

**Coronavirus (COVID-19)  
Day Activity Health Services  
Frequently Asked Questions**

On March 13, 2020, and in subsequent renewals, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic. In response, the Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all day activity and health services (DAHS) providers via this regularly updated Frequently Asked Questions (FAQs) document.

With each update, this document will be arranged by topic, and if guidance changes from a previous week's FAQs, it will be noted in red font under that earlier date. Questions regarding these FAQs should be directed to Long-term Care Regulation, Policy, Rules & Training, at 512-438-3161 or [PolicyRulesTraining@hhsc.state.tx.us](mailto:PolicyRulesTraining@hhsc.state.tx.us).

[DAHS COVID 19 Response Plan](#)

[§98.65. Emergency Rule for Day Activity and Health Services Response to COVID-19.](#)

The questions in this FAQ are grouped into the following categories:

- [Client Activities and Dining](#)
- [COVID Testing and Reporting](#)
- [COVID Screening and Documentation](#)
- [Facility](#)
- [Personnel Protective Equipment \(PPE\)](#)
- [Staff](#)
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**Client Activities and Dining**

**Can clients still participate in social activities while at the DAHS?**

Answer: DAHS facilities no longer need to limit activities to groups of 10 or fewer, but they still need to practice physical distancing among staff and clients. Playing cards, board games, craft supplies, and other shared objects must be properly sanitized before and after each use. Clients must be free of symptoms of COVID-19 or other respiratory infection before being allowed to participate. There should be at least 6 feet of space between everyone involved in the activity, and staff must wear facemasks and clients must wear facemasks

or cloth face coverings (if tolerated).

### **What is “physical distancing”?**

Answer: The CDC states that [Social distancing](#), also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice physical distancing:

- Stay at least six feet (about two arms’ length) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

In addition to [everyday steps to prevent COVID-19](#), keeping space between individuals is one of the best tools to avoid being exposed to this virus and slowing its spread.

If COVID-19 is spreading in your area, everyone should limit close contact with individuals outside your household. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible even if you have no symptoms. Physical distancing is especially important for [people who are at higher risk of getting very sick](#).

### **How does a facility that provides transportation services transport clients safely, and does it need to enforce physical distancing in vehicles used to provide transportation services to clients?**

Answer: The CDC has published [guidelines for the cleaning and disinfection for non-emergency transport vehicles](#). People who are known or suspected to have COVID-19 can use non-emergency vehicle services, such as passenger vans, accessible vans, and cars, for transportation to receive essential medical care. When a DAHS facility is transporting a client known to be COVID-19 positive, the CDC recommends that the driver wear an N95 respirator or facemask (if a respirator is not available), as well as eye protection such as a face shield or goggles (as long as its use does not create a driving hazard). The passenger should wear a facemask.

For transportation that does not involve a client who is COVID-19 positive, avoid seating occupants in close contact (within six feet) with one another. The use of larger vehicles, such as vans, is recommended, when feasible, to allow greater physical distance between vehicle occupants. Scheduling adjustments can also allow for fewer occupants and facilitate physical distancing within vehicles used to transport clients.

In all cases, drivers should practice regular [hand hygiene](#) and avoid touching their nose, mouth, or eyes. The CDC recommends that individuals wear [cloth face coverings](#) in settings where other physical distancing

measures are difficult to maintain, especially in areas with significant community transmission. Cloth face coverings can prevent people who don't know they have the virus from transmitting it to others. These face coverings are not surgical masks, respirators, or PPE. Clients or staff who have trouble breathing or are unable to remove the face covering without assistance should not use one, and none should be applied or left on a client or staff person who becomes unconscious or incapacitated.

Clean and disinfect commonly touched surfaces in the vehicle, at a minimum, at the beginning and end of each shift and after transporting a passenger who is visibly sick. Ensure that cleaning and disinfection procedures are followed consistently and correctly, which includes providing adequate ventilation when chemicals are in use. Doors and windows should remain open when cleaning the vehicle. When cleaning and disinfecting, individuals should wear disposable gloves compatible with the products being used, as well as any other PPE recommended according to the product manufacturer's instructions. Use of a disposable gown is also recommended, if available.

