



COVID-19 Response for Day Activity and Health Services Providers

Abstract

This document provides guidance to Day Activity and Health Services providers on Response Actions in the event of a COVID-19 exposure.

Version 2.0



TEXAS
Health and Human
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1. Points of Contact for this Document

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2. Table of Changes

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3. Introduction

Purpose

The purpose of this document is to provide Day Activity and Health Services (DAHS) providers licensed under 26 Texas Administrative Code (TAC), Part 1, Chapter 559, guidance to prevent the spread of COVID-19 in their facility and with response actions in the event of a case of COVID-19 in staff or clients served by the facility.

Clients served by Day Activity and Health Service providers are more susceptible to COVID-19 infection and the detrimental impact of the virus than the general population. In addition to the susceptibility of clients, a long-term care (LTC) environment presents challenges to infection control and the ability to contain an outbreak with potentially rapid spread among a highly vulnerable population.

This document provides LTC facilities' immediate actions to consider and actions for extended periods after a facility is made aware of potential infection of a client, provider, or visitor.

Goals

- Rapid identification of COVID-19 associated with a DAHS facility
- Prevention of spread within the facility
- Protection of clients, staff, and visitors
- Recovery from a COVID-19 event within a DAHS facility

Overview

A DAHS is a facility that provides services under a day activity and health services program on a daily or regular basis, but not overnight, to four or more elderly persons or persons with disabilities who are not related by blood, marriage, or adoption to the facility owner. DAHS is a structured, comprehensive program to meet the needs of adults with functional impairments and is provided in accordance with individual plans of care in a protective setting. A DAHS provides for the needs of each client, including social services, medication administration (as needed), and personal care services.

4. Required Screening

HHSC's Executive Commissioner adopted emergency rule 26 TAC §559.65 which requires DAHS providers to restrict visitors to only those who are providing critical assistance and to allow them to enter only after they have been screened as described in the emergency rule as well as [CDC guidance](#). The emergency rule requires DAHS providers to screen all individuals prior to entering the facility, including staff at the start of their shift, visitors and clients for symptoms of COVID-19 such as:

- fever or chills;
- cough, shortness of breath or difficulty breathing;
- sore throat, fatigue, muscle or body aches;
- headache, new loss of taste or smell;
- congestion or runny nose;
- nausea or vomiting;
- and diarrhea.

DAHS providers must prohibit anyone who meets the following screening criteria from entering the facility:

- signs and symptoms of COVID-19 as outlined by the CDC;
- contact in the last 14 days, unless to provide critical assistance, 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, **regardless of whether the person has been fully vaccinated**; or
- **has tested positive for COVID-19 in the last 10 days.**

Isolate a client who has symptoms of COVID-19 and implement recommended precautions until they can be sent home.

Have an employee who has symptoms of COVID-19 put on a facemask, leave the facility and isolate at home until they are cleared to return to work.

Document in writing all persons who enter the building that at minimum includes date, name, current contact information and presence/absence of fever and symptoms.

Post signage at all entrances of the facility reminding individuals not to enter the facility prior to being screened.

5. Who Can Enter the Facility?

The Emergency Rule for DAHS Response to COVID-19 at 26 TAC §559.65 require DAHS facilities to restrict visitors to only those who are providing critical assistance, which includes the following, provided they are wearing all necessary PPE as appropriate for the type of assistance being provided:

- Persons who provide critical assistance include contract doctors, contract nurses, contract healthcare workers, spiritual clergy, volunteers assisting with facility-coordinated group activities and home health staff whose services are necessary to ensure client care is provided and to protect the health and safety of clients.
- Persons with legal authority to enter such as HHSC surveyors whose presence is necessary to ensure the facility is protecting the health safety of clients and providing appropriate care and law enforcement officers.

There is no all-inclusive definition of persons providing critical assistance or essential services. Facilities must use their best judgement in connection with examples provided in the HHSC emergency rule to determine which visitors are providing critical assistance or essential services.

Review and revise how the facility interacts with vendors and delivery personnel, agency staff, transportation providers, and other non-healthcare providers (food delivery, etc.), including taking necessary actions to prevent any potential transmission. For example, do not have vendors bring supplies inside the facility. Instead, have vendors drop off supplies at dedicated location, such as a loading dock. and wash or disinfect, as appropriate to the supply type, before bringing the supply into the building.

Do not restrict surveyors. HHSC is constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors might have been in a facility with COVID-19 cases in the previous 10 days, but because they were wearing PPE effectively per the CDC guidelines, they pose a low risk to transmission in the next facility and must be allowed to enter. However, there are circumstances under which surveyors should not enter, such as if they have a fever or any additional signs or symptoms of illness.

