



Long-Term Care Regulation Provider Letter

Number: PL 20-53
Title: Guidance for Activities, Dining, and Volunteers
Provider Types: Assisted Living Facility (ALF); Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID); Nursing Facility (NF)
Date Issued: November 20, 2020

1.0 Subject and Purpose

This provider letter outlines provider responsibilities for resident activities, including communal dining and holiday related activities. This provider letter also gives specific stipulations on the use of volunteers and guidance on protocol for residents who leave a facility. This guidance can be used as a general reference through the duration of the public health emergency, the COVID-19 pandemic.

2.0 Policy Details & Provider Responsibilities

Facilities can offer facility-coordinated group activities and communal dining services, as well as allow volunteers to enter the facility. Volunteers must adhere to infection control principles, screening requirements, and testing requirements, where applicable, in accordance with the emergency rules. Additionally, facilities must assist residents in making any decision to leave the facility.

2.1 Infection Control and Prevention Principles

The CDC, CMS, and HHSC outline principles of COVID-19 infection control and prevention¹. These guidelines apply to all group activities,

¹ [QSO 20-39](#), CDC’s [Guidance for Shared or Congregate Housing](#), CDC’s [Infection Control for Nursing Homes](#), CDC’s [Assisted Living Facilities](#), [COVID-19 Response for Nursing Facilities](#), [COVID-19 Response for Assisted Living Facilities](#), and [COVID-19 Response for](#)

communal dining, and anyone who enters the facility as a staff member, visitor, volunteer, or provider of an essential service. These infection prevention and control measures include the following:

- All persons who enter the facility are screened for signs and symptoms of COVID-19;
- Frequent hand hygiene (use of alcohol-based hand rub is preferred when hands are not visibly dirty);
- Use of face covering or facemask (facemask necessary for all visitors; resident may wear a facemask or cloth facial covering as tolerated);
- Maintenance of physical distancing of at least six feet per program guidance and as applicable for the task or situation;
- Instructional signage posted throughout the facility with specified entries, exits, and routes to designated areas, including spaces for visitation, along with specific parts of the facility dedicated to resident cohorts based on COVID-19 status;
- Frequent cleaning and disinfection of shared areas;²
- Education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices;
- Appropriate use of personal protective equipment (PPE);
- Effective cohorting of residents within separate areas based on COVID-19 status (negative, positive, and unknown); and
- For NFs and ICF/IIDs only – designated staff for each COVID-19 status cohort.

Facilities must operationalize Infection Control and Prevention Principles and should consider all available resources when planning group activities and utilizing volunteers.

2.2 Screening

Each provider must screen all residents, staff, and anyone else who enters the facility, for the following criteria, before entering the facility:³

[Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions](#)

² CDC's [Disinfecting Your Facility](#)

³ [NF COVID-19 Emergency Rule](#), [ALF COVID-19 Emergency Rule](#), and [ICF/IID COVID-19 Emergency Rule](#)

- fever defined as a temperature of 100.4 Fahrenheit and above;
- signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
- additional signs and symptoms as outlined by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov);
- contact in the last 14 days, unless to provide critical assistance, with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness; and
- has a positive COVID-19 test result from a test performed in the last 10 days.

Anyone who does not pass screening must immediately leave the facility campus.

2.3 Facility Coordinated Group Activities

Facility coordinated group activities, including holiday-related group activities, are limited to residents who are COVID-19 negative and residents who have recovered from COVID-19 according to the CDC's criteria for the [discontinuation of transmission based precautions](#). Residents with an active COVID-19 infection and residents with unknown COVID-19 status must be excluded from participating in group activities.

Facilities can utilize volunteers as essential workers, or contract with other persons or entities ("activity contractors"), to host or assist with facility-coordinated group activities, including holiday related group activities. Volunteers and activity contractors entering the facility must adhere to the Infection Control and Prevention Principles. Section 2.5 outlines other requirements related to the utilization of volunteers.

