a confirmed case.
- Determine that all staff suspected or positive for COVID-19 have been sent home and the facility knows to coordinate any return to work with the local health department.
- Determine if facilities have sufficient amounts of PPE.
- Determine if facilities are screening residents and staff, and at what frequency.
- Determine if others (contract staff, family members) are also being tested.
- Determine if there is a local control or quarantine order.
- Ensure the control/quarantine orders are followed.
- Perform a call-down to all other facilities in the county when staff at one facility tests positive for COVID-19.
- Determine whether facilities are following rules and regulations related to admission and discharge and are readmitting residents when appropriate.
- Determine whether staff, residents, and families are notified of positive COVID-19 cases in the facility.
- Track facilities by program type and number of positive cases.
- Track hospitalizations of COVID-19-positive ALF residents.
- Track deaths of COVID-19-positive ALF residents.
- Maintain communication with facilities after investigations are complete to obtain updates.

VIII. Post Recovery

Resident Recovery

Work with your LHD or DSHS to establish a resident recovery plan, including when a resident is considered recovered and next steps for care. A recovery plan is the guidance for determining when to discontinue transmission-based precautions and continued care of a resident. The recovery plan may be different depending on whether a test-based or non-test-based strategy is used. Criteria includes:

- Discontinuation of transmission-based precautions without testing.
- Discontinuation of transmission-based precautions with testing.

- Whether using a testing-based strategy for discontinuation of transmission-based precautions is preferred.

Staff Returning to Work

After being diagnosed with COVID-19, an employee can return to work per [DSHS guidance](#).

Use the test-based strategy as the preferred method for determining when staff can return to work in a healthcare setting:

Test-based strategy – exclude from work until:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA emergency use authorized molecular assay for COVID 19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).

If the test-based strategy cannot be used, the *non-test-based strategy* can be used to determine when staff may return to work in healthcare settings. Exclude from work until:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fewer without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- At least 10 days have passed since symptoms first appeared.

For asymptomatic HCP and staff with confirmed COVID-19

HCP laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. After the 10 days, these asymptomatic HCP will still need to cleared using the test-based strategy (preferred) or the non-test-based strategy.

After returning to work, HCP should:

- Wear a facemask (not a cloth face covering) for source control at all times while in the facility until all symptoms are completely resolved or at baseline. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
- Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility, including adhering to all infection control procedures such as hand hygiene, respiratory hygiene, and cough etiquette.
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

For the latest guidance refer to:

- [DSHS Strategies for Healthcare Personnel with Confirmed COVID-19 to Return to Work from Home Isolation](#)
- [Interim Guidance for Persons Isolated at Home, Including Healthcare Personnel, with Confirmed Coronavirus Disease 2019](#)

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

IX. State/Regional/Local Support

HHSC will serve as the lead state agency in the state's response to an LTC COVID-19 event and take the following actions:

- Developing testing recommendations in consultation with DSHS
- Assisting with and ensuring appropriate movement of residents from one facility to another
- Providing subject matter experts (SME)
- Coordinating with local emergency management
- Contact providers to ensure they have the most current information issued on COVID-19

Texas COVID-19 Assistance Team - ALF

HHSC also is coordinating a Texas COVID-19 Assistance Team – ALF (TCAT-ALF), which includes representatives from HHSC, DSHS, local health department (as applicable), and emergency management (as applicable.) This team assist ALFs with management of a COVID-19 event through provision of subject matter expertise, resource request management, and support through initial response activities. The TCAT-ALF will remain

available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-ALF deactivation.

To activate TACT-ALF assistance, contact the [LTCR Associate Commissioner](#).

Vulnerable Populations Rapid Response Team

In addition to the activities of Section VI of this response and those above, HHSC and DSHS will coordinate formation of a Rapid Assessment Quick Response Force.

The team will assist ALFs by providing a rapid response and medical triage team that can be deployed by DSHS through the Emergency Medical Task Force upon notification of a positive COVID-19 resident. If needed, an additional team can be sent to assist the facility with immediate needs.

