Welcome Nursing Facility Providers!

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

For more information:
Email: PolicyRulesTraining@hhsc.state.tx.us
Phone: 512-438-3161
COVID-19 Q&A

Panelist

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

• Introduction and overview
• Updates
• COVID-19 Response for Nursing Facilities
Gov Delivery

Reminder to sign up for Gov Delivery notifications and read the notifications we send

This is how we notify providers when new information is published
April 21 Updates

*Updated/new information is in red font and includes:

1. Guidance to work with your local health authority or DSHS to develop a recovery plan
2. Additional information about isolation units/wings
3. Additional information on source control
April 21 Updates

4. Additional resources:
   a. CDC Key Strategies for COVID-19 Preparation
   b. CDC Interim Infection Prevention and Control Recommendations
   c. CDC Cleaning and Disinfecting Procedures
   d. DSHS and CDC PPE Guidance
QSO 20-26-NH

CMS issued QSO 20-26 on April 19

- reinforcing an existing requirement that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health departments

- Indicates rulemaking will follow to require facilities to report this data to the CDC in a standardized format and frequency defined by CMS and CDC

- Previews a new requirement for facilities to notify residents’ and their representatives on conditions inside the facility, such as when new cases of COVID-19 occur
COVID-19 Q&A

Panelist

Department of State Health Services Representative

• Updates
COVID-19 Q&A

Panelist

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

• Updates
COVID-19 Q&A

Panelist

Catherine Anglin
Sr. Policy Specialist; NF, ICF, LSC
Policy, Rules and Training
Long-term Care Regulatory

• Questions and Answers from the week
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.

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.
COVID-19 Q&A

**Question:**
A staff member may have been exposed to COVID-19, how do I determine when they can return to work?

**Response:**
Follow CDC guidance based on the risk associated with the potential exposure.

Staff in the **high- or medium-risk category** should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure.

Staff in the **low-risk category** should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.

Staff should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.

Staff in the **no identifiable risk category** do not require monitoring or restriction from work.

Staff who have a **community** or **travel-associated** exposure should undergo monitoring as defined by the applicable risk category.
COVID-19 Q&A

Question:
Can you clarify who is supposed to wear cloth face coverings, facemasks, and N95 respirators?

Answer:

Cloth face coverings are not PPE. Have residents who are not ill wear a cloth face covering, as tolerated, for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.

Facemasks are PPE. Have residents who are ill wear a facemask at all times as tolerated, except for when they are eating, drinking, taking medication, or performing personal hygiene like bathing or oral care, and when they leave the facility for essential medical appointments.

Have visitors who are allowed in the facility wear a facemask while in the building. Visitors who are not providing care to residents, like visitors in end-of-life scenarios, may wear a cloth face covering instead of a facemask if no facemasks are available.

Have staff wear a facemask while in the building.

N95 respirators are PPE and should be used by staff who have been appropriately trained and fit-tested. Staff who are part of a designated team in an isolation wing/unit or dedicated COVID-19 isolation facility must wear an N95 respirator while in the wing, unit or building.
COVID-19 Q&A

**Question:**
Can I reuse a facemask if I put it in a paper bag after each use?

**Answer:**
Follow DCD guidance on the optimization of the supply of facemasks:

“HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.”
COVID-19 Q&A

Question:
I have questions about my provider (facility) license? Who can I ask?

Answer:
NF providers can email their questions to LTCR Licensing and Credentialing:  
LTC_NF_DAHS_Licensing@hhsc.state.tx.us
COVID-19 Q&A

Question:
I have questions about my nursing facility administrator’s license. Who can I ask?

Answer:
NF administrators can email their questions to HHSC NFA Licensing:
NFA_licensing_program@hhsc.state.tx.us
COVID-19 Q&A

Question:
I have questions about CNA certification. Who can I ask?

Answer:
NF providers can email their questions to HHSC CNA Credentialing: NurseAideRegistry@hhsc.state.tx.us
Questions?

For more information:
Email: PolicyRulesTraining@hhsc.state.tx.us
Phone: 512-438-3161
Thank you!

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