Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTCR and DSHS
December 16, 2020

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

Panelist

Catherine Anglin
Program Manager: NF and LSC
Policy, Rules and Training
Long-term Care Regulation

• Reminders
Reminder

We will not have a webinar next week in observance of the holiday week.

The webinars will return to their weekly schedule on December 30th.
New Webinar Agenda

Mini-trainings will be included every-other week to allow additional time for live Q&A.

We will not have a mini-training this week, but will have a mini-training for the webinar on January 6th.
COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy, Rules and Training
Long-term Care Regulation

• Introduction and overview
• Updates
Reminder

Sign-up for Gov Delivery
To sign-up for Alerts:

• Go to: https://service.govdelivery.com/accounts/TXHHSC/subscriber/new

• Enter your email address.
• Confirm your email address, select your delivery preference, and submit a password if you want one.
• Select your topics.
• When done click “Submit.”
CMS/CDC NF COVID-19 Training

CMS is offering free online training for nursing facilities related to COVID-19. Click here to view currently available pre-recorded trainings.

Facilities also have access to the CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management.

Bi-weekly Live Q&As will be held Thursdays at 4pm E.T. (3pm Central) starting August 27th.

Register Here for future Q&A webinars.
NF Webinar: Managing COVID-19

The purpose of this webinar is to inform and prepare NFs in a specific area where COVID-19 is surging.

Managing the COVID-19 Crisis:

1. El Paso and Surrounding Areas
   Dec. 17, 2:00 p.m.
   Register for the webinar.
Flu & COVID-19 Webinar

HHSC is hosting a webinar focused on the similarities and differences between COVID-19 & flu, including guidance related to flu vaccine administration.

1. Dec. 21, 2020; 1 – 2 p.m.
   Register for the COVID-19 webinar.

2. Dec. 22, 2020; 11 a.m. – noon
   Register for the COVID-19 webinar.
December Updates

Updates will include:

• CDC reduced quarantine guidance
• CDC guidance for those who previously had, and recovered from, COVID-19
• Resident laundry guidance
• Guidance for residents who leave the facility
• Activities, Dining, and Volunteers guidance
Emergency Response Rules Extended

The NF COVID-19 Response Emergency Rules were extended to February 1, 2021.

Emergency Rules include:
• Cohorting requirements
  • COVID-19 Negative, Unknown COVID-19 status, COVID-19 Positive
• Staffing Requirements
  • Separate staff for different cohorts (unless necessary to maintain staffing levels)
• Monitoring Requirements
  • 3 times per day, once per shift
• PPE requirements
  • Usage requirements and supply requirements
As COVID-19 rates surge across the state, NFs must be diligent in adhering to infection prevention and control procedures.

The following resources are available for COVID-19 guidance:

- NF COVID-19 Response Plan
- COVID-19 FAQs
- CDC Nursing Home and Long-Term Care Facility Guidance
- HHSC Nursing Facility Provider Portal
POC Reporting Requirements

NHSN is working to enable NFs to report COVID-19 test data for tests conducted on visitors/essential caregivers.

In the meantime, facilities should just report COVID-19 test result data for tests conducted on visitors and essential caregivers to their local health department.

**Update:** Facilities do not need to report test data for tests conducted on visitors and essential caregivers to DSHS.

Any facility unable to report test data through NHSN (i.e. waiting for Level 3 SAMS access) should report test data to DSHS until test reporting through NHSN has been established.
### POC Reporting Requirements

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<tr>
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<tr>
<td>Staff</td>
<td>NHSN* and Local Health Department</td>
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<td>Residents</td>
<td>NHSN* and Local Health Department</td>
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<td>Volunteers and contract healthcare professionals</td>
<td>NHSN* and Local Health Department</td>
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<tr>
<td>Visitors and Essential Caregivers</td>
<td>ONLY Local Health Department**</td>
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*Report to DSHS if unable to report through NHSN.

** This is a correction - previously included DSHS.

See [PL 20-46](#) for more information.
DSHS Survey: Bamlanivimab Allocation

U.S. HHS is shipping limited supplies of bamlanivimab – a monoclonal antibody treatment for COVID-19 to states.

DSHS is surveying LTC facilities to identify candidates for potential distributions of bamlanivimab, or other future treatments.