- For hard, non-porous surfaces within the interior of the vehicle, such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, clean with detergent or soap and water prior to disinfecting, if the surfaces are visibly dirty. For disinfection of hard, non-porous surfaces, appropriate disinfectants include:
  - [Environmental Protection Agency \(EPA\)-Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2external icon](#), the virus that causes COVID-19. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
  - [Diluted household bleach solutions](#) prepared according to the manufacturer's label for disinfection, if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
  - Alcohol solutions with at least 70% alcohol.
- For soft or porous surfaces such as fabric seats, remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, use [products that are EPA-approved for use against the virus that causes COVID-19external icon](#) and that are suitable for porous surfaces.
- For frequently touched electronic surfaces, such as tablets or touch screens used in the vehicle, remove visible dirt, then disinfect following the manufacturer's instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least

70% alcohol to disinfect.

Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning. Immediately after removal of gloves and PPE, [wash hands](#) with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer with at least 60% alcohol, if soap and water are not available. If a disposable gown was not worn, launder work uniforms or clothes worn during cleaning and disinfecting afterwards, using the warmest appropriate water setting, and dry the items completely. Wash hands after handling unwashed laundry.

**Is the facility allowed to take one or more clients on errands? Like to the bank, pharmacy, etc.?**

Answer: A facility might be subject to contract requirements that address transportation services for clients to and from the facility. Unless the DAHS contract requires the facility to provide transportation for errands, HHSC does not recommend providing this type of transportation due to the greater chance of exposure and transmission.

**Does the same person have to serve all meals?**

Answer: No. Staff must, however, practice hand hygiene and follow CDC guidelines to assist in preventing spread of the disease. Kitchen staff need to follow all appropriate sanitation practices and have staff wear face coverings. This will help the facility optimize the health, safety, and protection of clients.

### COVID Testing and Reporting

**If a client's family member has tested positive, what are guidelines for this client or person?**

Answer: The facility must ensure it screens all staff and individuals each day and throughout the day in accordance with CDC guidelines. If the facility believes a client has been infected, it needs to ensure the client does *not* attend the DAHS until the person is fully recovered and symptom free. The facility could use the CDC guidance for returning employees as a guide for allowing clients back to the DAHS on a regular basis.

**Do you recommend that DAHS facilities encourage all of their clients to get tested for COVID, as with nursing facility residents?**

Answer: This is a decision for each client, or with the client's physician or other appropriate health care professional. If a client has [symptoms of COVID-19](#), the client would need to contact the client's health care provider to be tested.

## **If a client is positive for COVID-19, must we notify families of other clients?**

Answer: The facility is obligated to notify families and other clients if a client who is at the DAHS has tested positive and other clients might have been exposed. Consult with your attorney concerning what information, if any, the facility is authorized to disclose in a situation to families of other clients, as well as how to make any authorized disclosure in compliance with applicable laws protecting client privacy.

The U.S. Department of Health and Human Services has also issued a [bulletin on Health Insurance Portability and Accountability Act \(HIPAA\) Privacy and Novel Coronavirus](#), which addresses privacy protections to which patients remain entitled under HIPAA and certain permissible disclosures under that Act. As required by the HHSC emergency rule for DAHS in the Texas Administrative Code (TAC) §98.65, if the client meets the screening criteria, or has been tested positive, he or she must not attend the DAHS until they have been cleared to safely return.

## **Do we have to provide masks and gloves for clients?**

Answer: Please refer to PL 20-14. A DAHS facility must have written policies for the control of communicable diseases in employees and clients. These policies should be updated to align with current CDC guidance and address the use of PPE. Clients should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least six feet away from others).

## **How do providers report confirmed cases of COVID-19?**

Answer: Contact the local health department, or the Department of State Health Services (DSHS) if there is no local health department. It is not necessary to double report a confirmed case to both the local health department and DSHS. You are advised to report to the local health entity.

For a list of local health entities and public health offices, refer to <https://dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/> In addition, the DAHS must report confirmed case of COVID-19 in staff and individuals receiving services from the provider as a self-reported incident. A confirmed case is considered a critical incident. Providers must notify HHSC through TULIP or by calling Complaint and Incident Intake (CII) at 1-800- 458-9858.