6. Facility-coordinated Group Activities

A facility may offer facility-coordinated group activities as well as allow volunteers to enter the facility to assist with the activities. Facilities that allow volunteers to enter the facility to assist with activities must ensure the volunteers:

- are trained on proper infection and prevention control standards;
- pass all screening requirements, as outlined in the emergency rules;
- are overseen by facility staff; and
- adhere to the same personal protective equipment requirements as staff.

Facilities must execute a written agreement with all volunteers documenting training requirements and facility policies regarding infection and prevention control standards. This is to ensure that the volunteers understand facility policies and procedures regarding infection and prevention control to keep staff and clients safe. Volunteers should be aware of the facility expectations while they are serving clients.

Activities and Dining

Group activities, including dining, are no longer limited to groups of 10, but the facility must have sufficient staff to meet the needs of the clients during activities and mealtimes and ensure physical distancing of at least six feet between all individuals. Staff must wear facemasks and clients must wear face coverings (if tolerated) while participating in activities and when going to and from the dining table.

7. Preparing for COVID-19

See **Attachment 1: DAHS COVID-19 Response Infographics & Flowcharts**, for visual aids outlining DAHS response activities.

Education

Educate clients and families about COVID-19 actions that the facility is taking to protect them and their loved ones (including visitor restrictions), as well as actions clients can take to protect themselves in the facility. **Inform staff, clients and visitors that all COVID-19 infection and prevention controls are still in place even though more and more people are getting vaccinated. The CDC still recommends the use of facemasks, physical distancing and proper hand hygiene even if a person has been vaccinated.**

Inform clients to practice physical distancing. Physical distancing means avoiding unnecessary physical contact and keeping a distance of at least 6 feet from other people. **Physical distancing is required for all clients, staff and providers of essential services while in the facility or in a facility transport vehicle, regardless of whether the person has been vaccinated.**

Educate clients and any visitors regarding the importance of handwashing. Assist clients in performing proper [hand hygiene](#) if they are unable to do so themselves. Educate clients to cover their coughs and sneezes with a tissue, then throw the tissue away in the trash, and wash their hands.

See **Attachment 2: S.P.I.C.E. graphic** and focus on the following five basic actions (S.P.I.C.E.) to anchor your activities. SPICE is not intended to be all-encompassing.

- **S**urveillance – at least once daily, monitor each staff person on duty and each client in attendance for symptoms: fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, or difficulty breathing.
- **P**rotection/PPE – protect staff and individuals through the use of soap/water; hand sanitizer; facemasks. If precautions against coughing or potential splash of bodily fluids are needed, wear a gown and shield the face and eyes.

- **I**solate – a COVID-19 probable individual until the individual can be sent home.
- **C**ommunicate – notify appropriate parties of a positive case.
- **E**valuate – assess infection control processes, spread of infection and mitigation efforts, staffing availability.

Educate and train staff on adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have staff demonstrate competency with donning and doffing (putting on and removing) PPE. See **Attachment 3: Use of PPE** for graphics demonstrating the proper way for donning and doffing PPE.

Review isolation plans and use of PPE with staff.

Monitor CDC guidance on infection control, as it is updated frequently.

Planning

Plans for supplies should focus ensuring that the facility maintains a two-week supply of PPE and that all required PPE is easily accessible to staff. It is not reasonable for all facilities to have the same amount of PPE, which will vary depending on the facility size and client and staff needs.

Obtain PPE through your normal supply chain or through other resources available to you first. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or [Regional Advisory Councils](#). If you can't get PPE from vendor(s) and have exhausted all other options, reference the [State of Texas Assistance Request \(STAR\) User Guide](#) for instructions on submitting a request for supplies. Please note that this is not a guarantee of receiving PPE. Supplies of PPE may be insufficient to meet demand.

Increase environmental cleaning. Clean and disinfect all frequently touched surfaces such as doorknobs/handles, elevator buttons, bathroom surfaces/fixtures, remote controls, and wheelchairs. Limit the sharing of personal items and equipment between clients. Provide additional work supplies to avoid sharing (pens, pads) and disinfect workplace areas (work stations, phones, internal radios, etc.)

Implement universal use of source control (facemasks for staff and cloth face coverings for clients) for everyone in the facility.

~~Limit group activities, including group dining, to groups of no more than 10 including staff.~~ Ensure physical distancing of at least six feet between individuals.