Governor Abbott's Executive Order No. GA-30 limits the amount of people allowed for group activities to 10 people⁴. For long-term care

⁴ [Executive Order No. GA-30](#)

facilities, this limit applies to the people providing a group activity (volunteers and activity contractors), not the number of residents attending the activity. Additionally, the limit does not apply to religious services held at a facility. However, infection control and prevention principles must be followed in all cases, including maintaining social distancing.

While the 10-person limit does not apply to facility residents, the facility must limit the number of residents participating in any given activity to allow for physical distancing between all activity participants, adherence to the infection control guidelines, and ensure the safety of the residents. The facility can limit the number of people participating in an activity based on the status of COVID-19 infections in the facility.

The facility must limit participation in group activities to residents and those individuals who entered into an agreement with the facility to host or otherwise assist in that facility-coordinated activity (volunteers and activity contractors). Resident visitors, including essential caregivers, cannot participate in group activities unless they are hosting or assisting in the specific facility-coordinated activity as a volunteer. Visitors, including essential caregivers, hosting or assisting a facility-coordinated activity would be considered a volunteer or essential worker and would have to meet the requirements for volunteers as described in this provider letter.

2.4 Dining

2.4.1 Communal Dining

Residents can participate in communal dining. However, communal dining is limited to residents who are COVID-19 negative and residents who have recovered from COVID-19 according to the CDC's criteria for the [discontinuation of transmission based precautions](#). The Infection Control and Prevention Principles, including physical distancing of at least 6 feet between residents, still apply. The number of residents permitted for any dining activity or in any dining space will depend on the specifics of the facility and space available to allow for physical distancing between all residents. Facilities can

consider additional limitations on dining based on the status of COVID-19 infections in the facility.

2.4.2 Food Delivered by Essential Caregiver Visitors

An essential caregiver can personally bring outside food and drink to a resident during a visit. Essential caregivers are not required to maintain a distance of 6 feet between themselves and the resident they are visiting⁵. A resident can eat or drink during an essential caregiver visit. However, essential caregivers cannot eat or drink during the visit with a resident because essential caregivers are required to wear a facemask over their nose and mouth throughout the entire visit⁶.

2.4.3 Food Delivered by Other Visitors

Visitors other than essential caregivers can bring outside food and drink for a resident during a visit but must drop off the meal or food item in a designated delivery area, as determined by the facility. A resident can eat or drink during a visit. However, a visitor cannot eat or drink during the visit because visitors must wear a facemask over their nose and mouth throughout the entire visit⁷.

2.4.4 Food Delivered by Other Persons

A resident can receive outside meals or food items delivered by persons other than a visitor. Facilities must designate an outside area for food and other items to be delivered. Facility staff must bring the delivered food from the designated outside area to the resident. Facilities should refer to CDC guidance for handling deliveries⁸.

⁵ [NF COVID-19 Emergency Rule](#), [ALF COVID-19 Emergency Rule](#), and [ICF/IID COVID-19 Emergency Rule](#).

⁶ [NF COVID-19 Emergency Rule](#), [ALF COVID-19 Emergency Rule](#), and [ICF/IID COVID-19 Emergency Rule](#).

⁷ [NF COVID-19 Emergency Rule](#), [ALF COVID-19 Emergency Rule](#), and [ICF/IID COVID-19 Emergency Rule](#).

⁸ [CDC guidance, Food and Coronavirus 2019 \(COVID-19\)](#)

2.5 Volunteers

Facilities can use volunteers as essential workers to provide supplemental tasks to the facility (e.g. monitoring visits between residents and family members, escorting essential caregivers, assisting with cleaning and sanitizing). Volunteers who enter a facility to provide supplemental tasks must receive training on infection prevention and control standards and all other training provided to volunteers prior to the COVID-19 public health emergency (such as identifying and preventing abuse, neglect, and exploitation)⁹. The facility can use people who volunteered at the facility before the COVID-19 public health emergency, but the facility must provide training on COVID-19 infection prevention and control standards. The facility cannot rely on volunteers in lieu of paid staff to fill required staff positions and perform direct care services.