## **Under what circumstances do we need to report positive cases of COVID 19?**

Answer: All confirmed cases of COVID-19 must be reported to the local health authority or DSHS. In addition, a confirmed COVID-19 case must also be reported to HHSC. If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health department (LHD) by phone.

You can find contact information for your local/regional health department here: <https://dshs.texas.gov/idcu/investigation/conditions/contacts/>.

Work with your LHD to complete the COVID-19 case report form as necessary. Facilities are also required to notify HHSC Long-term Care Regulation of any confirmed cases in either client or service providers. Submit an incident report to HHSC Complaint and Incident Intake through TULIP or by calling 1-800-458-9858.

## **If a long-term care facility has a client or staff member with confirmed COVID-19, how and to whom should this be communicated?**

Answer: All confirmed cases of COVID-19 must be reported to the local health authority or DSHS. In addition, a confirmed COVID-19 case must also be reported to HHSC. If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health department by phone.

You can find contact information for your local/regional health department here: <https://dshs.texas.gov/idcu/investigation/conditions/contacts/>. Work with your LHD to complete the COVID-19 case report form as necessary. [CDC recommends](#) that [health departments](#) be promptly notified about:

- Clients or HCPs with suspected or confirmed COVID-19,
- Clients with severe respiratory infection resulting in hospitalization or death, and
- $\geq 3$  clients or HCP with new-onset respiratory symptoms within 72 hours of each other.

These could signal an outbreak of COVID-19 or other respiratory disease in the facility. The health department can provide important guidance to assist with case finding and halting transmission.

The facility should also have a plan and mechanism to regularly communicate with clients, family members, and HCP, including if cases of COVID-19 are identified. Communication should occur through virtual meetings over phone or web platforms and should be supplemented with written communications that

provide contact information for a staff member who can respond to questions or concerns. Communications should include information describing the current situation, plans for limiting spread within the facility, and recommended actions they can take to protect themselves and others. Facilities should make this information available in a timely manner and offer periodic updates as the situation develops and more information becomes available.

### **What is the newest alert regarding reporting COVID-19—from alert 7/24 for DAHS?**

Answer: Effective immediately, DAHS facilities must:

- Report **the first confirmed case** of COVID-19 in staff or clients as a self-reported incident.
- Report **the first new case of COVID-19 after a facility has been without cases for 14 days or more** as a self-reported incident.
- Notify HHSC through TULIP or by calling Complaint and Incident Intake at 800-458-9858 or by emailing [ciiprovider@hhsc.state.tx.us](mailto:ciiprovider@hhsc.state.tx.us).

At this time, CII is accepting initial COVID self-reports by speaking with a live agent at 1-800-458-9858 or email at [ciicomplaints@hhsc.state.tx.us](mailto:ciicomplaints@hhsc.state.tx.us). After submission of the initial report, the Provider Investigation Report (3613-A) can be submitted via TULIP (if the initial report was initially submitted via TULIP) or email at [ciiprovider@hhsc.state.tx.us](mailto:ciiprovider@hhsc.state.tx.us).

To speak with a live agent, providers can dial the toll-free hotline and follow the prompts to get to the provider reporting menu (select a language and then select option 2). Once in the provider menu, providers should press 1 to speak to a live agent. Our agents are available from 7 am to 7 p.m. Monday through Friday. HHSC prefers that providers submit self-reports through the online reporting portal in TULIP.

**Do not** report subsequent cases and addendums to HHSC.

Facility reported COVID-19 case counts among DAHS facilities can be found in this [downloadable Excel](#). This remains a rapidly evolving situation, and information will be updated as it becomes available. Providers should check back often for the latest details on what they need to know about COVID-19. Data in this report reflect COVID-19 cases in clients and staff among DAHS facilities, as reported by the provider to HHSC as of the date indicated. This data has been reviewed for data entry and transcription errors, but HHSC cannot verify the accuracy of the facility's report in its entirety. If a provider finds that its data is incorrect or needs to be updated, it should [contact the Regional Director](#) for its facility.

## COVID Screening and Documentation

### **Are DAHS facilities required to screen everyone who comes into the building?**

Answer: Yes. A DAHS must develop written policies for the control of communicable diseases in employees and clients and for providing a safe and sanitary environment for clients and their families. Temperature checks should be performed, and hand sanitizer should be available to all.

