



Department of Public Health

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LONG TERM CARE FACILITIES

(NURSING HOMES, ASSISTED LIVING FACILITIES)

(Revised September 22, 2020)

EFFECTIVE IMMEDIATELY

This Order supersedes the July 27, 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.

While the Department of Public Health (DPH) orders and directives have focused on protecting nursing home residents and staff from COVID-19, we recognize that physical separation from family and other loved ones has been detrimental to the physical and emotional well-being of residents leading to increased risk for depression, anxiety, and other expressions of distress.

Since there is proven benefit from the physical, emotional, and spiritual support they receive through visitation from family and other loved ones, the DPH is revising its order and directive to allow visitation at Long-term Care facilities around the county in a safe and organized manner consistent with established health protocols.

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Visitation and testing on 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.
2. 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

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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

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.

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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.

VISITATION GUIDELINES

All long term care facilities (Nursing Homes and Assisted Living Facilities) will adhere to the following directives set forth by DPH based on CMS document Reopening Recommendations dated 05-18-2020 (Ref: QSO-20-30-NH)², Visitation Guidelines document dated 09-17-2020 (Ref: QSO-20-39-NH)³ and latest executive order by Texas Governor Greg Abbott GA-30⁴ effective September 20, 2020, as amended, and the Texas Health and Human Services Commission Overview: Expansion of Reopening Visitation for Long term Care Facilities, as amended. In the event of a conflict amongst the aforementioned guidance, the Texas Health and Human Services Commission guidance controls.

Guidance

Visitation can be conducted through different means either in person or by virtual means based on a facility's structure, such as in resident rooms, dedicated visitation spaces, facilities' outdoor spaces, and residents' needs such as medical condition and for circumstances beyond compassionate care.

Visitations should follow strict preventive guidelines and health protocols aimed at reducing the risk of COVID-19 transmission and are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes, and should always be followed:

- Screening of all visitors who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, health checks with questions about signs or symptoms), and

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- Denial of entry of those with temperature >100°F and/or signs or symptoms of COVID-19
- Hand hygiene by washing with soap and water or the use of hand sanitizer that contains at least 60% alcohol base.
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between individuals
- The use of physical barriers (e.g., clear Plexiglas dividers, curtains)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., specified entries, exits and routes to designated areas, etc.)

Visitation should be person-centered, considering the residents' physical, mental, and psychosocial well-being, and supporting of their quality of life. Also, nursing homes should enable visits to be conducted with an adequate degree of privacy. By following a person-centered approach and adhering to these preventive guidelines and health protocols, visitation can occur safely based on the following guidance.

Outdoor Visitation pose a lower risk of transmission due to increased space and airflow and can be conducted in a manner that reduces the risk of transmission:

- a) Outdoor visits are preferred and should be facilitated routinely whenever possible aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality).
- b) Outdoor visits may depend on an individual resident's health status (e.g., medical condition(s), COVID-19 status).
- c) Facilities should restrict visitations if the facility is currently conducting outbreak testing.
- d) Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.

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e) Facilities should limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing).

f) Facilities should limit the number of individuals visiting with any one resident at the same time.

Indoor Visitation, including visits for reasons beyond compassionate care situations, are based on the following guidelines:

a) There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.

b) Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.

c) Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.

d) Facilities should limit movement in the facility restricting visitors from walking around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area.

e) Visits for residents who share a room should not be conducted in the resident's room.

NOTE: For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to facilities' COVID-19 infection control plan.

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Facilities should use the COVID-19 county 7-day rolling average positivity rate*, to determine how to facilitate visitation according to the following table:

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Community COVID-19 Activity	County 7-day rolling average positivity rate* in the past week	Visitation Allowed or NOT Allowed
Low	<5%	Visitation Allowed Outdoor and Indoor
Medium	5% -10%	Visitation Allowed Outdoor Restrict Visitation Indoor
High	>10%	Visitation Allowed Outdoor Indoor Visitation NOT allowed

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

NOTE: Compassionate Care Visits are always allowed following facilities' COVID-19 infection control plan. Indoor visitation restrictions include, but are not limited to: reduced visitation time, very limited number of visitors (only 1) per resident, limited number of visitation days, etc.

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

Compassionate Care Visits 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.

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- 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.

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 Visitation

Except for on-going use of virtual visits, facilities may still restrict 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 restrict visitation without a reasonable clinical or safety cause, consistent with applicable law (42 CFR 483.10(f)(4)(v)). For example, if a facility has had no COVID-19 cases in the last 14 days and its county 7-day rolling average positivity rate is low or medium, a nursing home must facilitate in-person visitation consistent with the regulations, which can be done by applying the

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guidance stated above. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation and the facility would be subject to citation and enforcement actions.

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.

Hector I. Ocaranza, M.D., MPH
Health Authority City/County of El Paso, TX

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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