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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

Cecilia Cavuto, MSML
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



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COVID-19 Q&A

FEMA COVID-19 Response: PPE Packages for Nursing Homes

- Announced 05/02/2020
- The Federal Emergency Management Agency will coordinate two shipments totaling a 14-day supply of personal protective equipment to serve as a bridge between other PPE shipments.
- Each nursing home will receive two shipments with a combined total of 14 days' worth of PPE.
 - Shipments of the first seven-day supply should begin the first week of May.
 - Shipments of an additional seven-day supply will begin in early June.
- The first shipments will focus on facilities within prioritized hotspots and expand to facilities across all 50 states, the District of Columbia, Puerto Rico and Guam.



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QSO 20-29-NH

CMS issued [QSO 20-29-NH](#) on May 6

- Final rule due out May 8, 2020, with comment period.
- Facilities must submit their first set of data by 11:59 p.m. Sunday, May 17, 2020.
- **COVID-19 Reporting Requirements:** nursing homes must report COVID-19 facility data to the CDC, residents, their representatives, and families
- **Enforcement:** Failure to report in accordance with 42 CFR §483.80(g) can result in an enforcement action.
- **Updated Survey Tools:** CMS has updated the COVID-19 Focused Survey for Nursing Homes, Entrance Conference Worksheet, COVID-19 Focused Survey Protocol, and Summary of the COVID-19 Focused Survey for Nursing Homes to reflect COVID-19 reporting requirements.
- **COVID-19 Tags:** F884 and F885.
- **Transparency:** CMS will begin posting data from the CDC National Healthcare Safety Network (NHSN) for viewing by facilities, stakeholders, or the general public. The COVID-19 public use file will be available on <https://data.cms.gov/>.



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PPE Infection Control Basics Webinar

The webinar emphasizes how to prevent or minimize the spread of infectious disease by using PPE. During this webinar you will:

- Review standard and transmission-based precautions
- Learn proper hand hygiene techniques
- Demonstrate how to utilize PPE
- Discuss the importance of social distancing in an outbreak situation

May 15: 8:30 a.m.

May 22: 8:30 a.m.

May 29: 8:30 a.m.

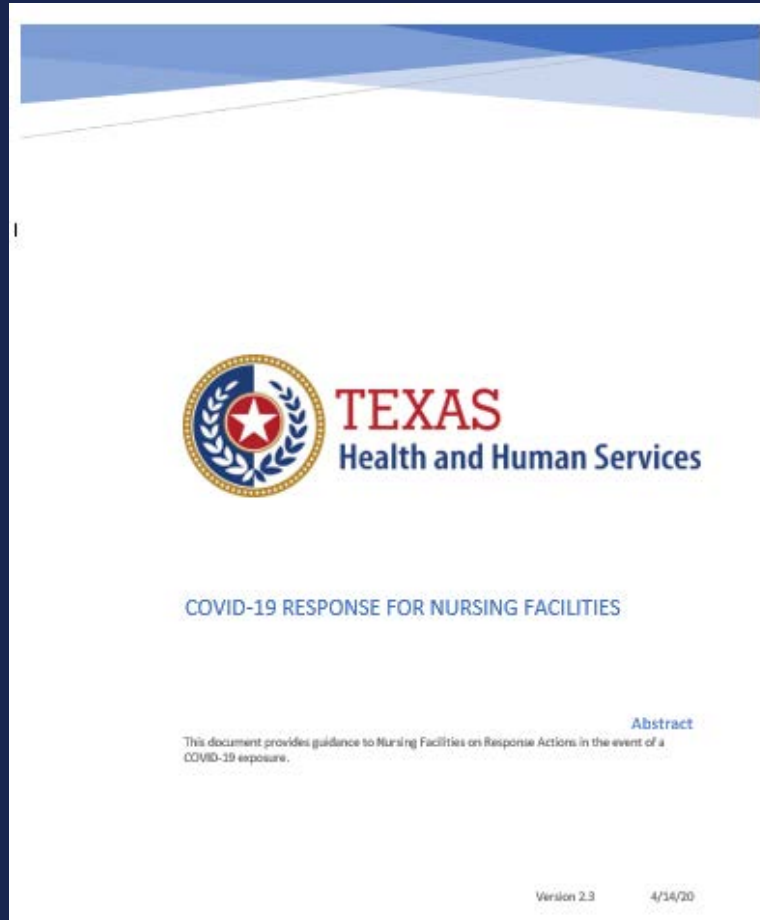
[Register for the webinar here.](#)



