

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 570 LONG-TERM CARE PROVIDER RULES DURING AN INFECTIOUS
DISEASE OUTBREAK, EPIDEMIC, OR PANDEMIC
SUBCHAPTER G INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH AN
INTELLECTUAL DISABILITY OR RELATED CONDITIONS

§570.601 Emergency Response to Outbreak, Epidemic, or Pandemic.

(a) During an outbreak, epidemic, or pandemic, whether or not a public health emergency has been declared, an intermediate care must have a plan for regularly checking federal, state, and local guidance.

(b) During an outbreak, epidemic, or pandemic, whether or not a public health emergency has been declared, an intermediate care facility must:

(1) maintain infection control measures when:

(A) evacuation is necessary;

(B) sheltering in place is necessary; or

(C) receiving individuals evacuating from another facility that has positive cases.

(2) have transportation agreements that include an assurance that the agreement will be honored if the evacuating facility has positive cases;

(3) maintain an adequate supply of PPE, including facemasks for droplet protection, N95 masks, goggles, face shields, gloves, and gowns and ensure they are readily available in the event of an evacuation.

(c) An intermediate care facility must have protocol for receiving an individual's and facility deliveries from vendors, family members, and visitors. This protocol must conform to any CDC guidance put into place.

(d) An intermediate care facility must have a communication plan to communicate the following information with individuals, an individual's representatives, and families:

(1) when a positive case is identified by the facility;

(2) current visitation and activities policies and procedures;

(3) alternate methods of visitation that will be available during times of restricted visitation; and

(4) identify a primary point of contact at the facility for questions and information and how individuals, an individual's representatives, and families can reach the primary point of contact.

§570.603 Testing.

(a) An intermediate care facility must develop testing protocols to test staff and individuals during an outbreak, epidemic, or pandemic, if required by HHSC, DSHS, CDC, or CMS.

(b) The facility must develop protocol for individuals and staff who refuse testing.

(c) A facility must:

(1) monitor individuals and staff for signs and symptoms;

(2) monitor individuals and staff for any possible exposures; and

(3) activate outbreak infection control measures if:

(A) a positive case is identified in an individual or staff;

(B) an individual or staff is exhibiting related symptoms; and

(C) there is a suspected or known exposure of an individual or staff to a positive case.

§570.605 Reporting.

(a) A facility must report new positive cases that are identified to HHSC in accordance with any guidance issued by HHSC or DSHS.

(b) A facility must comply with a request from HHSC to submit data related to cases.

§570.607 Screening.

(a) A facility must screen all visitors prior to allowing them to enter the facility, except emergency services personnel entering the facility or facility campus in an emergency.

(b) Visitors who meet any of the following screening criteria must leave and reschedule the visit if they have:

(1) signs or symptoms specific to the illness or disease that has caused an outbreak, epidemic, or pandemic; and

(2) any other signs and symptoms as outlined by the CDC.

(3) A facility must document, in writing, all persons who enter the building in a log kept at the entrance of the facility and include the date, the person's name, current contact information, and data from the screening. The screening log may contain protected health information and must be protected in accordance with applicable state and federal law.

(c) A facility must screen all staff at the beginning of each shift, prior to entering the facility.

(d) Staff who do not pass screening must be sent home for monitoring and testing.

(e) A facility must screen individuals in accordance with any HHSC or DSHS guidance.

(f) Individuals who do not pass screening must be quarantined and monitored.

(g) A facility must allow persons providing critical assistance, including essential caregivers, to enter the facility if they pass the screening criteria in subsection (b) of this section. A facility shall not prohibit entry of persons with legal authority to enter when performing their official duties.

(h) A facility must post signage at all entrances of the facility reminding individuals not to enter the facility prior to being screened.

§570.609 Staff Requirements.

(a) Each facility must ensure staffing levels are adequate to meet the needs of all individuals, including those in isolation and quarantine.

(b) Each facility must have a staffing plan in place that:

(1) ensures staff are trained to provide care to individuals in their assigned cohort;

(2) ensures supervision of staff in each cohort of the facility; and

(3) includes a staffing contingency plan to ensure adequate staffing in the event multiple employees are out due to illness.

(c) Each facility must have at least one staff member responsible for infection control protocol.