To activate Rapid Assessment Quick Response Force assistance, contact the [LTCR Associate Commissioner](#) and [DSHS](#).

ATTACHMENT 1: SPICE Graphic

SPICE

for COVID-19

Surveillance

- Sign and Symptoms
- Temperature Checks
- Residents/Staff/Visitors
- Testing

Protection/Personal Protective Equipment

- Clinical Staff
- Support Staff
- Patient
- Supply/Burn-rate

Isolation

- Patient(s) isolated
- Staff Isolated
- Others Isolated

Communicate

- Administrator Contact #:
- Local Health Department #:
- Department of State Health Services #:
- HHSC (TCAT)#:
- Hospital Contact #:

Evaluate

- Review 0-24-hour checklist
- Prevent delay of critical actions
- Communication plan

ATTACHMENT 2: Facility Activities Required for ALF COVID-19 Response

In Advance (actions focused on response)

- Review/create a COVID-19 plan for residents
- Determine/review who is responsible for specific functions under the facility plans
- Identify desired or applicable waivers
- Develop a communication plan (external and internal)
- evaluate supplies/resources
- Enact resident/staff/visitor screening
- Determine what community sources are available for COVID testing and how, if possible, residents and staff can be tested (a "testing plan")
- Evaluate supply chains and other resources for essential materials

Immediate (0-24 hours)

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

Extended (24-72 hours)

- Supply PPE for HCP and staff
- Screen residents for signs and symptoms
- **Screen staff for signs and symptoms**
- Activate resident transport (resident out/in) protocols
- Establish contact with transporting/receiving agencies (hospitals, other facilities)
- Continue engagement with community partners
- Determine need for facility restrictions/lock-down
- Maintain resident care

Long Term (72 hours plus)

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

ATTACHMENT 3: Isolation Planning in ALFs

People who live in long-term care facilities are at higher risk for severe illness. There are actions that an ALF program provider can take to identify a COVID-19 situation, help prevent the spread within facility, and care for residents who have COVID-19.

PRIOR TO COVID-19 DIAGNOSIS

The time to begin planning is **BEFORE** a resident is diagnosed with COVID-19.

WHERE WILL YOU ISOLATE A COVID+ INDIVIDUAL?

- Is there a room where the individual can isolate away from others?
- Can you make an arrangement with another facility?

WHO WILL PROVIDE CARE?

- Can you dedicate certain staff to provide care?
- Keep staff who provide care to residents with COVID-19 from working with residents who are not COVID-19, if possible.

HOW WILL YOU ENSURE INFECTION CONTROL?

- Train staff on infection control.
- Provide hygiene supplies and PPE.

ATTACHMENT 4: Comprehensive Mitigation Plan

Comprehensive Mitigation Plan – ALF Without COVID-19 Positive Cases

1. Keep COVID-19 from entering your facility:

- Restrict all visitors except for end-of-life visitation
- Restrict all volunteers and non-essential HCP, including consultant services
 - (e.g., barber, hairdresser)
- Implement universal use of source control for everyone in the facility.
- Actively screen anyone entering the building
- Limit group activities to groups of no more than 10 individuals including staff

2. Identify infections early:

- Actively screen all residents daily for fever and **other** symptoms of COVID-19 such as **chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea**
- If symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions
 - Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms.
 - Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19
- Notify LHD or DSHS immediately (<24 hours) if these occur:
 - Severe respiratory infection causing hospitalization or sudden death
 - Clusters (≥ 3 residents and/or HCP) of respiratory infection
 - Individuals with suspected or confirmed COVID-19

3. Prevent spread of COVID-19

- Actions to take now:
 - Limit group activities and communal dining to groups of no more than 10 individuals including staff
 - Enforce social distancing among residents
 - Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments

- Ensure all HCP wear a facemask while in the facility
4. Assess supply of PPE and initiate measures to optimize current supply:
 - If you anticipate or are experiencing PPE shortages, reach out to the LHD or
 - DSHS.
 - Consider extended use of respirators, facemasks, and eye protection or
 - prioritization of gowns for certain resident care activities.
 5. Identify and manage severe illness.