Make sure EPA-registered hospital-grade disinfectants are available to allow for frequent disinfection of high-touch surfaces and shared client care equipment. Properly clean, disinfect and limit sharing of medical equipment between clients and areas of the facility. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against COVID-19.

Provide supplies for recommended hand hygiene. Have alcohol-based hand sanitizer with 60–95 percent alcohol easily accessible in common areas. Advise staff not to keep hand sanitizer bottles in their pockets. This practice causes hands and sanitizer bottles to become contaminated. Make sure sinks are well-stocked with soap and paper towels for handwashing.

Make necessary PPE available in areas where client care is provided. Put a trash can near the exit inside each room where client care is provided to make it easy for staff to discard PPE prior to exiting the room or before providing care for another client in the same room.

Review facility infection control policies and procedures. Comply with all CDC guidance related to infection control. (Frequently monitor CDC guidance as it is being updated often.)

Review your emergency preparedness and response plan and update as needed. Ensure that any emergency plans specific to hurricanes or other natural disasters account for COVID-19.

Staff

Implement universal use of facemask for staff while inside the facility. Follow the CDC's guidance for [optimizing the supply of PPE](#). Staff should only use cloth face coverings when all other options have been exhausted and then only use them when not providing care or in contact with clients. The CDC

does not consider cloth face coverings to be PPE, or adequate to prevent the spread of COVID-19.

Develop a staffing contingency plan to implement if a significant number of staff are unavailable to work.

Enforce sick leave policies for ill staff. Sick leave policies that do not penalize staff with loss of status, wages, or benefits will encourage staff who are ill to stay home.

Screen staff daily at the beginning of their shift as is required for anyone entering the facility.

Require staff to report via phone prior to reporting for work if they have known exposure or symptoms. If symptomatic, staff should not report to work.

In accordance with GA-28, minimize the movement of staff between facilities wherever possible.

Follow current CDC guidance: [return to work criteria for HCP with COVID-19](#) and [strategies for mitigating HCP staffing shortages](#). See **Attachment 4**, Return-to-Work and End-of-Isolation Flowcharts.

Clients

Ask clients to report if they feel feverish or have symptoms of respiratory infection and COVID-19. Monitor all clients at least daily for fever or chills, respiratory symptoms (including shortness of breath, difficulty breathing, muscle or body aches, headaches, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea. If a client has fever or symptoms, isolate the client in the facility until they can be sent home.

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement when serving clients with dementia. Changes to client routines, disruptions in daily schedules, use of unfamiliar equipment, or working with unfamiliar caregivers can lead to fear and anxiety, resulting in increased depression and behavioral changes such as agitation, aggression, or wandering.

Follow recommended guidance below for considerations regarding clients with dementia.

Recommendations from HHSC:

[Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities \(PDF\)](#)

Transportation

When transporting a client with probable COVID-19, the [CDC recommends](#) that drivers wear an N95 respirator or facemask (if a respirator is not available) and eye protection such as a face shield or goggles (as long as they do not create a driving hazard). The client should wear a facemask or cloth face covering.

For transportation of clients that does not involve a client with probable COVID-19, avoid seating occupants of the vehicles in close contact (within 6 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 may also allow for fewer occupants and facilitate physical distancing within vehicles used to transport clients. In all cases, drivers should practice regular hand hygiene, avoid touching their nose, mouth, or eyes.

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. This 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:

- [EPA's 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-19 external 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 immediately 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.

On-site Facility Tours

In-person tours at a DAHS facility are allowed as long as the following conditions are met:

- Tours are limited to the potential new client and caregiver;
- Potential new clients and caregivers must be screened wear a facemask or cloth face covering while in the facility;

- The facility must have a dedicated area away from current clients where the potential client and/or caregiver can talk with facility staff and receive information about the facility;
- Potential new clients and/or caregiver are prohibited from touring areas where current clients are congregating. Areas that cannot be viewed in-person may be viewed virtually;

On-site Client Assessments

In-person client assessments can take place at a DAHS facility for potential new clients as long as certain conditions are met. The facility must have a dedicated space for the assessment to take place that is away from current facility clients. All COVID-19 infection and prevention control measures must be followed such as screening, the use of masks and physical distancing. If a potential new client brings a caregiver with them to the assessment, that person would be providing critical assistance to the client and would be allowed to accompany the client to the assessment. The caregiver must also be screened, wear a mask and follow all COVID-19 infection and prevention control protocol.