[Provider letter 20-14](#) directs DAHS facilities to take precautions and screen all persons prior to entry, including clients and staff. Visitors providing critical assistance must be screened as required by 40 TAC 98.65 prior to being permitted to enter the DAHS facility.

### **If there is a fire or medical emergency, do emergency responders need to be screened before entering a DAHS?**

Answer: No. A DAHS provider should *not* require screening of emergency services personnel responding to an emergency.

### **Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into a DAHS?**

Answer: Yes. These are considered essential services, and the vendors are permitted to enter as a visitor providing critical assistance. These vendors should be granted access if they are screened and follow appropriate CDC guidelines for transmission-based precautions.

[Emergency Rule §98.65](#) states that a day activity and health services facility may allow entry of persons providing critical assistance, unless the person meets one or more of the following screening criteria:

- Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
- Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19, or someone who is ill with a respiratory illness.

## Facility

### **How many clients can a DAHS facility have in the facility at one time?**

Answer: A DAHS can serve up to its maximum licensed capacity in the facility at one time if it has enough space to maintain physical distancing.



More specifically, a DAHS no longer needs to limit group activities to 10 or fewer clients and staff. The staff needs to follow all appropriate sanitation practices, maintain physical distancing, and have staff wear face facemasks and clients (if tolerated) wear cloth face coverings. This will help the facility optimize the health, safety, and protection of clients.

### **Will HHSC continue to perform surveys?**

Answer: HHSC long-term care regulatory will continue to investigate complaints and incidents. Surveys and investigations classified at the immediate threat level will be prioritized. An infection control review will be conducted during all surveys and investigations.

### **If an outbreak happens at another DAHS in the area, will we be informed about the situation so we may prepare and take the necessary measures?**

Answer: DAHS providers can contact the local health authority for information regarding confirmed COVID-19 cases in the immediate area. DSHS has created a [COVID-19 case dashboard](#) that includes the number of COVID-19 confirmed cases in Texas by county.

### **Can a DAHS provide services to clients in their homes?**

Answer: Services provided to a client in their home might not be considered DAHS services and could therefore conflict with home health licensure rules. If you are a contracted DAHS facility, you should contact your contracting entity for questions regarding specific services and whether they are considered reimbursable DAHS services. HHSC also can assist you with information for pursuing a separate home health license. Please refer to [TAC 558](#).

### **Whom do we contact with questions about reimbursement?**

Answer: You would need to contact your contracting entity or managed care organization for questions regarding reimbursement. Long-term care policy, rules, and training cannot answer questions about this issue.

### **Whom do we notify if our DAHS decides to close?**

Answer: If a DAHS provider decides to close, it must notify the regional program manager, who will then notify HHSC long-term care licensing. Providers must also report the facility closure in TULIP and contact their contracting entity, if appropriate.

### **Who can enter a DAHS facility?**

Answer: Per Governor Abbott's June 3, 2020, Executive Order No. 26, DAHS providers must prohibit all visitors not providing critical assistance, given the significant health and safety risk to medically fragile clients posed by COVID-19. People shall not visit nursing homes, state supported living centers, assisted living facilities, or long-term care facilities unless they meet the requirements in guidance from HHSC.

Nursing facilities, state supported living centers, assisted living facilities, and long-term care facilities should follow infection control policies and practices set forth by HHSC, including minimizing the movement of staff between facilities whenever possible.

Visitors who provide critical assistance in DAHS can include the following:

- Persons who provide essential services such as doctors, nurses, and home health staff whose services are necessary to protect client health and safety.
- Individuals with legal authority to enter, such as HHSC surveyors, whose presence is necessary to ensure the DAHS is protecting the health and safety of clients and providing appropriate care.

This is addressed in Provider letter 20-14 and in 40 TAC 98.65, Emergency Rule for Day Activity and Health Services Response to COVID-19.

### **Can a DAHS facility alter its hours of operation and if so, must it notify HHSC?**

Answer: A contracted DAHS facility should contact HHSC or the managed care organization, as appropriate, to discuss altering hours. A licensed-only DAHS facility is not prohibited by rule and can alter hours of operation as long as clients and staff are notified of the change.