Comprehensive Mitigation Plan - ALF with COVID-19 Positive Cases

Determine exactly what level of infection exists at the ALF and implement a comprehensive mitigation plan. Work with LHD or DSHS to ensure that test kits are available, and that testing is conducted quickly and efficiently. After the first positive test of an ALF staff member or resident, test all residents and staff of the facility for COVID-19. ALFs with current positive cases and that have not done comprehensive testing must conduct an assessment of their current infection levels. Test all ALF staff and residents who were either not previously tested or were tested previously but are now exhibiting symptoms of COVID-19.

Design and implement a **written** comprehensive mitigation plan. The mitigation plan must address the specific level of infection that is discovered in the ALF and include specific actions to accomplish the following:

- Ensure that the ALF has or can obtain the appropriate staff to care for a COVID-positive resident, or
- If the facility does not have or is unable to obtain staff to care for a COVID-19 positive resident, the resident must be transported to another ALF, SNF, or hospital that can provide the care the resident needs based on their condition.
- Isolate residents who are COVID-19 positive in the most effective manner available. Consider a transfer to a different facility (possibly a COVID-19 positive dedicated facility) or move them to a COVID isolation wing of the facility.
- Limit transport and movement of residents who are COVID-19 positive to isolation or medically essential purposes only.
- Move residents who are not COVID-19 positive to areas within the ALF designated for their care.
- Staff who are confirmed to have COVID-19 must stay at home and may only return to work in accordance with the DAHS guidance.
- Require facility staff to only work in one facility at a time.

- Take immediate measures to inform all who interact (or may have recently interacted) with the ALF of the positive result(s) so that further limitations can be enacted to control the spread of infection to family or other service providers. Follow CDC, DSHS guidance and this ALF COVID-19 Response Plan.
- Implement enhanced cleaning and disinfection techniques.
- Limit all unnecessary visitation.
- To assist in controlling infection, limit access to the facility to designated entrances only.
- Implement enhanced screening techniques.

ATTACHMENT 5: Monitoring Log

Click [HERE](#) to download the COVID-19 Symptom Monitoring Log Document

*This is an **optional** tool to help monitor symptoms of HCP/staff, the use of this to exact tool is **not** required.

Long-Term Care Facilities

Coronavirus Disease 2019 (COVID-19) Symptom Monitoring Log

Instructions:

Screen all healthcare personnel (HCP) at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. Mark the symptoms below with 'Y' for Yes and 'N' for No. Don't leave any spaces blank. If any HCP are ill, have them put on a facemask and leave the workplace. As part of a routine practice, ask HCP to regularly monitor themselves for fever and symptoms of respiratory infection.

ATTACHMENT 6: Tracking Line List

Click [HERE](#) to download the Tracking Line List Document

****This is an optional tool to help track symptoms of residents and HCP/staff, the use of this exact tool is not required.**

ATTACHMENT 7: ALF Infection Control Checklist for COVID-19

Entering the Facility

Prior to entering the facility:	Yes	No	N/A
Is signage posted at facility entrances with visitation restrictions and screening procedures? 26 TAC §553.45(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there multiple entrances and exits in use, or has the facility limited access points of entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are signs posted at entrances with instructions to individuals to cover their mouth and nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions and soiled surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there instructions posted to notify staff of any symptoms of respiratory infection to allow for assessment and use of PPE as applicable? 26 TAC §553.41(n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did staff follow procedures to process surveyor screening prior to entry? 26 TAC §553.45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Triage/Registration/Visitor Handling

After screening and upon entry to the facility, ask if the facility has any residents who have a laboratory-tested positive case of COVID-19.

Upon entering the facility:	Yes	No	N/A
Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspected COVID-19 cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership for infection control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the facility's current visitor policy in response to COVID-19?