8. COVID-19 Vaccines

The CDC provides information on who is and is not recommended to receive each vaccine and what to expect after vaccination, as well as ingredients, safety, and effectiveness. As of March 29, 2021, everyone 16 years and older are eligible to receive a COVID-19 vaccine. Currently, three vaccines are authorized and recommended to prevent COVID-19:

- [Pfizer](#)
- [Moderna](#)
- [Janssen](#)
 - As of April 24, 2021, DSHS is recommending that vaccine providers in Texas resume administration of the Johnson & Johnson/Janssen COVID-19 vaccine following the recommendation from the CDC and FDA.
 - [DSHS Statement on Johnson & Johnson Vaccine](#)
 - [Frequently Asked Questions Johnson & Johnson Safety Information](#)

COVID-19 Vaccine Provider

To become a COVID-19 vaccine provider, you must register through [EnrollTexasIZ.dshs.texas.gov](https://enroll.texas.gov). Only providers registered through this site can receive and administer COVID-19 vaccine in Texas.

Vaccinating DAHS Clients

Vaccination is voluntary. You cannot require clients to be vaccinated. A client or the client's legally authorized legal representative has the right to refuse the client's vaccination.

Vaccinating DAHS Staff

A DAHS facility that wishes to impose a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.

Reporting Vaccine Reactions

If a client or staff member has an adverse reaction to the COVID-19 vaccine the facility should report it through the [Vaccine Adverse Event Reporting System](#). VAERS accepts reports from anyone. Clients, caregivers and healthcare providers (HCP) are encouraged to report adverse events after vaccination to VAERS even if it is not clear that the vaccine caused the adverse event.

9. Required Reporting

Effective immediately, facilities must:

- Report **the first confirmed case** of COVID-19 in staff or clients being served by the facility 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 of these incidents through [TULIP](#) or by calling Complaint and Incident Intake ([CII](#)) at 1-800-458-9858 within 24 hours of the positive test.

Form 3613-A Provider Investigation Report should also be completed and submitted within five days from the day a confirmed case is reported to CII. The provider investigation report may be submitted:

- via TULIP
- by email at ciiprovider@hhsc.state.tx.us
- by fax at 1-877-438-5827

Do not report subsequent cases and addendums to HHSC.

Facilities are required to report communicable diseases, including **all** confirmed cases of COVID-19, to the local health authority with jurisdiction over their facility. This is in accordance with the Communicable Disease and Prevention Act, Texas Health and Safety Code, Chapter 81. It is also specified in Title 25 of the Texas Administrative Code, Chapter 97.

If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone. A confirmed outbreak of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 identified in either a client or paid/unpaid staff.

Find contact information for your local/regional health department here:

<https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/>

Work with your LHD to complete the COVID-19 case report form as necessary. Post a list of state contacts where it is visible on all shifts.

10. HHSC LTCR Activities with Facilities that have COVID-19 Cases

For a report of a positive COVID-19 test (client or staff) in a facility, LTCR will take the following actions:

- Verify the facility is prohibiting non-essential visitors.
- Generate an incident intake for potential investigation.
- Conduct a focused review of facility infection control processes.
- Communicate with the local health department/local health authority and DSHS.
- Determine the number of clients positive for COVID-19.
- Determine the number of staff positive for COVID-19.
- Review facility isolation precautions and determine how clients are isolated in the facility until they can be sent home.
- Determine that all staff who test positive for COVID-19 have been sent home and the facility knows to coordinate any return to work with the local health department.
- Determine if facilities have sufficient amounts of PPE.
- Determine if facilities are screening clients and staff, and at what frequency.
- Determine if there is a local control or quarantine order.
- Ensure the control/quarantine orders are followed.
- Perform a call-down to all other facilities in the county when staff at one facility tests positive for COVID-19.
- Determine whether staff, clients, and families are notified of positive COVID-19 cases in the facility.
- Track facilities by program type and number of positive cases.
- Track hospitalizations of COVID-19-positive DAHS clients.
- Track deaths of COVID-19-positive clients served by the facility.
- Maintain communication with facilities after investigations are complete to obtain updates.

11. Post Recovery

Staff Returning to Work

Follow current CDC guidance on [when and how staff recovering from COVID-19 can return to work](#) and [mitigating staff shortages](#).

See **Attachment 4**, *Return-to-Work and End-of-Isolation Flowcharts*.

Note: If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, base their return to work on the criteria associated with that diagnosis.