Interested NFs are encouraged to complete the survey

Please read the bamlanivimab EUA and healthcare provider fact sheet prior to completing the survey to ensure that your facility will meet product use requirements.
COVID-19 Q&A

Panelist

Christine Riley
Nurse III/Clinical Policy Specialist
Policy, Rules and Training
Long-term Care Regulation

• Reminders and Updates
Resident Quarantine Overview

There have been recent updates to the CDC’s quarantine guidance. Updates to quarantine guidance for NF residents include:

• Quarantine timelines
• Quarantine Protocol for residents recently recovered from COVID-19

(Continued on next slides)
Resident Quarantine Overview

Per the COVID-19 Emergency Response Rules, a resident is considered to have “Unknown COVID-19 Status” if they:

• Are a new admission or readmission,
• Were away from the facility overnight,
• Had exposure or close contact with a person who is COVID-19 positive, or who was exhibiting symptoms of COVID-19 while awaiting test results

Per the COVID-19 Emergency Response Rules, facilities should be quarantined according to CDC guidance.
Updated Quarantine Guidance

The CDC still endorses the 14-day quarantine period, but has also provided alternate options:

• 10-day quarantine, without testing
• 7-day quarantine, with a negative COVID-19 test result on or after day 5

(Continued on next slide)
Updated Quarantine Guidance

NF must work with their local health departments (or DSHS region if there is no local health department) to determine which quarantine options may be used for residents.

NFs can choose to follow the shortened quarantined options if the local health department approves the use of the shortened quarantine options.

See CDC’s When to Quarantine for more information.
Quarantine for COVID-19 Recovered Residents

Residents who meet the definition for “Unknown COVID-19 Status” but have fully recovered, from COVID-19 within the previous 90 days do not need to be quarantined so long as they remain asymptomatic.

Facilities will still need to consider what additional precautions it should take when caring for such a resident (such as what PPE staff should use).

If a resident becomes symptomatic at any time, the resident should be placed in quarantine and tested for COVID-19.
Quarantine for COVID-19 Recovered Residents

The CDC acknowledges that there is still uncertainty on contagiousness and susceptibility to reinfection with COVID-19.

However, the CDC maintains that the risk of transmission in recovered persons is outweighed by the personal and societal benefits of avoiding unnecessary quarantine.

See COVID-19 FAQs “If a resident has recovered from COVID-19 and is still within 90 days of illness onset, is he or she required to quarantine upon return to the facility?”

See CDC’s When to Quarantine for additional information.
Quarantine Decision Tree

Has the resident recovered from COVID-19 in the past 90 days?

- Yes
  - Facility may choose to not quarantine resident.

- No
  - Does your LHD accept the CDC’s recent shortened quarantine timelines?
    - Yes
      - Facility may choose 10-day or 7-day with testing quarantine option (as approved by LHD)
    - No
      - Resident must be quarantined for 14 days.
Vaccine Requirements

The COVID-19 vaccine cannot be mandated through state or federal rules since the vaccine is approved through the FDA’s emergency use authorization (EUA).

State rules do not prohibit a facility from making COVID-19 vaccination a condition of employment; that is a decision the facility should make in consultation with its legal counsel and human resources professionals.
Vaccine Considerations for Staff

The CDC has issued guidance for post-vaccine considerations for healthcare personnel.

Providers should develop strategies to evaluate and manage post-vaccination signs and symptoms among staff, which will help prevent:

- Unnecessarily excluding staff with only post-vaccination signs and symptoms from work; and
- Inadvertently allowing staff with COVID-19 or another transmissible infection to work.
Vaccine Considerations for Staff

CDC’s post-vaccine guidance for staff relies on identifying symptoms that:

• May be from vaccination (e.g. fever, fatigue, headache, chills, muscle pain, joint pain)

• Are unlikely to be caused by the vaccine (e.g. cough, shortness of breath, runny nose, sore throat, loss of taste or smell)

Post-vaccine guidance applies to staff for 3 days after receiving the vaccine (the day of receiving the vaccine is day one).

Post-vaccine guidance does not apply to staff who had unprotected exposure to COVID-19 within 14 days.
CDC Post-Vaccine Guidance

Staff experiencing signs and symptoms unlikely to be caused by COVID-19 Vaccination:

• Exclude from work pending evaluation of COVID-19 as appropriate.

• Criteria for Return to Work depends on the suspected or confirmed diagnosis.

• If staff member receives a negative COVID-19 test result via an antigen test, immediately follow up with a PCR test to confirm.
CDC Post-Vaccine Guidance

Staff experiencing signs and symptoms that may be from the COVID-19 vaccine:

• Staff may be able to return to work without additional testing if:
  • They feel well enough to work; and
  • Are afebrile; and
  • Signs and symptoms are limited to only those likely to be caused by the vaccine.

• If symptoms do not improve in 2 days, consider testing for COVID-19.

• If staff receives a negative antigen test result, immediately follow up with a PCR test to confirm.
COVID-19 Q&A

Panelist

Renee Blanch-Haley, BSN, RN
Director of Survey Operations
Long-term Care Regulation
COVID-19 Q&A

Panelist

David Gruber
Associate Commissioner for Regional and Local Health Operations
DSHS
COVID-19 Q&A

Panelist

Melody Malone, PT, CPHQ, MHA, CDP, CADDCT
TeamSTEPPS® Master Trainer
INTERACT® Certified Champion
Healthcare Quality Improvement Specialist
TMF Health Quality Institute
Follow-up to last week’s NHSN Question

Q: LTC POC Testing - Do Nursing Homes report when they test a visitor?

