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Health and Human
Services

4/17/20

Welcome Nursing Facility Providers!

**COVID-19 Updates and Q&A with LTC
Regulation and DSHS**

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: PolicyRulesTraining@hhsc.state.tx.us

Phone: 512-438-3161

COVID-19 Q&A

Panelist

Michelle Dionne-Vahalik, DNP, RN
Associate Commissioner
Long-term Care Regulation

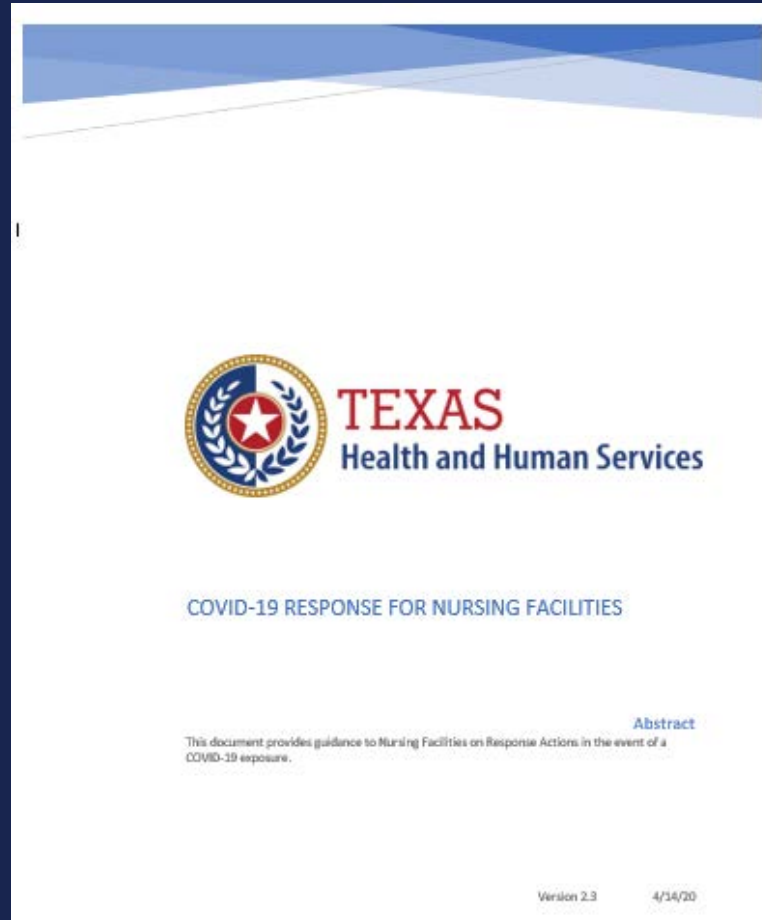
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- Introduction and overview
 - Updates
 - COVID-19 Response for Nursing Facilities



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COVID-19 Q&A

COVID-19 Response for Long-term Care Facilities



COVID-19 Response for Long-Term Care Facilities

VI. To Do's for Nursing Facilities:

Page 9

- Guidance listed to determine when staff can return to work after recovering from an illness.
- Follow physician's plan for immediate care of any resident with a positive case.
- Inform the resident of treatment or supportive care plans; residents have the right to participate in care planning.
- Work with the LHA or DSHS to determine a COVID-19 testing strategy for residents and HCW.



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COVID-19 Response for Long-Term Care Facilities

IX. Facility Activities Required for LTC COVID-19 Response

Page 11

- Immediate actions (0-24 hours) – Work with the local health department of DSHS to activate testing strategy



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COVID-19 Response for Long-Term Care Facilities

ATTACHMENT 1:

Immediate Response Guidelines

Immediate Actions (0-24 hours)

FACILITY ACTIONS - Review *SPICE* Activities

Pages 13-15

- Actions provided for Creating an isolation wing/unit
- Actions provided for HCW/staff leaving and entering isolation wing/unit
- Actions provided for Creating a voluntary isolation NF



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COVID-19 Response for Long-Term Care Facilities

Control Measures for Staff

Pages 25-26

- **Staff return to work** – After being diagnosed with COVID-19, an employee can return to work if cleared by the NF in one of two ways:
 - Test-based strategy
 - Non-test-based strategy



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COVID-19 Q&A

Panelist

Department of State Health Services
Representative

- Updates



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COVID-19 Q&A

Panelist

Renee Blanch-Haley, BSN, RN
Director of Field Operations
Survey Operations
Long-term Care Regulation

- Updates



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COVID-19 Q&A

Panelist

Cecilia Cavuto
NF, ICF & LSC Policy and Rule Manager
Policy, Rules and Training
Long-term Care Regulatory

- Updates



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COVID-19 Q&A

Please remember to follow your local guidance.



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COVID-19 Q&A

Question:

Do we have anything from CMS that specifically addresses if a facility had a positive case can they accept new admissions?

Response:

Yes – QSO 20-14 states a NF should admit or readmit anyone they would normally admit provided they are able to provide transmission-based precautions.

Before determining whether to admit someone, the NF must have implemented a plan for caring for and isolating the residents who are COVID positive away from the residents who are not ill. Their plan should include all of the infection prevention and control guidance from the CDC, CMS and DSHS



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COVID-19 Q&A

Question:

When can staff who have COVID-19 return to work?

Response:

The CDC released guidance to help providers make decisions about employees returning to work following confirmed or suspected COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

As noted in the CDC guidance, after the employee returns to work, both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility.

Note: If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, providers should base the employee's return to work on the specific diagnosis.



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COVID-19 Q&A

Question:

Can staff work in multiple facilities?

Response:

Yes. CMS guidance states facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.



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COVID-19 Q&A

Question:

Do new admissions need to be quarantined?

Response:

This [CDC guidance](#) states the NF should create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19.

Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected.

If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation.

(Continued on next slide)



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COVID-19 Q&A

Response (continued):

All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP when PPE is indicated.



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Questions?

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Thank you!

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