### **How many clients can we serve?**

Answer: A DAHS facility can serve clients as long as it can ensure adequate staffing and has enough space to practice physical distancing. If the building is not large enough to support the number of clients being served while practicing physical distancing among staff and clients, the facility will need to make adjustments. This can include altering schedules for clients so a limited number are served on specific days, or shortening client hours so more clients can be served on a daily basis.

**Is regulatory/licensing/contracting talking about other service options for DAHS facilities? Considering that our clients are being told to stay at home by CDC/local health authorities/governor. Also considering that most of these clients depend on DAHS facilities for meals,**

## **transportation, medicine administration, and shopping tasks.**

Answer: HHSC has not expanded service options beyond those defined in the [TAC 98](#). For reimbursement questions relating to transportation or taking clients on shopping tasks, please contact your normal contracting office. If you desire to administer medication in a resident's home, HHSC can assist you with pursuing a separate HCCSA license. Please refer to [TAC 558](#).

## **Are all DAHS facilities going to be forced to close?**

Answer: Governor Abbott's Executive Order No. GA-14, relating to statewide continuity of essential services and activities during the COVID-19 disaster, did not explicitly shut down DAHS facilities. It stated that essential services, including long-term care services, can continue to be provided and cited federal guidance on essential services. This federal guidance is found in the [Essential Critical Workforce](#) list. The list includes the following:

- **Healthcare/Public Health.** Examples include: Workers in other medical and biomedical facilities, including Ambulatory Health and Surgical, Blood Banks, Clinics, Community Mental Health, Comprehensive Outpatient rehabilitation, End Stage Renal Disease, Health Departments, Home Health care, Hospices, Hospitals, Long Term Care, Nursing Care Facilities, Organ Pharmacies, Procurement Organizations, Psychiatric Residential, Rural Health Clinics and Federally Qualified Health Centers, as well as retail facilities specializing in medical good and supplies.
- **Residential/Shelter Facilities and Services.** Examples include: Workers in dependent care services, in support of workers in other essential products or services; workers who support food, shelter, and social services, and other necessities for needy groups and individuals, including in-need populations and COVID-19 responders (such as traveling medical staff); workers performing services in support of the elderly and disabled populations who coordinate a variety of services, including health care appointments and activities of daily living.

While HHSC acknowledges a DAHS facility can provide essential services, only the specific facility knows whether the services it provides are essential services as identified in Executive Order No. GA-14. This means the decision to close or remain open should be considered on a case-by-case basis, dependent upon the clients served; the facility location; whether physical distancing is available to all clients served; and other factors specific to the facility. The facility might need to adjust its operations, including limiting the number of clients receiving services, to ensure that physical distancing and other precautions can be maintained.

Note that GA-14 states that "any conflicting order issued by local officials...to

the extent that such a local order restricts essential services” is superseded by the EO. If a local authority is attempting to restrict your DAHS by local order, HHSC recommends contacting your own legal counsel to determine if the local order is appropriate and enforceable. HHSC does not recommend that you refuse to comply with the direction or order of any government official. Rather, you should cooperate with local officials and seek legal counsel.

**Are inspections/ surveys still being done for license issuance, renewal, and recertification? Are investigations still being done based on complaints?**

Answer: [PL 20-21](#) addresses that Governor Abbott suspended various laws to provide that application submission and processing timeframes include the flexibility to extend licenses while a late application is being processed. Any license existing at the time of the disaster declaration is in effect until HHSC requires renewal. HHSC will communicate with providers concerning their next renewal.

The rules and statutes listed in PL 20-21 are suspended until terminated by the Office of the Governor or until the March 13, 2020, disaster declaration is lifted or expires.

Initial inspections are still being conducted. However, renewal and recertification inspections are not being conducted. Complaint investigations triaged at a level of immediate threat or harm to an individual's health and safety are being conducted. Other complaint investigations can be conducted, but investigations triaged at a level of immediate threat or harm are being prioritized.

In addition, HHSC is conducting focused infection control inspections to review policies and procedures related to infection control, including social distancing. Some of the other items being observed are things such as signage at the entrances to the facility and how the facility is screening clients and staff.