12. State/Regional/Local Support

HHSC will serve as the lead state agency in the state's response to an LTC COVID-19 event and take the following actions:

- Developing testing recommendations in consultation with DSHS
- Providing subject matter experts (SME)
- Coordinating with local emergency management
- Contacting providers to ensure they have the most current information issued on COVID-19

List of Acronyms

Acronym	Full Name
ABHR	Alcohol-based hand rub
CDC	The Centers for Disease Control and Prevention
DAHS	Day Activity and Health Services
DSHS	Texas Department of State Health Services
EMS	Emergency medical services
EPA	Environmental Protection Agency
HA	Health authority
HCP	Healthcare personnel
HHSC	Texas Health and Human Service Commission
LHA	Local health authority
LHD	Local health department
LTC	Long-term care
LTCF	Long-term care facility
LTCR	Long-term Care Regulation
LVN	Licensed vocational nurse
OSHA	Occupational Safety and Health Administration
POC	Point of Contact
PPE	Personal protective equipment
RN	Registered nurse
SME	Subject matter expert

Resources and Links

Association for Professionals in Infection Control and Epidemiology:

- [APIC Resources for Long-term Care](#)

EPA:

- [List N: Disinfectants for Use Against SARS-CoV-2](#)

FEMA:

- [COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season.](#)

CDC:

- [Guidance for Adult Day Services Centers](#)
- [Cleaning and Disinfecting Your Facility](#)
- [COVID-19 Travel Recommendations by Country](#)
- [Donning and Doffing PPE Graphic](#)
- [Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- [Interim U.S. Guidance for Risk Assessment and Public Health Management and Healthcare Personnel and Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#)
- [Key Strategies to prepare for COVID-19 in Long-term Care Facilities \(LTCFs\)](#)
- [N95 User Seal Check](#)
- [PPE Burn Rate Calculator](#)
- [Proper N95 Respirator Use for Respiratory Protection Preparedness](#)
- [Strategies for Optimizing the Supply of Facemasks](#)
- [Stress and Coping](#)
- [Symptoms of Coronavirus](#)

DSHS:

- [Coronavirus Disease 2019 \(COVID-19\)](#)

- [Interim Guidance for Persons Isolated at Home, Including Healthcare Personnel, with Confirmed Coronavirus Disease 2019](#)
- [Local Health Entities](#)
- [Public Health Regions](#)
- [Regional Advisory Councils](#)
- [State of Texas Assistance Request \(STAR\)](#)
- [Strategies for Healthcare Personnel with Confirmed COVID-19 to Return to Work from Home Isolation](#)
- [Template Screening Log](#)
- [Texas Local Public Health Organizations](#)

HHSC:

- [Complaint and Incident Intake](#)
- [COVID-19: Facemasks & Respirators Questions and Answers](#)
- [Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities](#)
- [TULIP](#)

Legislative Reference Library of Texas:

- [Executive Orders by Governor Greg Abbott](#)

OSHA

- [Counterfeit and Altered Respirators: The Importance of NIOSH Certification](#)
- [Maintenance and Care of Respirators](#)
- [Medical Evaluations](#)
- [OSHA Respiratory Protection Standard \(29 CFR §1910.134\)](#)
- [Respirator Fit Testing](#)
- [Respirator Safety: Donning & Doffing](#)
- [Respirator Types](#)
- [Respiratory Protection for Healthcare Workers](#)
- [Respiratory Protection Training Requirements](#)
- [The Differences Between Respirators and Surgical Masks](#)
- [Voluntary Use of Respirators](#)

TDEM

- [COVID-19 Testing Locations.](#)

Attachment 1. Activities Required for DAHS COVID-19 Response



What can you do to identify a COVID-19 situation, help prevent the spread within the facility?

Prepare before a positive case (actions focused on response)

- Review/create a COVID-19 plan for clients
- Determine/review who is responsible for specific functions under the facility plans
- Identify desired or applicable waivers
- Develop a communication plan (external and internal)
- Evaluate supplies/resources
- Enact client/staff/visitor screening
- Activate safety protocols if providing transportation (i.e. masks, rescheduling rides to ensure proper physical distancing)
- Determine what community sources are available for COVID testing and how, if possible, clients and staff can be tested (a “testing plan”)
- Evaluate supply chains and other resources for essential materials.

Immediately 0-24 Hours React

- Activate client isolation plan for an individual with probable COVID-19.
- Supply PPE to care for COVID-19 probable clients until they can be sent home.
- Screen clients for signs and symptoms
- Screen staff for signs and symptoms
- [Clean and disinfect](#) the facility
- Activate safety protocols if providing transportation (i.e. masks, rescheduling rides to ensure proper physical distancing)
- Determine if staff are providing services in other facilities

- Identify lead at facility and determine stakeholders involved external to facility
- Engage with community partners (public health, health care, organizational leadership, local/state administrators)
- Activate all communication plans
- Determine need for facility closure

Extended 24-72 Hours Protect

- Supply PPE for staff
- Screen clients for signs and symptoms
- Screen staff for signs and symptoms
- Continue engagement with community partners

Long-Term 72 Hours+ Transition

- Screen clients for signs and symptoms
- Screen staff for signs and symptoms
- Continue facility decontamination procedures

Attachment 2. SPICE Graphic

Focus on the following five basic actions (S.P.I.C.E.) to anchor your activities. SPICE is not intended to be all-encompassing.