(d) Each facility must document that training was provided to each staff member and the training topics included:

(1) providing care to individuals in isolation;

(2) providing care to individuals in quarantine;

(3) proper use of PPE that includes information on what to use in each area of the facility, what to use when providing care to individuals who are negative, what to use when providing care to individuals who are positive, what to use when providing care to individuals with unknown status, and individuals exhibiting symptoms awaiting tests;

(4) proper donning and doffing of PPE; (5) proper cleaning and disinfecting procedures;

(5) the facility's infection control plans;

(6) the facility's emergency preparedness plans;

(7) standard assessment protocols; and

(8) enhanced assessment protocols to be implemented when quarantine and/or isolation are necessary.

§570.611 Visitation.

(a) A facility's visitation policies and procedures may change in response to a public health emergency and must conform to any directives issued by CDC, DSHS, or HHSC.

(b) A facility must permit clergy or spiritual counselors to visit an individual.

(c) A facility must permit essential caregiver visits.

(d) A facility may allow salon services visits.

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PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 570 LONG-TERM CARE PROVIDER RULES DURING AN INFECTIOUS
DISEASE OUTBREAK, EPIDEMIC, OR PANDEMIC
SUBCHAPTER H HOME AND COMMUNITY-BASED SERVICES

§570.701 Emergency Response to Outbreak, Epidemic, or Pandemic.

(a) During an outbreak, epidemic, or pandemic, whether or not a public health emergency has been declared, a home and community-based services program provider must have a plan for regularly checking federal, state, and local guidance related to the outbreak, epidemic, or pandemic.

(b) During an outbreak, epidemic, or pandemic, whether or not a public health emergency has been declared, home and community-based services program provider must:

(1) maintain infection control measures when:

(A) evacuation is necessary;

(B) sheltering in place is necessary; or

(C) receiving individuals evacuating from another residence that has positive cases.

(2) have a transportation plan if the evacuating residence has positive cases;

(3) maintain an adequate supply of PPE, including facemasks for droplet protection, N95 masks, goggles, face shields, gloves, and gowns and ensure they are readily available in the event of an evacuation.

(c) A program provider must have protocol for residences that receive deliveries from vendors, family members, and visitors. This protocol must conform to any guidance issued by the CDC, HHSC, or DSHS.

(d) Each program provider must have a communication plan to communicate the following information with individuals, an individual's legally authorized representative (LAR), and families:

(1) when a positive case is identified at the residence;

(2) current visitation and activities policies and procedures;

(3) alternate methods of visitation that will be available during times of restricted visitation; and

(4) identify a program provider's primary point of contact for questions and information and how individuals, an individual's LAR, and families can reach the primary point of contact.

§570.703 Testing.

(a) During an outbreak, epidemic, or pandemic the program provider must conduct routine testing of all staff and individuals if required by CDC, HHSC or DSHS.

(b) A program provider must:

(1) monitor individuals and staff for signs and symptoms;

(2) monitor individuals and staff for any possible exposures; and

(3) activate outbreak infection control measures if:

(A) a positive case is identified in an individual or staff;

(B) an individual or staff is exhibiting related symptoms; and

(C) there is a suspected or known exposure of an individual or staff to a positive case.

§570.705 Reporting.

(a) A program provider must report new positive cases that are identified to HHSC in accordance with any guidance issued by HHSC or DSHS.

(b) A program provider must comply with a request from HHSC to submit data related to cases.

(c) A program provider must notify an individual's LAR if the individual tests positive, or if there is a positive case at the residence.

(d) A program provider must not release personally identifying information regarding confirmed or probable cases.

§570.707 Screening Criteria.

(a) A program provider must screen all visitors outside of the residence prior to allowing them to enter, except emergency services personnel entering the residence in an emergency.

(b) Visitors who meet any of the following screening criteria must leave and reschedule the visit:

(1) signs or symptoms specific to the illness or disease that has caused an outbreak, epidemic, or pandemic; and

(2) any other signs and symptoms as outlined by the CDC.

(c) Program provider staff must document all persons entering the residence in a log, which must include the name of each person screened, the date and time of the screening, and the results of the screening. The visitor screening log may contain protected health information and must be protected in accordance with applicable state and federal law.

(d) A program provider must screen all staff at the beginning of each shift prior to entering the residence.

