



Department of Public Health

MAYOR

Oscar Leeser

Local Health Authority Directive for Home-based Providers that Care for the Elderly

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Cissy Lizarraga

CITY MANAGER

Tommy Gonzalez

January 6, 2021

This Order shall be in effect until further modified or terminated.

For this order, Home-based Providers that Care for the Elderly (Home-based Providers) include but are not limited to adult foster care facilities, host home facilities, and other similar home-based providers that care for the elderly.

The elderly population, age 65 years and older, and those people with underlying medical conditions have been disproportionately and severely impacted by COVID-19 with high rates of infection, morbidity, and mortality, more so in communities that are overrepresented by minority groups such as Hispanics and African Americans.

The elderly population and those with underlying medical conditions are considered at-risk of severe complications, not only from COVID-19 but for many other infectious diseases; thus, requiring aggressive efforts to limit COVID-19 exposure and illness within living arrangements to prevent disastrous consequences particularly on the residents.

Testing is an important element within the pandemic response to promptly identify caregivers and residents that are infected to isolate and quarantine all members of the household as recommended by the Department of Public Health. Further, it is the responsibility of Home-based Providers to ensure the health and safety of their residents and to not deliver direct services while having a communicable disease (TAC [§48.8902\(5\)](#)).

Testing will be guided by the current COVID-19 situation in El Paso County, which follows the 7-Day Average Positivity Rate published on the City of El Paso website: www.epstrong.org.

Angela Mora – Health Director

Department of Public Health | 5115 El Paso Drive | El Paso, TX 79905
O: (915) 212-6502 | <https://www.elpasotexas.gov/public-health/>



DELIVERING EXCEPTIONAL SERVICES



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TESTING GUIDELINES

- Home-based Providers can meet the COVID-19 viral testing requirement through rapid antigen point-of-care (POC) diagnostic testing or through Reverse Transcription-Polymerase Chain Reaction (PCR) testing. All Home-based Providers shall conduct COVID-19 testing on all residents and caregivers as follows:

Table 1: Testing Summary

Testing Trigger	Caregiver	Residents
Symptomatic individual identified	Caregiver with COVID-like signs and symptoms must be tested regardless of immunization status	Residents with COVID-like signs and symptoms must be tested regardless of immunization status
Outbreak (Any new case arises in residence)	Test all susceptible † caregiver until no new cases are identified*	Test all susceptible † residents until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended unless the resident leaves the facility and returns.

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

† Susceptible caregiver/resident are all who have previously tested negative, those who have tested positive >3 months and those with incomplete approved COVID-19 vaccine schedule.

Table 2: Routine Testing Intervals of Caregivers 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 every other week
High	>10%	Once a week

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2. Providers should begin testing all caregivers at the frequency prescribed in the Routine Testing table (Table 2) based on the County 7-day rolling average positivity rate* reported for the previous week. Providers should monitor the County 7-day rolling average positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of caregiver testing according to Table 2 above.

- If the County 7-day rolling average positivity rate increases to a higher level of activity, providers should begin testing caregivers at the frequency shown in Table 2 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, providers should continue testing caregiver at the higher frequency level until the County 7-day rolling average positivity rate has remained at the lower activity level for at least one week (7 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 Caregivers and Residents in Response to an Outbreak

For this population, an outbreak is defined as a new COVID-19 infection in any home-based caregiver or any resident of a home that provides care for the elderly. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission. A **NEW** resident who is accepted into the home with COVID-19 does not constitute a facility outbreak.

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

Retesting of Residents and Caregivers Previously Positive

Caregivers 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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Testing of Symptomatic Caregivers and Residents Who Have Been Vaccinated Against COVID-19

Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination and these are considered mild to moderate. These systemic post-vaccination signs and symptoms occur within 3 days of vaccination, may last about 1-2 days and are more frequent and severe after the second dose and among younger people.

Cough, shortness of breath, runny nose, sore throat, or loss of taste or smell are considered COVID-like symptoms and are not consistent with post-vaccination symptoms. Therefore, any caregiver or resident exhibiting COVID-like symptoms, should be immediately isolated and tested for COVID-19 to properly detect infection or the onset of an outbreak at home.

In any situation, **positive** viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, **SHOULD NOT** be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these tests.

Retesting of Residents and Caregivers Who Have Been Vaccinated Against COVID-19

Active immunization against COVID-19 with an approved vaccine confers protection against infection when the recommended schedule for the vaccine has been completed. However, because information is currently limited on vaccine effectiveness in the general population, the resultant reduction in disease, severity, or transmission; or the duration of protection, residents and healthcare personnel should continue to follow all current infection prevention and control recommendations to protect themselves and others from SARS-CoV-2 infection, regardless of their vaccination status.

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.

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

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