Click or tap here to enter text.

Is the facility restricting visitors to the following situations?	Yes	No	N/A
o Essential services 26 TAC §553.45(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Individuals with legal authority to enter 26 TAC §553.45(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Family members and loved ones at end of life (actively dying) 26 TAC §553.45(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the facility's infection control procedures for allowing family visits for end of life when the resident is dying of COVID-19 complications?

Click or tap here to enter text.

Resident Observations and Interviews

Observe and interview every resident.

What information has the facility given to residents regarding:

- o hand hygiene
- o reporting symptoms of respiratory illness
- o leaving the facility
- o limitations on visitors

Click or tap here to enter text.

Hand Hygiene

Interview appropriate staff to determine if hand hygiene supplies (e.g., hand sanitizer, soap, paper towels, garbage bags for disposal, bleach wipes) are readily available and who they contact for replacement supplies.

	Yes	No	N/A
Are staff performing hand hygiene when indicated? 26 TAC §553.41(n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If alcohol-based hand sanitizer is available, is it readily accessible and preferentially used by staff for hand hygiene? 26 TAC §553.41(n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there are shortages of hand sanitizer, are staff performing hand hygiene using soap and water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids, between working with residents)? 26 TAC §553.41(n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do staff perform hand hygiene (even if gloves are used) in the following situations: 26 TAC §553.41(n)	Yes	No	N/A
o Before and after contact with the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

o When being assisted by staff, is resident hand hygiene performed after toileting and before meals?			
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Personal Protective Equipment (PPE) 26 TAC §553.41(n)

What is the facility's status on available PPE? Click or tap here to enter text.			
If the facility is experiencing shortages, what methods are they using to conserve available supplies? Click or tap here to enter text.			
	Yes	No	N/A
Are residents wearing masks (homemade or commercially produced)? Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they being used properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are staff using masks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the facility is using handmade masks, are they fitted properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have staff been fit tested, if applicable to the type of mask?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are staff wearing gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are gloves worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are gloves removed after contact with blood or body fluids, mucous membranes, or non-intact skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are gloves changed and hand hygiene performed before moving from a contaminated body site to a clean body site during resident care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are staff using isolation gowns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are staff using goggles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are staff using face shields?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In what situations are each being used? Interview staff to determine their understanding of the use and conservation of PPE.			
Click or tap here to enter text.			
Evaluate how the facility staff dons and doffs PPE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If PPE use is extended/reused, is it done according to national, state, and local guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the facility is using reusable PPE, how is it sanitized, decontaminated, and maintained between uses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PPE Usage and Treatment of COVID-19 Positive or Suspected Residents

Do staff wear gloves, isolation gowns, eye protection, and an N95 or higher-level respirator if available? A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

Interview appropriate staff to determine if PPE is available, accessible and used by staff.

	Yes	No	N/A
Is there appropriate signage to indicate precautions for isolation of the affected resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is an isolation gown worn for direct resident contact if the resident has uncontained secretions or excretions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is PPE appropriately removed and discarded after resident care, prior to leaving room, followed by hand hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education, Monitoring, and Screening of Staff

	Yes	No	N/A
Is there evidence the facility staff has been educated on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How has the provider conveyed updates on COVID-19 to all staff? Click or tap here to enter text.			
Do all staff have access to the facility administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do staff have or have access to contact information for the Local Health Department, HHSC, Department of State Health Services, and local hospital for emergencies and medical guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shift Change 26 TAC §553.45

The facility can use a log to document staff and resident screening. The screening documentation must at a minimum include the following: name, date, temperature and time taken, signs and symptoms (shortness of breath, new or change in cough, sore throat), exposure to a facility with confirmed COVID-19 cases.

	Yes	No	N/A
Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where and how is the screening documented? Click or tap here to enter text.			

If a resident has a temperature above normal ranges, but below the CDC-recommended COVID-19 criterion, how is this communicated during shift change to facilitate monitoring of possible symptoms?

