



Department of Public Health

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Tommy Gonzalez

EL PASO CITY-COUNTY LOCAL HEALTH AUTHORITY

DIRECTIVE

LONG TERM CARE FACILITIES

(NURSING HOMES, ASSISTED LIVING FACILITIES)

(Revised October 16, 2020)

EFFECTIVE IMMEDIATELY

This Order supersedes the September 22, 2020 Local Health Authority Order for Nursing Homes and Assisted Living facilities and shall be in effect until further modified or terminated.

Facilities that care for the elderly, which include all Long-Term Care facilities (Nursing Homes, Assisted Living Facilities) have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The nursing home population, considered at-risk of severe complications from not only COVID-19 but for many other infectious diseases combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within these facilities.

Visitation and testing in LTC facilities will be guided by current COVID-19 situation in the county following the positivity rate in the county published on the City of El Paso website: www.epstrong.org. For purposes of this Directive, the positivity rate refers to the Rolling 7-Day Average Positivity Rate.

TESTING GUIDELINES

1. All Long-Term Care facilities, including nursing homes, long-term care, and assisted living facilities shall adhere to the Centers for Medicare and Medicaid Services (CMS) document related to testing requirements for Long-Term Care (LTC) facility dated August 26, 2020 (Ref: QSO-20-38-NH)¹, as amended.

Angela Mora – Public Health Director
Department of Public Health | 5115 El Paso Dr. | El Paso, TX 79905
O: (915) 212-6564 | Email: Angela.Mora@elpasotexas.gov





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- Facilities can meet the testing requirement through rapid antigen point-of-care (POC) diagnostic testing devices or through an arrangement with an offsite laboratory that provides COVID-19 Reverse Transcription-Polymerase Chain Reaction (PCR) testing. All nursing homes, long term care facilities and assisted living facilities shall conduct COVID-19 testing on all residents and staff as follows:

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs and symptoms must be tested	Residents with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff that previously tested negative until no new cases are identified*	Test all residents that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended unless the resident leaves the facility routinely.

*For outbreak testing, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

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Table 2: Routine Testing Intervals of staff by Community COVID-19 Activity Level

Community COVID-19 Activity	County 7-day rolling Avg. Positivity Rate* in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% -10%	Once a week
High	>10%	Twice a week

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3. The facility should begin testing all staff at the frequency prescribed in the Routine Testing table based on the county 7-day rolling average positivity rate* reported for the previous week. Facilities should monitor their county 7-day rolling average positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to Table 2 above.

- If the county 7-day rolling average positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- If the county 7-day rolling average positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county 7-day rolling average positivity rate has remained at the lower activity level for at least two weeks (14 days) before reducing testing frequency.

*El Paso County 7-day rolling average positivity rates may be accessed at www.epstrong.org, under COVID-19 data

Testing of Staff and Residents in Response to an Outbreak

An outbreak is defined as a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak.

Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents should be tested to provide a baseline assessment of the facility, and all staff and residents that tested negative should be retested every 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

Retesting of Residents and staff previously positive

Staff and residents who have recovered from COVID-19 infection and are asymptomatic do not need to be tested within 3 months unless they become symptomatic again and symptoms are consistent with COVID-19.

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Visitation

Except for Compassionate Care Visits, no visitation shall be permitted at any long-term care facilities (Nursing Homes and Assisted Living Facilities).

Compassionate Care Visits are allowed following facilities' COVID-19 infection control plan. Facilities may also monitor other factors to understand the level of COVID-19 activity in the community such as rates and percentage of hospitalization due to COVID-19, cases per capita and case fatality rate.

Visitor testing while not required, is encouraged when the community COVID-19 activity and positivity rates are medium or high, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

Compassionate Care Visits

A Compassionate Care Visit is commonly interpreted as but does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently died.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

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Lastly, at all times, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time.

Restrictions to Compassionate Care Visitation

Except for on-going use of virtual visits, facilities may still restrict Compassionate Care Visitation in the following circumstances:

- Due to continued upward trend on the COVID-19 county 7-day rolling average positivity rate.
- The facility's COVID-19 status.
- A resident's COVID-19 status or are on transmission-based precautions.
- Visitor symptoms and signs suggestive of COVID-19 infection.
- Lack of adherence to proper infection control practices on behalf of the facility.
- Other relevant factor related to the COVID-19 Public Health Emergency.

However, facilities may not further restrict visitation without a reasonable clinical or safety cause, consistent with applicable law (42 CFR 483.10(f)(4)(v)).

Entry of Health Care Workers and Other Providers of Services

Health care workers who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. We note that EMS personnel do not need to be screened so they can attend to an emergency without delay.

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FAILURE TO ABIDE BY THIS ORDER, INCLUDING ANY AMENDMENTS, IS A CLASS C MISDEMEANOR PUNISHABLE BY A FINE OF UP TO \$500.00 PER OCCURRENCE.

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A handwritten signature in black ink, appearing to read "Hector I. Ocaranza".

Hector I. Ocaranza, M.D., MPH

Health Authority City/County of El Paso, TX

CITY MANAGER

Tommy Gonzalez

References:

1. <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
2. <https://www.cms.gov/files/document/qso-20-30-nh.pdf>
3. <https://www.cms.gov/files/document/qso-20-39-nh.pdf>
4. https://gov.texas.gov/uploads/files/press/EO-GA-30_expanded_openings_COVID-19.pdf
5. <https://hhs.texas.gov/sites/default/files/documents/services/health/coronavirus-covid-19/reopening-visitation-ltc-facilities.pdf>

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