(e) Staff who do not pass screening must be sent home for monitoring and testing.

(f) A program provider must not prohibit an individual who lives in the residence from entering the residence even if the individual meets any of the screening criteria.

(g) A program provider must allow persons with authority to enter and providers of essential services to enter the residence if they pass the screening as required by subsection (b) of this section.

(h) A program provider must post signage at all entrances of the residence prohibiting persons from entering the residence prior to being screened.

§570.709 Staff Requirements.

(a) Each program provider must ensure staffing levels are adequate to meet the needs of all individuals, including those in isolation and quarantine.

(b) Each program provider must have a staffing plan in place that:

(1) ensures staff are trained to provide care to individuals; and

(2) a staffing contingency plan to ensure adequate staffing in the event multiple employees are out due to illness.

(c) Each program provider must have at least one staff member responsible for infection control protocol.

(d) Each program provider must document that training was provided to each staff member and the training topics included:

(1) providing care to individuals in isolation or quarantine;

(2) proper use of PPE that includes information on what to use in each area of the facility, what to use when providing care to residents who are negative, what to use when providing care to residents who are positive, what to use when providing care to residents with unknown status, and residents exhibiting symptoms awaiting tests;

(3) proper donning and doffing of PPE;

(4) proper cleaning and disinfecting procedures;

(5) the program provider's infection control plans; and

(6) the program provider's emergency plan

§570.711 Visitation.

(a) A program provider's visitation policies and procedures may change in response to a public health emergency and conform to any directives issued by CDC, DSHS, or HHSC.

(b) A program provider must permit clergy or spiritual counselors to visit an individual.

(c) A program provider must permit essential caregiver visits.

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PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 570 LONG-TERM CARE PROVIDER RULES DURING AN INFECTIOUS
DISEASE OUTBREAK, EPIDEMIC, OR PANDEMIC
SUBCHAPTER I TEXAS HOME LIVING

§570.801 Emergency Response to Outbreak, Epidemic, or Pandemic.

(a) During an outbreak, epidemic, or pandemic, whether or not a public health emergency has been declared, a nursing facility must have a plan for regularly checking federal, state, and local guidance related to the outbreak, epidemic, or pandemic.

(b) During an outbreak, epidemic, or pandemic, whether or not a public health emergency has been declared, a program provider must:

(1) maintain infection control measures when:

(A) evacuation is necessary;

(B) sheltering in place is necessary; and

(2) ensure transportation.

(c) Each program provider must have a communication plan that identifies a primary point of contact for questions and information and how individuals, an individual's LAR, and families can reach that point of contact.

§570.803 Testing.

A program provider must monitor staff for signs and symptoms and monitor staff for any possible exposures.

§570.805 Reporting.

(a) A program provider must report new positive cases that are identified to HHSC in accordance with any guidance issued by CDC, HHSC or DSHS.

(b) A program provider must comply with a request from HHSC to submit data related to cases.

(c) A program provider must notify an individual's LAR if the individual tests positive, or if there is a positive case at the residence.

(d) A program provider must not release personally identifying information regarding confirmed or probable cases.

§570.807 Screening.

(a) Prior to staff providing services to an individual, the staff must use the following screening criteria:

(1) signs or symptoms specific to the illness or disease that has caused an outbreak, epidemic, or pandemic; and

(2) any other signs and symptoms as outlined by the CDC.

(b) If the individual fails screening, the service provider must not provide services and must notify the program provider.

(c) A program provider must screen all staff at the beginning of each shift, prior to providing services to an individual.

(d) Staff who do not pass screening must be sent home for monitoring and testing.

§570.809 Staff Requirements.

(a) Each program provider must ensure staffing levels are adequate to meet the needs of all individuals, including those in isolation or quarantine.

(b) Each program provider must have a staffing plan in place that:

(1) ensures staff are trained to provide care to individuals; and

(2) a staffing contingency plan to ensure adequate staffing in the event multiple employees are out due to illness.

(c) Each program provider must have at least one staff member responsible for infection control protocol.

(d) Each program provider must document that training was provided to each staff member and the training topics included:

(1) providing care to individuals in isolation or quarantine;

(2) proper use of PPE;

(3) proper donning and doffing of PPE; and

(4) the program provider's infection control plans.