Click or tap here to enter text.

Staff Monitoring 26 TAC §553.41(n)

If staff develop symptoms at work, does the facility:	Yes	No	N/A
<ul style="list-style-type: none">○ Have a process for staff to report their illness or developing symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">○ Ensure they have a facemask and have them return home for appropriate medical evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">○ Inform the facility's administrator and include information on individuals, equipment, and locations of the persons they came in contact with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">○ Follow current guidance about returning to work (e.g., local health department, CDC: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resident Service Plans

Review resident care plans and information for current resident health conditions.

	Yes	No	N/A
Did the facility conduct a review of all resident care plans to establish a baseline for health conditions and symptoms of illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What actions were taken to update plans if necessary and to inform residents about changes in facility policy? 26 TAC §553.41(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medication Administration

Review the medication list and medication administration record for each resident.

	Yes	No	N/A
If medications were changed recently or in response to COVID-19 policy implementation, were the residents aware of the changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were legally authorized representatives informed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were doctor's instructions followed for medication administration and transportation for testing relating to drug regimen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are resident assessments appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hydroxychloroquine

	Yes	No	N/A
Are there residents in the facility taking a Hydroxychloroquine regimen prescribed in response to a COVID-19 diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, are the residents being monitored for signs and symptoms of toxicity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who is monitoring signs and symptoms for those residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any residents taking the drug showed signs of improvement as: o reported by the physician or o observed by staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any residents died while taking hydroxychloroquine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meal Preparation and Service, Activities

	Yes	No	N/A
Has the facility cancelled group outings, group activities, and communal dining to affect social distancing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where are meals taken? Click or tap here to enter text.			
For meals taken in the dining room or common areas, has the facility allowed for social distancing during mealtime and for residents who require assistance with feeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility practicing social distancing for activities when they are appropriate during the response to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation and Housekeeping 26 TAC §553.41(h)(8) and (12)
Interview housekeeping staff.

	Yes	No	N/A
What additional cleaning and disinfection procedures are in place to mitigate spread of illness? Click or tap here to enter text.			
Does the facility have adequate housekeeping staff to clean and disinfect resident rooms and common areas as frequently as necessary to ensure appropriate infection control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have an adequate supply of housekeeping equipment and supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does housekeeping staff know whom to contact if supplies are getting low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Preparedness – Staffing Levels in Emergencies
26 TAC §553.62(d)

	Yes	No	N/A
Does the facility have a policy and procedures for ensuring staffing to meet the needs of the residents when needed during an emergency, such as the COVID-19 outbreak?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have adequate staffing to care for residents based on current census and resident needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does staff know how to report inadequate staffing needs to the administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if emergency staff was not needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reporting and Response after a Positive COVID-19 Case

Determine the following for each onsite visit positive COVID case reported or discovered onsite.

Review facility isolation precautions and determine how residents are isolated in the facility (dedicated wing, private room) to ensure compliance with requirements.

	Yes	No	N/A
If the facility has known positive cases of COVID-19, were they appropriately reported to HHSC (cases after April 1, 2020) and to local health department or DSHS? Texas Health and Safety Code Chapter 81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the number of residents positive for COVID-19?	Click or tap here to enter text.		
What is the number of staff positive for COVID-19? <i>Determine if others (contract staff, family members, vendors) are also being tested.</i>	Click or tap here to enter text.		

Is there a local control or quarantine order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility aware of the order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the control or quarantine orders being followed as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where the staff work for multiple facilities and or agencies, did the facility track such employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a staff member tested positive for COVID-19, did the facility contact other facilities where the employee is currently working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After a positive COVID-19 case has been identified in the facility, what are facility procedures for admission and discharge? Click or tap here to enter text.	<i>Regional office staff must perform a call-down to all other facilities in the county when staff at one facility tested positive for COVID-19.</i> <i>Determine whether staff, residents, and families are notified of positive COVID-19 cases in the facility.</i>		
How is the facility tracking hospitalization of COVID-19-positive ALF residents? Click or tap here to enter text.			
How is the facility tracking deaths of COVID-19-positive ALF residents? Click or tap here to enter text.			
How is the facility tracking quarantine periods for COVID-19-positive residents and staff? Click or tap here to enter text.			