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COVID-19 Response for Nursing Facilities



May 05 Updates

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

1. Added resources under “To Do’s for Nursing Facilities” and “Facility Activities Required for LTC COVID-19 Response”
2. Updates to [guidelines](#) for specimens for the test-based strategy determining when staff can return to work (Attachment 8 Return to Work Strategies updated)
3. CDC Mini Webinars added to resources
4. OSHA resources for [Respiratory Protection Training Videos](#) added to resources



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May 05 Updates

5. Updated Attachment 8: DSHS Healthcare Personnel Return to Work Strategies infographic
6. Attachment 9: Discontinuation of Transmission-Based Precautions and Disposition of Residents with COVID-19 infographic
7. Attachment 10: Isolation Unit infographic



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Attachment 8: DSHS Healthcare Personnel Return to Work Strategies (1 of 2)



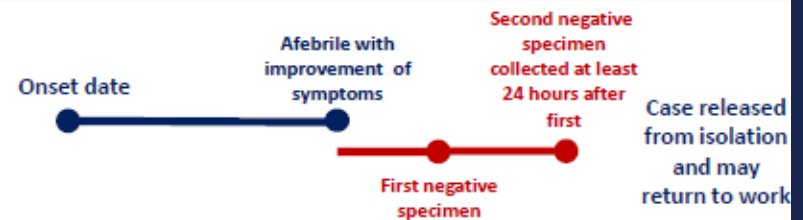
Texas Department of State Health Services

TEST-BASED STRATEGY FOR HEALTHCARE PERSONNEL RETURN TO WORK

Adapted from the Tennessee Department of Health

SYMPTOMATIC CASES

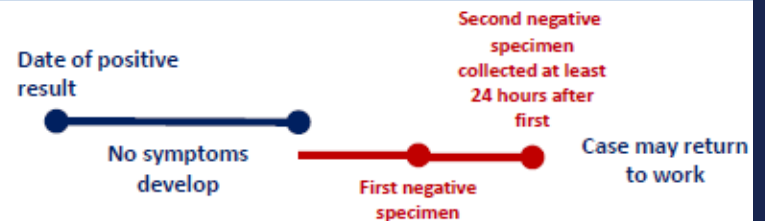
Must be isolated and excluded from work until afebrile (without the use of fever reducing medications) and with improvement of respiratory symptoms, and after receiving negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).



ASYMPTOMATIC CASES

Must be excluded from work until after receiving negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).¹

If the HCP develops symptoms, they should self-isolate and follow instructions above for "symptomatic cases."



¹Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

ADDITIONAL INFORMATION

There may be additional requirements for HCP to be cleared to return to work at their healthcare facility.

After returning to work, HCP should:

- Wear a medical facemask (and not a cloth face covering) for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline.
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms occur, recur, or worsen.



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Attachment 8: DSHS Healthcare Personnel Return to Work Strategies (2 of 2)



Texas Department of State Health Services

NON-TEST-BASED STRATEGIES FOR HEALTHCARE PERSONNEL RETURN TO WORK

Adapted from the Tennessee Department of Health

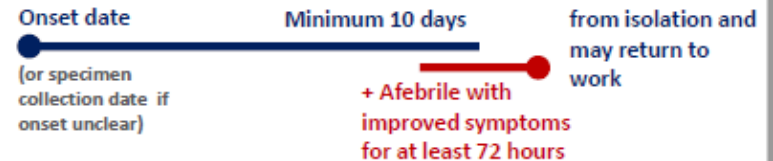
SYMPTOMATIC CASES

Symptom-Based Strategy

Must be isolated and excluded from work for a minimum of 10 days after symptom onset and can be released after afebrile (without the use of fever reducing medications) for at least 72 hours and with improvement of respiratory symptoms

Examples:

- A case that is well on day 2 and afebrile and feeling well for 72 hours must remain isolated and excluded from work until day 10.
- A case that is well on day 7 and afebrile and feeling well for 72 hours can be released on day 10 and may return to work.
- A case that is well on day 10 and afebrile and feeling well for 72 hours can be released on day 13 and may return to work.



ASYMPTOMATIC CASES

Time-Based Strategy

Must be excluded from work until 10 days have passed since the date of the first positive test, assuming they have not subsequently developed symptoms since the positive result.²

If the HCP develops symptoms, they should self-isolate and follow instructions above for "symptomatic cases."



² Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

ADDITIONAL INFORMATION

There may be additional requirements for HCP to be cleared to return to work at their healthcare facility.