Facilities also can use volunteers to host or assist with facility-coordinated group activities (e.g., high school choir, bingo with residents, book club). Volunteers who only enter a facility to host or assist with facility-coordinated group activities must receive training on infection prevention and control standards. A volunteer cannot eat or drink while assisting with group activities or communal dining because volunteers must wear a facemask over their nose and mouth at all times.

Volunteers must pass all screening requirements, as outlined above, and must be overseen by facility staff¹⁰. Volunteers must also adhere to the same PPE requirements as staff. Volunteer testing requirements are described in section 2.6.

Facilities should execute a written agreement with all volunteers documenting training requirements and facility policies regarding infection prevention and control standards.

2.6 Testing for COVID-19

⁹ [Appendix J](#) §483.420(a)(5), [Appendix PP](#), §483.95

¹⁰ [Appendix J](#) §483.430(c)(1), [Appendix PP](#) §483.95

2.6.1 NFs Only

Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities under this arrangement, are considered “staff” for CMS testing requirement purposes¹¹. NFs must adhere to CMS testing requirements for routine staff testing for COVID-19, as detailed in [QSO 20-38](#). NF staff must be tested according to the minimum testing frequency, which is based on the county positivity rate. Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities under this arrangement, do not necessarily have to be tested by the facility, but they must be able to provide the facility with documentation that the required testing was completed during the timeframe that corresponds to the facility’s testing frequency.

Similarly, if a volunteer, or other individual performing supplemental tasks or facility-coordinated activities under this arrangement, becomes COVID-19 positive within 14 days of visiting the facility, the facility must implement outbreak testing, as detailed in [QSO 20-38](#). In the case of an outbreak (any new case that arises in the facility), all residents and staff must be tested, and all residents and staff who test negative should be retested every 3 to 7 days until testing identifies no new cases of COVID-19 infection among residents or staff for a period of at least 14 days since the most recent positive result.

Unless the resident is symptomatic, routine testing of residents is not recommended unless the resident routinely leaves the facility. NFs must screen residents at least three times a day, with screening occurring at least once per shift¹².

CMS testing requirements do not apply to visitors who enter the facilities, including essential caregivers¹³. Essential caregivers and salon services providers must adhere to the testing

¹¹ CMS [QSO-20-39-NH](#)

¹² [NF Emergency Response Rule](#)

¹³ CMS [QSO-20-39-NH](#)

requirements described in the [NF Expansion of Reopening Visitation Emergency Rule](#).

2.6.2 ALF and ICF/IID

ALF and ICF/IID facilities can develop a testing strategy for staff, volunteers, and other individuals performing supplemental tasks or facility-coordinated activities who regularly come to the facility under this arrangement. Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities under this arrangement, are considered staff. To determine testing frequency, facilities should consider factors such as the frequency of activities, frequency of volunteer visits, county positivity rate, and other factors specific to their facility or community.

Unless the resident is symptomatic, routine testing of residents in an ALF or ICF/IID is not recommended. Each ALF and ICF/IID must screen residents at least twice a day¹⁴.

Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities, who tests positive for COVID-19 or develops signs and symptoms of COVID-19 within 48 hours of visiting the facility is considered an outbreak in the facility. According to the [CDC](#), for a resident, visitor, or staff with confirmed COVID-19 who developed symptoms, the exposure window is considered to be 2 days before symptom onset. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test. ALF and ICF/IID should consult with their local health department for assistance with determining the date of exposure.

2.7 Residents Who Leave a Facility

Residents who live in an ALF or NF have the right to participate in activities of social, religious, or community groups¹⁵. An ICF/IID must ensure clients the opportunity to participate in social, religious, and

¹⁴ [ALF Emergency Response Rule](#) and [ICF/IID Emergency Response Rule](#)

¹⁵ [42 CFR §483.10](#), [26 TAC §553.125](#)

community group activities¹⁶. Facilities must educate the resident on the risks associated with different activities. If a resident makes an informed decision to leave the facility, the facility must educate the resident (and resident's family if possible) about infection control and prevention procedures, including:

- wearing a facemask or face covering, if tolerated for the resident;
- performing hand hygiene;
- cough and sneeze etiquette;
- physical distancing (maintaining at least six feet of distance between themselves and others);
- being aware of others who potentially could have COVID-19 or are confirmed to have COVID-19; and
- reporting to the facility any contact with another person who potentially has COVID-19 or is confirmed to have COVID-19.