### **Personal Protective Equipment (PPE)**

**What do I do if I cannot find PPE?**

Answer: DAHS providers who are having difficulty obtaining PPE should follow national guidelines for optimizing their current supply or identify the next best option to care for clients receiving services while protecting staff. If providers are unable to obtain PPE for reasons outside their control, HHSC surveyors will not cite them. For the most current guidance on the use of PPE and how to conserve it, access resources from [DSHS](#) and CDC.

The CDC COVID-19 website has sections for [health care professionals](#) and

[health care facilities](#). The CDC also has specific information relating to:  
[Healthcare Supply of PPE](#)  
[Strategies to Optimize PPE and Equipment](#)  
[Strategies to Optimize Eye Protection](#)  
[Strategies to Optimize Isolation Gowns](#)  
[Strategies to Optimize Face Masks](#)  
[Strategies to Optimize N-95 Respirators](#)  
[Crisis Alternate Strategies for N-95 Respirators](#)

Providers also can request PPE through local emergency management via use of the [STAR](#) system operated by the Texas Department of Emergency Management, which allows local emergency coordinators to request equipment and supplies. You can ask local emergency management officials to initiate a STAR request on your behalf.

### **When do I need to change out a client's mask?**

Answer: The mask should be replaced when the mask is not clean, or any time the mask has been exposed to a contaminant, sneezed or drooled into.

### **How often should I clean cloth face coverings?**

Answer: The CDC recommends that [cloth face coverings should be washed](#) after each use or when soiled. It is important to always [remove face coverings correctly](#) and [wash your hands](#) after handling or touching a used face covering.

In a washing machine, you can include your face covering with your regular laundry. Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering. Use a dryer on the highest heat setting and leave in the dryer until completely dry.

### **Requesting PPE through a Regional Advisory Council (RAC)**

Each of the 22 RACs in Texas is tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan. Providers also can [contact their RAC](#) to request PPE.

### **How do we get clients with dementia, IDD and other special needs to wear a mask when they do not want to, or cannot and what do we do with them in proximity to other clients?**

Answer: It can be difficult or impossible to get a client with dementia to wear a face mask. Therefore, it is important that staff wear masks consistent with strategies outlined by HHSC to prevent the spread of COVID-19. Clients with dementia also can have an impaired ability to follow or remember instructions. Staff might need to provide additional support and closer supervision, such as

allowing the client to see your face and hear your voice before putting on the mask, as well as providing visual clues if the client is unable to hear you well.

Utilize stickers, such as smiley faces, or funny characters or animals like cats and dogs on the front of the masks in such a way as to maintain the integrity of the mask. This may encourage the client to wear a mask, or at least bring a smile to the client's face when a mask is worn by staff. Do not use this strategy if a client finds these decorated masks distressing.

**How do we get clients with dementia, IDD, and other special needs to wear a mask when they do not want to, or cannot, and what do we do with them in proximity to other clients?**

Answer: It can be difficult or impossible to get a client with dementia to wear a face mask. Therefore, it is important that staff wear masks, consistent with [strategies outlined by HHSC to prevent the spread of COVID-19](#). Clients with dementia also might have an impaired ability to follow or remember instructions. Staff might need to provide additional support and closer supervision to ensure infection control procedures are followed, such as:

- Allow the client to see your face and hear your voice before putting on the mask, so the client can connect with you first, and provide visual clues if the client is unable to hear you well.
- Utilize stickers, such as smiley faces, or funny characters or animals like cats and dogs on the front of the masks in such a way as to maintain the integrity of the mask. This may encourage the client to wear a mask, or at least bring a smile to the client's face when a mask is worn by staff. Do not use this strategy if a client finds these decorated masks distressing.

**Are staff required to use full PPE when providing care to clients?**

Answer: Standard precautions specific to COVID-19, such as wearing gloves when providing direct care, should be followed when caring for all clients, regardless of whether they are showing symptoms. If a client has a temperature lower than 100°F and shows no symptoms consistent with COVID-19, then full PPE is not required. However, until the client is determined to be without such symptoms, staff should wear appropriate PPE for the client encounter.