SPICE for COVID-19

Surveillance

- Sign and Symptoms
- Temperature Checks
- Testing

Protection/Personal Protective Equipment

- Staff
- Clients
- Supply/Burn-rate

Isolate

- Client(s) with probable COVID-19 isolated until they can be sent home
- Staff with probable COVID-19 isolated and sent home

Communicate

- Director Contact #:
- Local Health Department # or DSHS:
- DSHS Contact #:
- Hospital #:

Evaluate

- Review immediate response checklist
- Prevent delay of critical actions
- Communication plan

Attachment 3. Use of PPE in Facilities

Links to CDC guidance: [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) and [Using Personal Protective Equipment \(PPE\)](#).

- To address asymptomatic transmission, the CDC recommends that providers consider implementing policies requiring everyone entering the facility to wear a facemask (if tolerated) while in the building.
EXCEPTION: Face masks and cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Cloth face coverings should be laundered daily or when they become soiled, damp, or hard to breathe through. Proper hand hygiene should be performed immediately before and after any contact with a cloth face covering.
- Clients should wear a cloth face covering as much as possible (unless contraindicated), except for when they are eating or drinking, taking medications.
- When caring for clients with probable COVID-19, staff should:
 - ▶ Follow standard precautions.
 - ▶ Use an N95 facemask or respirator (if available and if they have been trained and appropriately fit tested) rather than a cloth face covering or facemask.
 - ▶ Use eye protection.
 - ▶ Use nonsterile, disposable gloves and isolation gowns, which are used for routine care in healthcare settings.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated —DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**

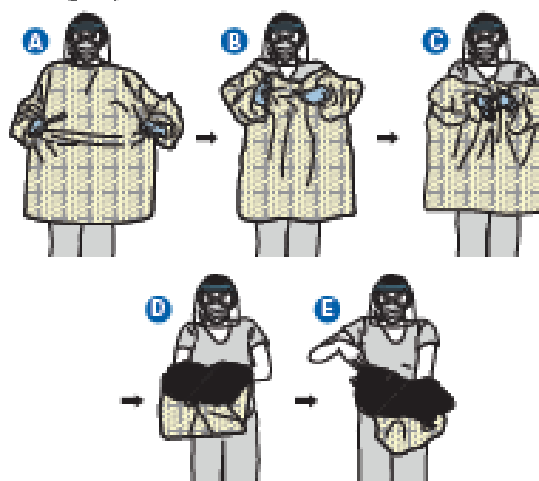


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



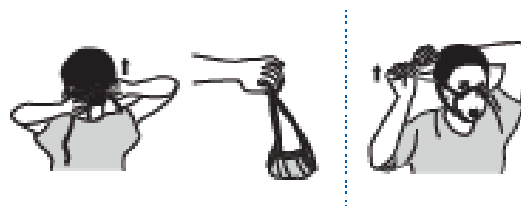
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

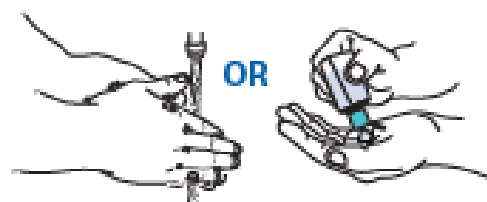


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated —DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



How to Wear a Medical Mask Safely

Dos

- Wash your hands before touching the mask
- Inspect the mask for tears or holes
- Find the top side, where the metal piece or stiff edge is
- Ensure the colored-side faces outwards
- Place the metal piece or stiff edge over your nose
- Cover your mouth, nose, and chin
- Adjust the mask to your face without leaving gaps on the sides
- Avoid touching the mask
- Remove the mask from behind the ears or head
- Keep the mask away from you and surfaces while removing it
- Discard the mask immediately after use preferably into a closed bin
- Wash your hands after discarding the mask

Don'ts:

- Do not Use a ripped or damp mask
- Do not wear the mask only over mouth or nose
- Do not wear a loose mask
- Do not touch the front of the mask
- Do not remove the mask to talk to someone or do other things that would require touching the mask
- Do not leave your used mask within reach of others
- Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least a 6-foot distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

