



Long-Term Care Regulatory Provider Letter

Number: PL 20-11
Title: Guidance on COVID-19 Response in Nursing Facilities (NF)
Provider Types: Nursing Facility (NF)
Date Issued: March 20, 2020

1.0 Subject and Purpose

Based on state law, federal guidance, and Governor Abbott's disaster declaration, the Texas Health and Human Services Commission (HHSC) is updating licensure requirements for NF providers to assist them in protecting the residents in their care. Due to the escalating situation of the COVID-19 (coronavirus), HHSC issues this guidance to NF providers to reduce the risk of spreading the virus to residents. Providers should follow the guidance in this letter or adhere to Center for Disease Control (CDC) guidance/requirements, whichever is more stringent.

Prohibition of Nonessential Visitors

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

Visitors who provide critical assistance may include the following:

- Persons who provide essential services, such as doctors, nurses and hospice workers whose services are necessary to ensure resident health and safety;
- Individuals with legal authority to enter a NF, including law enforcement officers, representatives of the office of the long-term care ombudsman, and HHSC surveyors, whose presence is necessary

to ensure the NF is protecting residents and providing appropriate care; and

- Family members and loved ones of residents at the end of life

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

During this time, the facility should provide alternate means of communication for people who would otherwise visit, such as virtual communications (e.g. video or telephone conferencing systems) to promote ongoing contact between residents and their loved ones.

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

Screening of Visitors

Visitors providing critical assistance should be allowed access unless they meet any of the following screening criteria:

- Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
- Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with respiratory illness; or
- Traveled within the previous 14 days to a country with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

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

2.0 Policy Details & Provider Responsibilities

Screening of Residents Who Leave the Facility and Return

If a resident leaves a NF temporarily for any reason, the resident should be screened upon return to the NF according to the above criteria. Departures that are not health related are strongly discouraged. If the resident positively meets any of the screening criteria, the NF should follow the [CDC protocol](#) for isolating the resident to protect other residents.

NFs are encouraged to use the [Hospital to Post-Acute Care Facility Transfer COVID-19 Assessment](#) form when assessing a resident that is returning to the NF from the hospital or emergency room.

Additional Recommendations

A NF should do the following:

1. Follow guidance issued by:
 - a. The [Centers for Disease Control](#) (CDC)
 - b. The [Department of State Health Services](#) (DSHS)
 - c. The [Health and Human Services Commission](#) (HHSC)
 - d. Their local public health department
2. Ensure the facility has an Emergency Preparedness Plan that addresses all required elements as addressed in 40 Texas Administrative Code (TAC) [§19.1914](#) including:
 - a. Universal precautions by using personal protective equipment (PPE) supplies, conservation strategies, and strategies to address possible shortages
 - b. Staffing and contingency plans
 - c. Provision of health and safety services such as dialysis, oxygen, and hospice services
 - d. Ensuring uninterrupted supplies such as linen, food, medications, and other needed supplies
3. Comply with all infection control requirements as required in 40 TAC [§19.1601](#) and [§19.1602](#) including:
 - a. Reinforcing strong hygiene practices for residents and staff such as proper handwashing, covering of coughs and sneezes and use of hand sanitizer

- b. Properly clean, disinfect, and limit sharing of medical equipment between residents and areas of the facility
 - c. Regularly disinfect all workspaces such as nurse's stations, phones, and internal radios
 - d. Actively and consistently monitor residents for potential symptoms of respiratory infection
4. Have personal protective equipment (PPE) available. If facilities are unable to obtain PPE, they will not be cited for not having certain supplies if they cannot obtain them for reasons outside their control. Follow national guidelines for optimizing current supply or identify the next best option to care for the facility.
5. Protect individuals by refraining from attending public events where large numbers of people are gathered. Communal dining and all group activities should also be cancelled.
6. Meet their staffing requirements and ensure sufficient staff are available to meet resident needs.
7. Display visible signage at all entrances to address the screening criteria in section 1.0 above prior to allowing access to residents. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or to list exceptions for essential visitors as defined in section 1.0 above. The signage should remain in place until further guidance is issued by HHSC.
8. Disinfect the area following a visitor's exit from the location.
9. Offer alternate means of communication during this time of limited visitation, such as:
 - a. Phone calls, video calls, or other means of electronic communication
 - b. Offering a phone line with voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits
10. Actively and consistently monitor residents for potential symptoms of respiratory infection. They should ensure the resident's physician is notified immediately of any residents who begin exhibiting symptoms such as fever, cough, or shortness of breath.
11. Contact the local health department, or the Department of State Health Services (DSHS) if there is no local health department, if:
 - a. the facility has questions related to COVID-19,

- b. the facility suspects a resident has COVID-19, or
 - c. there is an increase in the number of respiratory illnesses among residents or staff.
12. Ensure that the facility is equipped with soap, hand sanitizer, and any other disinfecting agents to maintain a healthful environment.
 13. Staff must ensure precautions such as, but not limited to:
 - a. Limiting physical contact, such as handshaking, hugging, etc.
 - b. Reinforcing strong hygiene practices for residents and staff, such as proper handwashing, covering of coughs and sneezes, and the use of hand sanitizer
 - c. Practicing social distancing
 - d. Using gloves when supporting individuals
 - e. Regularly disinfecting all high-touch surfaces, such as hand rails, door knobs, telephones, etc.
 14. Provide staff with adequate office supplies to avoid sharing.
 15. Maintain documentation to demonstrate compliance.

3.0 Background/History

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

4.0 Resources

Centers for Disease Control [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes.](#)

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

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

Hospital to Post-Acute Care Facility Transfer COVID-19 Assessment Form

5.0 Contact Information

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

Hospital to Post-Acute Care Facility Transfer - COVID-19 Assessment

INSTRUCTIONS: All hospitalized patients should be assessed for COVID-19 prior to transfer to a post-acute care facility. This tool should be used to document an individual's medical status related to COVID-19 and to facilitate communication between the hospital and the receiving facility during patient transfers. This document must be signed-off by the physician, APRN, or PA who completes the clinical assessment. CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT'S STATUS:

Primary reason the patient was admitted to the hospital? _____

Patient Name: _____

Transferring Facility: _____ Accepting Facility: _____

Has patient been laboratory tested for COVID-19?

YES, Test Performed for COVID-19

Date of test _____

Expected Date of Results (if still pending) _____

NO, test not performed because patient did not meet the CDC testing criteria. May transfer.



Travel/Exposure In the past 14 days, has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruise ship, or exposed to a person who has been lab tested positive for COVID-19?

Dates of travel _____ Date(s) of exposure _____

Respiratory Signs/symptoms of a respiratory illness (cough, fever > 99.6, shortness of breath, sore throat).



Negative test

Positive test

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

YES **NO/Not Applicable**



MAY NOT TRANSFER

MAY TRANSFER

Does patient meet criteria outlined in *CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19*?

YES **NO**



If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

YES **NO**



MAY NOT TRANSFER

MAY TRANSFER

Clinical Assessment Completed by (signature) _____

Date/Time _____

Reported to (name of facility staff) _____

Date/Time _____



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