For residents who leave a facility to go out into the community, the facility will have to determine whether the resident meets any of the criteria for "unknown COVID-19 status," which include¹⁷:

- spending one or more nights away from the facility;
- having exposure or close contact with a person who is COVID-19 positive; and
- having exposure or close contact with a person who is exhibiting symptoms of COVID-19 while awaiting test results.

If the resident meets any of these criteria, the resident will need to be placed in a 14-day quarantine upon return to the facility.

A resident who leaves the facility, is not gone overnight, and did not have contact with others who potentially has COVID-19 or is confirmed to have COVID-19, does not have to be quarantined upon returning to the facility. This is regardless of a resident's means of transportation.

If a resident returns on the same day, the facility should discuss with the resident (or their visit companion) what activities occurred while

¹⁶ [42 CFR §483.420](#)

¹⁷ [NF COVID-19 Emergency Rule](#), [ALF COVID-19 Emergency Rule](#), and [ICF/IID COVID-19 Emergency Rule](#)

the resident was outside the facility, using the following questions as a guide:

- Were you in any crowded spaces whether that be in public or at a large household gathering?
- Were you in any situation where you were unable to maintain a physical distance of at least 6 feet from someone who was not wearing a facemask, (excluding mealtimes) when you were in out in public or visiting with others in a household?
- Did you encounter anyone who tested positive for COVID-19 within the last 14 days or who does not yet meet [CDC end of isolation criteria?](#)
- Did you encounter anyone who was exhibiting any symptoms related to COVID-19 whether that be in public or at a household gathering?

A “yes” to any of these questions should be further investigated. Ask the resident or their visit companion the following questions to help determine if exposure occurred:

- If you attended a gathering at a family member or friend’s household, how many others attended? Was the gathering mostly indoors or mostly outdoors? Did attendees maintain physical distancing, wear facemasks, or practice other infection control measures such as proper hand hygiene?
- If you came in close contact with someone at a household gathering who was not wearing a face mask or practicing other infection control procedures, how long did that close contact occur?
- Did attendees at the household gathering maintain physical distancing during mealtimes, when they were unable to wear a facemask?

If the facility determines that a resident who left the facility and returned the same day requires a 14-day quarantine, the facility must document the decision and its rationale.

As a reminder, facilities must include in their infection prevention and control plans protocols for expanding quarantine areas as needed to accommodate an increase in unknown COVID-19 status residents. See the [ALF COVID-19 Response Plan](#), [NF COVID-19 Response Plan](#), and

[ICF/IID COVID-19 Response Plan](#) for guidance related to using shared rooms for unknown COVID-19 residents, if necessary.

3.0 Background/History

Facility coordinated group activities and communal dining, as well as the use of volunteers, has been restricted for long-term care residents during the COVID-19 pandemic. These types of activity and socialization are essential to resident well-being as the pandemic continues. This guidance aims to achieve a balance between the safety and well-being of residents and staff in long-term care facilities, while also preventing the potential spread of COVID-19 in the facility.

4.0 Resources

[QSO 20-38](#)

[QSO 20-39](#)

CDC guidance:

- [Guidance for Shared or Congregate Housing](#)
- [Infection Control for Nursing Homes](#)
- [Assisted Living Facilities](#) (note that CDC refers ALFs to guidance from state and local officials when making decisions about relaxing restrictions (e.g., easing visitor restrictions, allowing group activities, or restoring communal dining))
- [Potential Exposure at Work](#)
- [Disinfecting Your Facility](#)
- [Responding to COVID-19](#)

[State Operations Manual, Appendix J- Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities](#)

[State Operations Manual, Appendix PP- Guidance to Surveyors for Long Term Care Facilities](#)

5.0 Contact Information

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