Do's →



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask



Wash your hands before touching the mask



Inspect the mask for tears or holes

Don'ts →



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·win

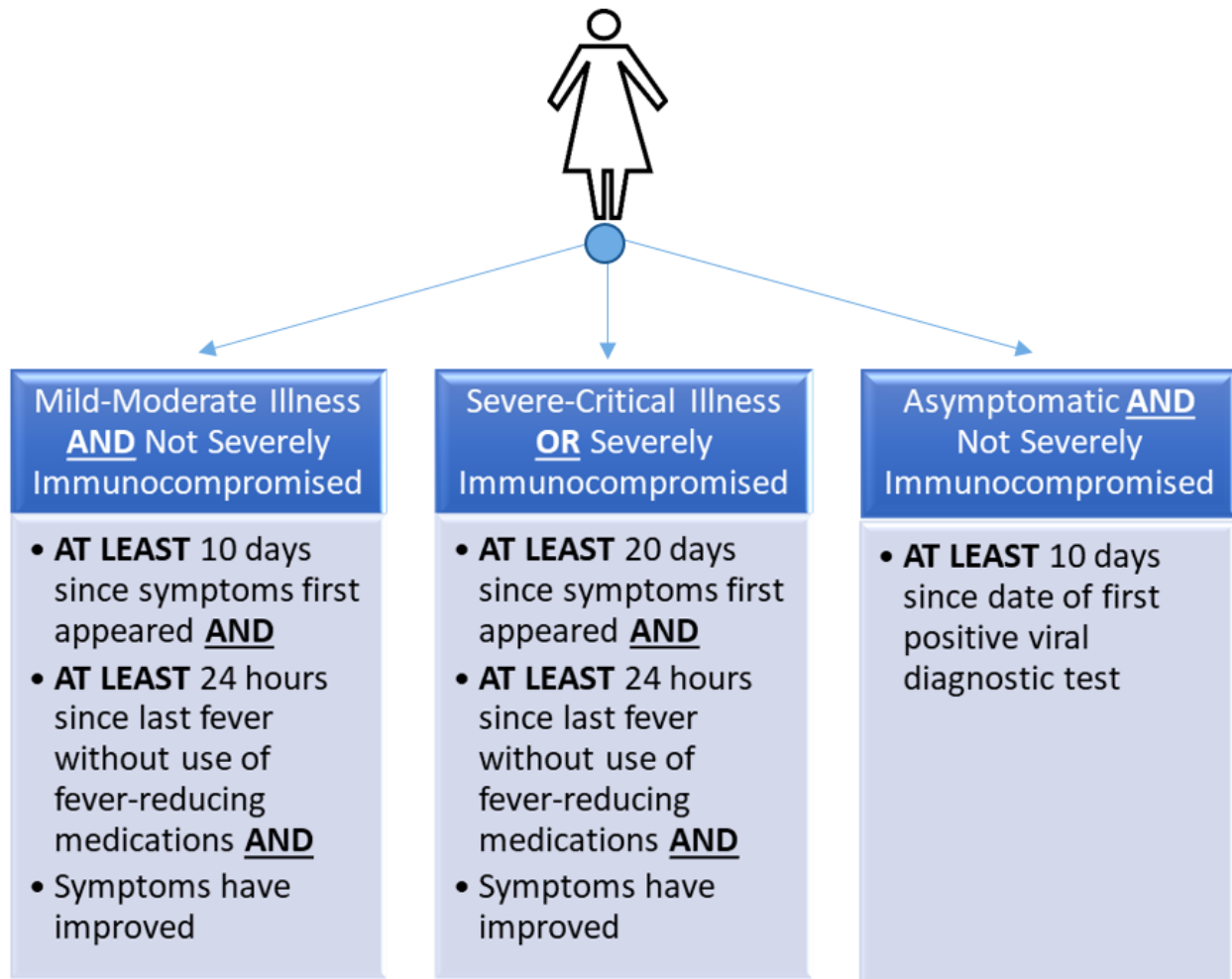


To extend your supplies of PPE, staff may need to reuse a facemask in accordance with CDC guidelines.

Attachment 4. Return-to-Work and End-of-Isolation Flowcharts

When can staff return to work? CDC recommends a symptom-based strategy.