After returning to work, HCP should:

- Wear a medical facemask (and not a cloth face covering) for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline.
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms occur, recur, or worsen.



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Attachment 9: Discontinuation of Transmission-Based Precautions and Disposition of Residents with COVID-19

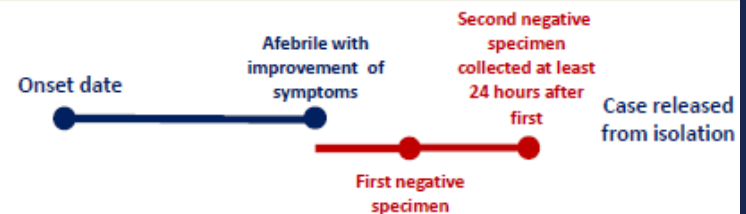
TEST-BASED STRATEGY: DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS AND DISPOSITION OF RESIDENTS WITH COVID-19 (Preferred)

Adapted from the Centers for Disease Control

Must be isolated until afebrile (without the use of fever reducing medications), AND

With improvement of respiratory symptoms; AND

After receiving negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).



NON-TEST-BASED STRATEGY: DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS AND DISPOSITION OF RESIDENTS WITH COVID-19

Must be isolated for a minimum of 10 days after symptom onset; AND

Can be released after afebrile (without the use of fever reducing medications) for at least 72 hours; AND

With improvement of respiratory symptoms



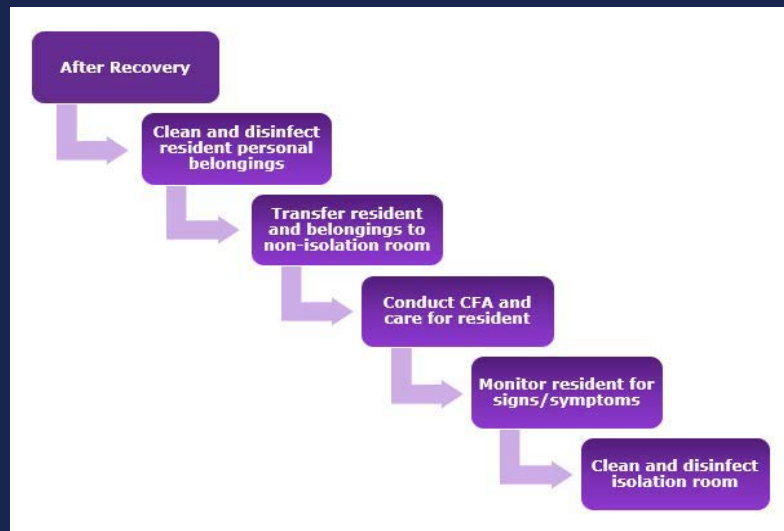
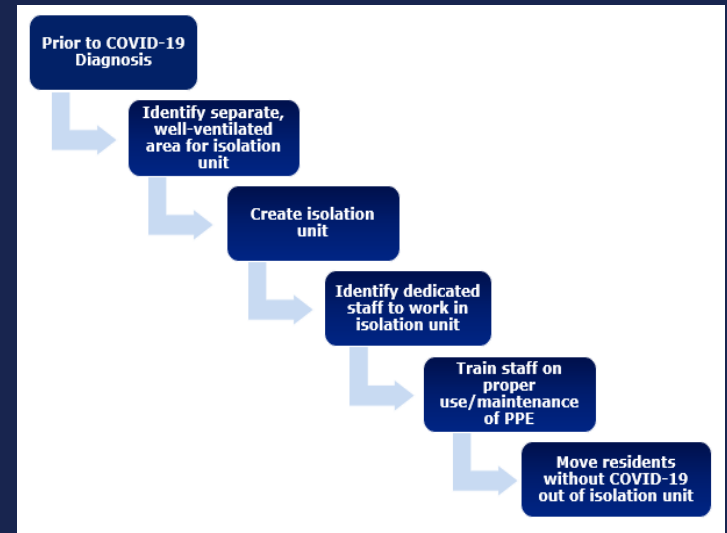
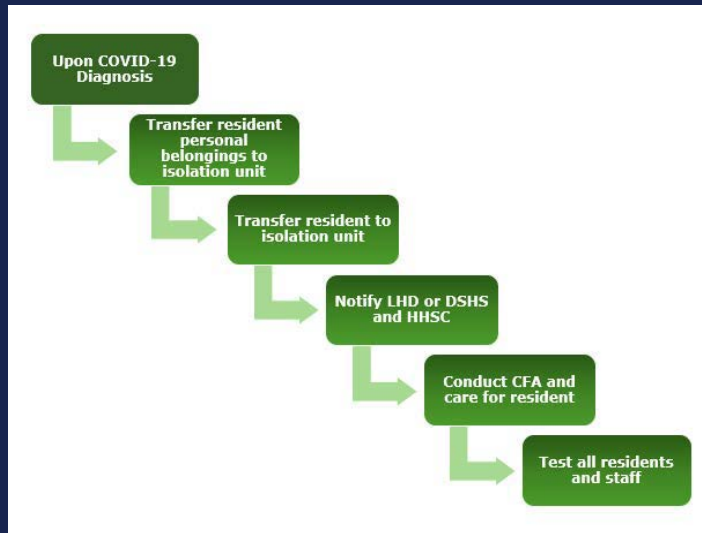
Examples:

