



Long-Term Care Regulatory Provider Letter

Number: PL 20-17
Title: Guidance on COVID-19 in Inpatient Hospice Units
Provider Types: Hospice Inpatient Units
Date Issued: March 21, 2020

1.0 Subject and Purpose

Local Authority to Prohibit Visitors

Based on state law, federal guidance and Governor Abbott's disaster declaration, HHSC is updating requirements for inpatient hospices to assist them in protecting residents in their care. Due to the escalating situation of the COVID-19 (coronavirus), the Texas Health and Human Services Commission (HHSC) urges program providers to follow the guidance in this letter which is consistent with the new requirements.

Prohibition of Visitors

Inpatient hospices should now prohibit all visitors, given the significant health and safety risk to medically fragile clients posed by COVID-19 (coronavirus).

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

Visitors who provide critical assistance include the following:

- Persons such as attending physicians, nurses, hospice aides, and those whose services are critical and necessary to ensure client care is provided and to protect the health and health and safety of clients.
- Individuals with legal authority to enter such as HHSC surveyors whose presence is necessary to ensure the inpatient hospice is protecting the health and safety of clients and providing appropriate care.
- Family members and loved ones of clients at the end of life. Hospices providing inpatient services directly in space shared with a hospital or nursing facility should ensure coordination of protection protocols and practices with the licensed facility.

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

During this time, inpatient hospices should provide alternate means of communication for people who would otherwise visit, such as virtual communications (e.g. video or telephone conferencing systems) to continue contact between clients and their loved ones based on the wishes of the client and family.

Until further notice, hospices may use alternate means of communication such as virtual communications (e.g. video or telephone conferencing systems) to provide certain essential services, such as therapies, as determined by the physician and interdisciplinary team.

****Inpatient hospices should not require screenings of emergency services personnel in the event of an emergency****

Recommended Screening of Essential Visitors

Essential visitors may be allowed access unless they meet 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>

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

Recommended Screening of Families of Clients in the End of Life

Family members and friends of clients at the end of life should be allowed to enter as long as they do not meet screening criteria listed above.

Screening for Clients Who Leave the Facility and Return

If a client leaves an inpatient hospice temporarily for any reason, the client should be screened upon return to the inpatient hospice according to the above criteria. Departures that are not health related are strongly discouraged. If the client meets any of the screening criteria, the inpatient hospice may allow the client to return to the inpatient hospice and should follow the CDC protocol for isolating the client to protect other clients.

Limit of Gatherings of 10 or More

If the hospice has a census of greater than 10 clients, the hospice should limit meal times and staff gatherings for activities to smaller groups to maintain distance among staff and clients.

2.0 Policy Details & Provider Responsibilities

Until notified otherwise, the hospice 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 inpatient unit has an emergency preparedness plan that addresses all required elements as addressed in 26 Texas Administrative Code (TAC) [§558.871](#) (relating to Physical Environment in a Hospice Inpatient Unit) including:
 - a. Infection control that protects clients, staff, and others by preventing and controlling infections in accordance with 26 TAC [§558.853](#) (relating to Hospice Infection Control Program).
 - b. Provision of a sanitary environment that employs [CDC](#) and other nationally-recognized infection control precautions, including use of personal protective equipment (PPE) supplies, and recommended conservation strategies, and strategies to address shortages
 - c. Availability of a quantity of clean linen in sufficient amounts for a client's use that is handled, stored, processed, and transported in such a manner as to prevent the spread of contaminants
 - d. Staffing and contingency backup plans and availability of contract staff or volunteers to perform essential functions
 - e. Actively and consistently monitor clients, staff and visitors for potential symptoms of respiratory infection

3. Ensure that infection control policies are updated to align with CDC guidance. These policies must address the use of PPE.
4. Have PPE available. If hospices are unable to obtain PPE, they will not be cited for not having certain supplies if they cannot obtain them for reasons outside of their control. Follow national guidelines for optimizing their current supply or identify the next best option to care for clients.
5. Group activities and communal dining should be cancelled.
6. Meet staffing requirements to ensure that core services are available to follow the client's plan of care.
7. Display visible signage at the entrance to address the screening criteria in section 1.0 prior to allowing access to the hospice. Signage should also include language to discourage visits, such as recommending visitors postpone their visit for another time or to list exceptions for essential visitors. The signage should remain in place until further guidance is issued by HHSC.
8. Disinfect the area following a visitor's exit.
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 hospice's general operating status, such as when it is safe to resume visits
10. Actively and consistently monitor clients for potential symptoms of respiratory infection. They should ensure the physician is notified immediately of any clients who begin exhibiting symptoms such as fever, cough, or shortness of breath.
11. Contact the local health department, or DSHS if there is no local health department, if:
 - a. there are questions related to COVID-19,
 - b. they suspect a client has COVID-19,

- c. there is an increase in the number of respiratory illnesses among clients or staff.
12. Ensure that the facility is equipped with soap, hand sanitizer, and any other disinfecting agents to maintain a healthful environment.
13. Ensure precautions such as, but not limited to:
- a. Limiting physical contact, such as handshaking, hugging, etc.
 - b. Reinforcing strong hygiene practices for clients and staff, such as proper handwashing, covering of coughs and sneezes, and the use of hand sanitizer
 - c. Practicing social distancing as defined by CDC.
 - d. Using gloves when caring for clients.
 - e. Regularly disinfecting all high-touch surfaces, such as counters, doorknobs, telephones, etc.

3.0 Background/History

Inpatient hospice units have the responsibility to protect the health and safety of clients under their care at all times. State and federal guidance indicates that COVID-19 presents a significant health and safety risk to hospice clients based on serious underlying health conditions that make them especially vulnerable to communicable diseases. The best method of protecting them from infection is to keep infection sources out of the facility.

4.0 Resources

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)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

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

5.0 Contact Information

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