**What PPE is required when staff cannot properly assist a client while maintaining recommended physical distance from the client, such as with toileting or feeding assistance, or wiping excessive salivation/drool from a client?**

Answer: DAHS staff should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection. Recommended personal protective equipment (PPE) is described in [Infection Control Guidance from the](#) Centers for Disease Control and Prevention (CDC). If DAHS facility staff are caring for a client who may be COVID-19 positive, use a surgical mask or respirator listed on the CDC website, along with air solation PPE like disposable gowns, gloves, and face and eye protection to protect the staff person. A mask, disposable gowns, and gloves are also recommended when staff are providing incontinence assistance.

**If a person serves medically fragile clients, should he or she don full PPE when serving them?**

Answer: Yes. HCP and staff should wear the proper PPE for the protection of the client and the caregiver. Proper PPE will depend on what action the provider is assisting the client with. Recommended PPE is described in the [Infection Control Guidance](#).

**Do attendants need full PPE when they take clients to the restroom?**

Answer: If DAHS facility staff are caring for a client who might be COVID-19 positive, staff should use a surgical mask or respirator listed on the CDC website, along with air solation PPE such as disposable gowns, gloves, and face and eye shields to protect the staff member. A mask, disposable gown, and gloves are also recommended when staff are providing incontinence assistance.

**Are face shields better than masks?**

Answer: It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. The CDC does not recommend use of face shields for normal activities or as a substitute for face masks or cloth face coverings. Some people can choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.

**Staff**

**When can a provider employee return to work after being diagnosed with COVID-19?**

Answer: The CDC offers guidance to help providers make decisions about

employees returning to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in the context of local circumstances, and HHSC reminds providers that every employee, facility, and patient population requires individualized consideration.

**Symptomatic HCP with suspected or confirmed COVID-19** (either strategy is acceptable depending on local circumstances):

*Symptom-based strategy.* Exclude 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*

*Test-based strategy.* Exclude from work until:

Resolution of fever without the use of fever-reducing medications **and** Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and** Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens)[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

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. They should wear a facemask at all times while in the facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. They should also be restricted from contact with severely immunocompromised patients until 14 days after illness onset, and they should adhere to all infection control procedures including hand hygiene, respiratory hygiene, and cough etiquette. They should self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen.

**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.



## **Are there any special requirements for staff who live in Mexico and work in U.S. DAHS facilities?**

Answer: The Governor's Executive Orders addressing essential and other re-opened services continue to define essential services as those identified in the U.S. Department of Homeland Security's (DHS) Guidance on the Critical Essential Infrastructure Workforce, as approved by the Texas Division of Emergency Management or identified in an Executive Order. Health care and public health workers make up one category of essential critical infrastructure workers in the DHS guidance.

The CDC advises against all *non-essential* international travel. Some health care workers may live in Mexico and provide essential health care services in the United States. These employees are considered "essential health care workers" engaging in essential international travel to report to their work in health care or public health.

These workers are expected to pass all screening procedures (temperature and symptom checks) at the beginning of their shifts and engage in increased hygiene practices.

## **Does a DAHS facility need to close if it has a staff member who tests positive?**

Answer: A staff member who contracts COVID-19 is prohibited from providing direct client service and, under emergency rule TAC §98.65, cannot be in the facility if one of the listed screening criteria applies to the individual. A facility would need to evaluate the number of staff who are not infected and able to continue working in determining whether it can continue facility operations while protecting client health and safety.

CDC and Department of State Health Services (DSHS) guidance, as well as local health departments, can assist owners and managers in determining the best approach to facility sanitation, protecting clients and staff, and avoiding staffing shortages. A facility might not need to close if everyone is wearing masks properly, it still has adequate staff who are healthy, it is working with a local health department, and it is using appropriate disinfectant to keep the facility cleaned and sanitized.

## **Can staff wear a cloth mask?**

Answer: No. Health care personnel (HCP) and staff should wear face masks (e.g., a surgical mask (white/blue mask)) if a client is COVID-19 negative or wear a respirator if a client is known or suspected to be COVID-19 positive. All clients should wear a cloth face covering or face mask.