- A case that is well on day 2 and afebrile and feeling well for 72 hours must remain isolated until day 10.
- A case that is well on day 7 and afebrile and feeling well for 72 hours can be released on day 10.
- A case that is well on day 9 and afebrile and feeling well for 72 hours can be released on day 12.



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Attachment 10: Isolation Unit



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COVID-19 Q&A

Panelist

Patty Ducayet

State Long-Term Care Ombudsman

Office of the State Long-Term Care Ombudsman

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- Updates



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Geri Willems
Manager, PASRR Unit
IDD Services

- Updates



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Panelist

Michael Gayle
Director
HHS/HHSC

- Updates



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Panelist

Department of State Health Services
Representative

- Updates



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Panelist

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

- Updates



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

- Questions and Answers from the week



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COVID-19 Q&A

Question:

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

Response:

[The CDC](#) and [DSHS](#) have updated their guidance for when a healthcare worker can return to work after contracting COVID-19. Both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility.

For the symptom-based, non-test-based strategy, staff must be excluded from work until:

At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,

At least 10 days have passed since symptoms first appeared.

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 I test a resident for COVID-19 instead of placing them in quarantine for 14 days?

Answer:

CDC guidance, [Responding to Coronavirus \(COVID-19\) in Nursing Homes](#), recommends that a newly admitted resident be quarantined and monitored for signs and symptoms for 14 days. The guidance does not make allowances for testing as an alternative to the 14-day quarantine, and indicates testing can be considered at the end of the quarantine period to increase certainty that the resident is not infected.



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COVID-19 Q&A

Question:

Is there guidance for providing CPR for residents with the risk of being exposed to COVID-19?

Answer:

Refer to the guidance in the April 2020 [American Heart Association article](#) which includes:

- Limit personnel in the room or on the scene
- Consider replacing manual chest compressions with mechanical CPR devices to reduce the number of rescuers required
- Before intubation, use a bag-mask device (or T-piece in neonates) with a HEPA filter and a tight seal, or, for adults, consider passive oxygenation with nonrebreathing face mask (NRFM), covered by a surgical mask.
- Healthcare systems and EMS agencies should institute policies to guide front-line providers in determining the appropriateness of starting and terminating CPR for patients with COVID-19, taking into account patient risk factors to estimate the likelihood of survival. Risk stratification and policies should be communicated to patients (or proxy) during goals of care discussions.



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COVID-19 Q&A

Question:

Are dentists considered essential visitors? Can they come for routine care or only emergency care?

Answer:

Yes - Routine and emergency dental visits are permissible provided the dental staff pass screening and adhere to transmission-based precautions and other infection control policies/procedures.



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COVID-19 Q&A

Question:

As Mother's Day is approaching, is there any stance from HHSC about not allowing residents to be taken out by family?

Answer:

NF residents do have the right to leave the facility. If a resident chooses to leave the facility, it is recommended that you communicate with the resident and their loved ones that upon return to the facility the resident will need to be placed in quarantine for 14 days of monitoring.



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Question:

Any guidance related to visitation at end of life? Is there any guidance on the number of people, relationships, length of time they can visit?

Answer:

CMS guidance does not specify a length of time for, or a permissible number of visitors for end-of-life situations. The guidance does state that visitors during end-of-life situations must perform hand hygiene frequently, wear a facemask and restrict their visit to the resident's room or other location designated by the provider.



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Question:

My beautician is an employee of the facility. She is currently working with other departments within our facility. Is she still unable to work as a beautician?

Answer:

As an employee of the facility, he or she is able to enter and work as long as they pass screening and comply with all transmission-based precautions and other infection control measures. They will need to follow Governor Abbot's Executive Orders related to work as a beautician.



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Questions?

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