Resources

Association for Professionals in Infection Control and Epidemiology

- [APIC Resources for Long-term Care](#)

Environment Protection Agency

- [List N: Disinfectants for Use Against SARS-CoV-2](#)

CDC

- [Cleaning and Disinfecting Your Facility](#)
- [Considerations for Memory Care Units in Long-term Care Facilities](#)
- [Considerations When Preparing for COVID-19 in Assisted Living Facilities](#)
- [COVID-19 Travel Recommendations by Country](#)
- [Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- [Interim U.S. Guidance for Risk Assessment and Public Health Management and Healthcare Personnel and Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#)
- [Key Strategies to prepare for COVID-19 in Long-term Care Facilities \(LTCFs\)](#)
- [N95 User Seal Check](#)
- [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#)
- [Proper N95 Respirator Use for Respiratory Protection Preparedness](#)
- [Strategies for Optimizing the Supply of Facemasks](#)
- [Stress and Coping](#)
- [Symptoms of Coronavirus](#)

DSHS

- [Coronavirus Disease 2019 \(COVID-19\)](#)
- [Interim Guidance for Persons Isolated at Home, Including Healthcare Personnel, with Confirmed Coronavirus Disease 2019](#)
- [Local Health Entities](#)
- [Public Health Regions](#)
- [Regional Advisory Councils](#)

- [State of Texas Assistance Request \(STAR\)](#)
- [Strategies for Healthcare Personnel with Confirmed COVID-19 to Return to Work from Home Isolation](#)
- [Template Screening Log](#)
- [Texas Local Public Health Organizations](#)

HHS

- [Difference Between Isolation and Quarantine](#)

HHSC

- [Complaint and Incident Intake](#)
- [COVID-19: Facemasks & Respirators Questions and Answers](#)
- [Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities](#)
- [TULIP](#)

Legislative Reference Library of Texas

- [Executive Orders by Governor Greg Abbott](#)

OSHA

- [Counterfeit and Altered Respirators: The Importance of NIOSH Certification](#)
- [Maintenance and Care of Respirators](#)
- [Medical Evaluations](#)
- [OSHA Respiratory Protection Standard \(29 CFR §1910.134\)](#)
- [Respirator Fit Testing](#)
- [Respirator Safety: Donning & Doffing](#)
- [Respirator Types](#)
- [Respiratory Protection for Healthcare Workers](#)
- [Respiratory Protection Training Requirements](#)
- [The Differences Between Respirators and Surgical Masks](#)
- [Voluntary Use of Respirators](#)

Texas Division of Emergency Management

- [COVID-19 Testing Locations](#)

Glossary of Acronyms in Alphabetical Order

1. ABHR – Alcohol-based hand rub
2. AIIR – Airborne infection isolation room
3. ALF – Assisted living facility
4. CDC – The Centers for Disease Control and Prevention
5. CNA – Certified nursing aide
6. DSHS – Texas Department of State Health Services
7. EMS – Emergency medical services
8. EPA – Environmental Protection Agency
9. HA – Health authority
10. HCP – Healthcare personnel
11. HHSC – Texas Health and Human Service Commission
12. ICAR – Infection control assessment and response tool
13. IPC – Infection prevention and control
14. LHA – Local health authority
15. LHD – Local health department
16. LTC – Long-term care
17. LTCF – Long-term care facility
18. LTCR – Long-term Care Regulation
19. LVN – Licensed vocational nurse
20. OSHA – Occupational Safety and Health Administration
21. POC – Point of contact
22. PPE – Personal protective equipment
23. RN – Registered nurse

24. SME – Subject matter expert

25. TCAT – Texas Covid-19 Assistance Team