NHSN's Answer: Presently, NHSN does not have a method to report point of care test results for visitors to nursing homes.

- For now, please continue to report those results as you have in the past or as required by your state or local health department.
- This option will be enabled in the POC testing module soon.
NHSN – SAMS Level 3 Access

• Required for Point of Care Testing data submission
• Requires identity proofing by each individual requesting access
• See TMF resources here: NHSN Resources
• See CDC resource here: SAMS Level Three Access
• Reach out to us at nhnetwork@tmf.org to submit requests for assistance with NHSN reporting problems.
Please allow up to 7-9 business days for NHSN to reply to any email concerning SAMS.

- Prior to reaching out to NHSN, please check spam folders and trash folders for an invitational email from SAMS.

- It is possible that you have a SAMS level 3 invitation email from NHSN that is awaiting action.

- Look for an email with the subject line “SAMS Partner Portal – Identity Verification Request Form” from SAMS-no-reply@cdc.gov
Effective November 23, 2020

The CDC made changes to the Resident Impact and Facility Capacity Module


• Find the new Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF) Resident Impact and Facility Capacity Form here: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf
Effective November 23, 2020

1 more session of Office Hours to review November changes coming up (each one is the same):

• **Date:** Thursday, Dec 17, 2020  **Time:** 1:30 – 2:30 PM ET

Register in advance for these webinars: [https://cdc.zoomgov.com/webinar/register/WN_sRhovThTw1lIjNhCsvWQ](https://cdc.zoomgov.com/webinar/register/WN_sRhovThTw1lIjNhCsvWQ)
CDC COVID-19 Module Website

- **Master Website:**
  [https://www.cdc.gov/nhsn/ltc/covid19/index.html](https://www.cdc.gov/nhsn/ltc/covid19/index.html)

- **POC Testing Reporting Tool Frequently Asked Questions:**

- **Point of Care Test Reporting Tool video:**
  [https://www.youtube.com/watch?v=W7-3d0uIIvk](https://www.youtube.com/watch?v=W7-3d0uIIvk)
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

- **Available through the CMS Quality, Safety & Education Portal (QSEP).**

- **Frontline nursing home staff modules:**
  - Module 1: Hand Hygiene and PPE
  - Module 2: Screening and Surveillance
  - Module 3: Cleaning the Nursing Home
  - Module 4: Cohorting
  - Module 5: Caring for Residents with Dementia in a Pandemic

- **3 hours total training time**

- **Management staff modules:**
  - Module 1: Hand Hygiene and PPE
  - Module 2: Screening and Surveillance
  - Module 3: Cleaning the Nursing Home
  - Module 4: Cohorting
  - Module 5: Caring for Residents with Dementia in a Pandemic
  - Module 6: Basic Infection Control
  - Module 7: Emergency Preparedness and Surge Capacity
  - Module 8: Addressing Emotional Health of Residents and Staff
  - Module 9: Telehealth for Nursing Homes
  - Module 10: Getting Your Vaccine Delivery System Ready

- **4 hours total training time**
COVID-19 Q&A

Panelist

Christine Riley
Nurse III/Clinical Policy Specialist
Policy, Rules and Training
Long-term Care Regulation

• Questions from last week
COVID Q&A

Question:
We were told if our returning resident had already quarantined in a sister facility, and that person had previously been COVID-19 positive, they did not have to go back into quarantine because they did their quarantine at the sister facility. Is this correct?

Answer:
There are several factors to consider. If a resident is hospitalized overnight, newly admitted or readmitted to any nursing facility, they will need to quarantine upon readmission to the facility where they normally reside, per CDC guidance. (Cont. on next slide)
The NF COVID-19 Response Emergency Rule and the Expansion of Reopening Visitation Emergency rule do not provide exceptions for transfers between sister facilities.

The CDC does allow an exception for those who have recently recovered from COVID-19 and meet the criteria for the discontinuation of transmission-based precautions. The CDC now indicates that people who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 90 days, as long as they remain asymptomatic. (cont. on next slide)
Answer (Cont.):

If a resident has recovered from COVID-19 within the previous 90 days, they do not have to be quarantined in the warm zone. They may go into the cold zone (upon admission or readmission).