## **What is the CDC's updated symptom-based strategy for determining when HCPs can return to work?**

Answer: HCPs with mild to moderate illness who are not severely immunocompromised can return to work when:

- At least 10 days have passed since symptoms first appeared;
- At least 24 hours have passed since last fever without the use of fever-reducing medications; **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

HCPs with severe to critical illness or who are severely immunocompromised<sup>1</sup> can return to work when:

- At least 20 days have passed since symptoms first appeared;
- At least 24 hours have passed since last fever without the use of fever-reducing medications; **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

As described in the Decision Memo, an estimated 95% of severely or critically ill patients, including some severely immunocompromised, no longer had replication-competent COVID-19 virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. Because HCP often have extensive and close contact with vulnerable individuals in health care settings, the more conservative period of 20 days was applied in this guidance. However, because the majority of severely or critically ill patients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities and providers operating under critical staffing shortages might choose to allow HCPs to return to work after 10 to 15 days instead of 20 days.

## **Does the CDC have a current test-based strategy for determining when HCPs can return to work?**

Answer: Yes. In some situations, a test-based strategy could be considered to allow HCP to return to work sooner than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist about the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are as follows.

HCP who are symptomatic can return to work when:

- Resolution of fever without the use of fever-reducing medications;
- Improvement in symptoms (e.g., cough, shortness of breath); **and**
- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCPs who are not symptomatic can return to work when:

- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

### **What are some of the CDC's return to work practices and work restrictions?**

Answer: After returning to work, HCPs should:

Wear a facemask for source control at all times while in the facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCPs should revert to their facility policy regarding [universal source control](#) during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.

Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

### **Are there work restrictions recommended for HCP with underlying health conditions who may care for COVID patients? What about pregnant HCP?**

Answer: Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Severe illness means that the person with COVID-19 might require hospitalization, intensive care, or a ventilator to help them breathe, or they might pass away. People of any age with [certain](#)

[underlying medical conditions](#) are at increased risk for severe illness from COVID-19. Based on what we know at this time, pregnant people might be at an increased risk for severe illness from COVID-19 compared to non-pregnant people. Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19.

## References

### Where can I find the Infection Control Checklist?

Answer: The infection control checklist can be found on the DAHS provider portal at: [DAHS Provider Infection Control Checklist Tool \(PDF\)](#)

### Where can I find information on N95 respirator and fit-testing information and resources?

Answer: The OSHA Respiratory Protection eTool is a great one-stop page for N95 respirator and fit-testing information and resources. OSHA Respiratory Protection eTool Respiratory Basics:  
[https://www.osha.gov/SLTC/etools/respiratory/respirator\\_basics.html](https://www.osha.gov/SLTC/etools/respiratory/respirator_basics.html)

### Where do DAHS providers go for COVID-19 information?

Answer: Reliable sources of information include:

- [The Centers for Disease Control and Prevention](#)
- [The Centers for Medicare and Medicaid Services](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)

### Where can I find information on the extension to the emergency rules?

Answer: Emergency rules related to COVID-19 screening and visitation in long-term care facilities that were scheduled to expire on July 31, 2020, have been extended. The extensions take effect on August 1, 2020, and expire on Sept. 29, 2020. They can be found on the [DAHS website](#) under the [Emergency Rules for LTC Providers Extended](#) and can be found listed on the [HHSC released emergency rules related to COVID-19 for LTCR Providers \(PDF\)](#).

### What is the Environmental Protection Agency's List N? And where can I find it?

Answer: All products on the Environmental Protection Agency ([EPA List N](#)) meet EPA's criteria for use against SARS-CoV-2, the virus that causes

COVID-19. To find a product, enter the first two sets of the product's EPA registration number into the search bar of the [Search by EPA registration number page](#). You can find this number by looking for the EPA Registration number (Reg. No.) on the product label.

The EPA gives the following example on its website: "If EPA Reg. No. 12345-12 is on List N, you can buy EPA Reg. No. 12345-12-2567 and know you're getting an equivalent product."

### **What symptoms are on the current Centers for Disease Control (CDC) list of symptoms for COVID-19?**

Answer: A wide range of symptoms have been reported in people with COVID-19, ranging from mild symptoms to severe illness. Symptoms can appear two to 14 days after exposure to the virus. People with these symptoms can have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

As of today, this list is current. The [Centers for Disease Control plans to continue to update its list](#) as it learns more about COVID-19.