The CDC acknowledges that there is still uncertainty on contagiousness and susceptibility to reinfection with COVID-19. At this time, they cannot say for certain that there is no chance of reinfection in the 90 days after illness onset. However, the CDC maintains that the risk of transmission in recovered persons is outweighed by the personal and societal benefits of avoiding unnecessary quarantine. (cont. on next slide)
Answer (Cont.):

If a recovered individual were to experience COVID-19 symptoms at any point during the 90-day period, they would need to be tested, quarantined or isolated (depending on test result) and evaluated by the attending physician to determine if this is a case of reinfection with COVID-19 or something else.
COVID Q&A

**Question:**
Can a nurse or nurse aide do a task (for example - a shower) in the cold hall and then move for rest of day on warm hall? (for a day, not "float" for the entire shift).

**Answer:**
The movement of staff and assistance with resident care between different cohorts is not recommended and should be minimized as much as possible. If the sharing of staff absolutely must occur because every other option has been exhausted, then staff between the positive and unknown cohorts should be shared before the staff between negative and unknown cohorts. (cont. on next slide)
The sharing of any direct care staff between COVID-19 unknown and COVID-19 negative residents should only occur if other staff shortage mitigation measures have been completely exhausted and the facility is facing a critical staffing shortage. If this situation occurs and shortages continue despite other mitigation strategies, the facility should reach out to the Regional Director for the region in which the facility is located to request assistance. (Cont. on next slide)
COVID Q&A

Answer (Cont.):

Additionally, some helpful links and visuals were created for further clarification on staffing protocols and staff working in different units during one of our Nursing Facility COVID-19 Webinars. This information is covered on slides 29-41 of the October 28th webinar.

From the NF Response Plan: “Dedicated staff/COVID-19 response teams - Facilities must designate staff to work with each cohort and not change that designation from one day to another, unless required to maintain adequate staffing for a cohort.”
COVID Q&A

Question:
If a staff member has positive IGG (positive result from an antibody test), does that staff member need to be tested still for COVID-19?

Answer:
Per CMS testing requirements QSO 20-38, staff do not have to test if they recovered from COVID-19 for 90 days from their confirmed test or start of symptoms. A positive antibody test will not be able to determine how long ago a person had COVID-19. At this time, the CDC is not sure how long antibodies last. (cont. on next slide)
COVID Q&A

Answer (Cont.):

Unless the provider has documentation of a diagnostic test (antigen or PCR) with a confirmed positive result, the provider must still test the staff member.
COVID Q&A

Question:
How should we handle a resident returning from a family holiday visit who refuses to answer questions about infection control protocol and refuses to be placed in quarantine?

Answer:
The need for resident quarantine after an outing is to be determined on a case-by-case basis. In general, a resident who leaves the facility, is not gone overnight, follows all infection control and prevention protocols, and did not have contact with others who may potentially or actually have COVID-19, does not have to be quarantined upon returning to the facility. (cont. on next slide)
Answer (Cont.):

However, the facility may quarantine the resident if they have any reason to believe that these protocols were not followed, while the resident was away from the facility.

Reasons for quarantine may include: the resident refused to comply with infection control protocols, the resident was exposed to COVID-19, or there wasn’t enough information provided to the facility about where the resident had been and the facility has concerns that infection control may have been breached. (cont. on next slide)
COVID Q&A

Answer (Cont.): The facility would need to make residents aware in advance of when quarantine would be required after returning from an outing. Before the resident goes on a personal outing, the facility has a responsibility to ensure the resident is making an informed decision. Specifically, the facility must ensure the resident understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19. (Cont. on next slide)
COVID Q&A

Answer (Cont.):
If the resident makes an informed decision and chooses to go on an outing, the facility must also educate the resident and family member about infection control and prevention procedures, including:

- wearing a facemask or face covering
- 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 may potentially or actually have COVID-19
- reporting any contact with another person who may potentially or actually have COVID-19 to the facility
COVID Q&A

Question:
Ambulance companies (non-emergency transports) are not testing their employees and yet they are in close contact with our residents who are going out to doctors appointments, dialysis, etc. What can be done to remedy this?

Answer:
Ambulance employees must test at the same frequency as staff, unless they are entering the facility in an emergency to provide emergency services. (Cont. on next slide)
COVID Q&A

Answer (Cont.):

CMS [QSO 20-38 NH](#) provides information on testing requirements for nursing facilities. Contractors, including non-emergency medical transporters, must meet the nursing facility staff testing requirements and provide proof of COVID-19 testing, if they are not already being tested at the facility where they are providing services.

HHSC would recommend sharing the information on staff testing requirements with the ambulance service. (Cont. on next slide)
COVID Q&A

**Answer (Cont.):**

If the nursing facility does not have the testing resources or supplies to test the ambulance transporters themselves, and the ambulance companies refuse to get tested or share their test results, the facility should reach out to their [local health department or DSHS region](#) for assistance on the matter.
Questions?

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Thank you!

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