Staff With COVID-19



Mild-Moderate Illness *and* not severely immunocompromised

- **At least** 10
- since symptoms first appeared *and*
- **At least** 24 hours since last fever without use of fever-reducing medications *and*
- Symptoms have improved

Symptoms have improved Severe-Critical Illness or Severely Immunocompromised

- **At least** 20 days since symptoms first appeared **and**
- **At least** 24 hours since last fever without use of fever-reducing medications **and**
- Symptoms have improved

Asymptomatic and Not Severely Immunocompromised

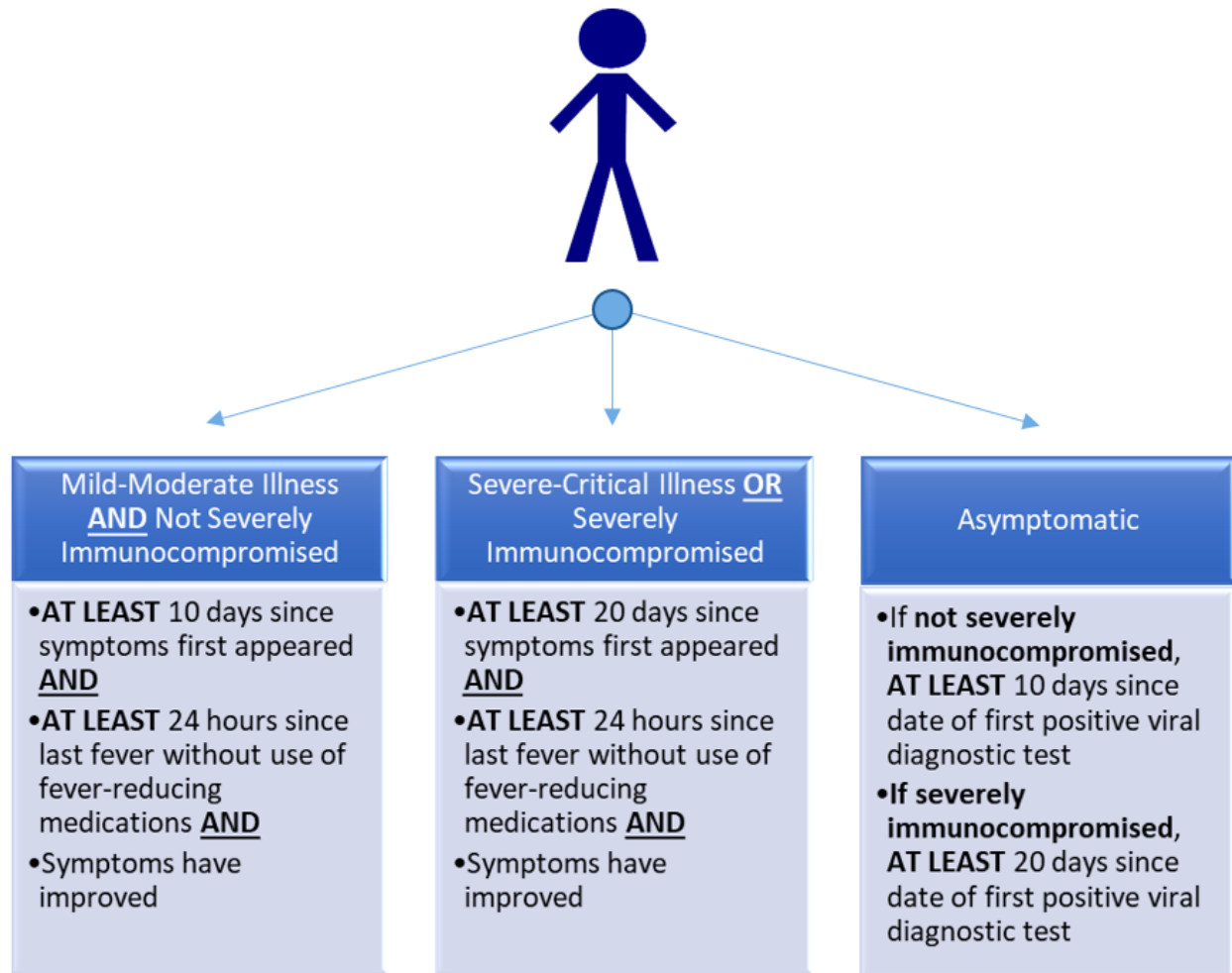
- **At least** 10 days since date of first positive viral diagnostic test

After returning to work, staff should:

- Wear a facemask (not a cloth face covering) at all times in the facility until all symptoms are completely resolved or at baseline.
- Wear an N95 or equivalent when warranted, including when caring for clients with probable COVID-19
- Self-monitor for symptoms. Immediately stop work, leave the facility, and seek immediate care if symptoms recur or worsen.

When can clients with COVID-19 end at home isolation and resume attending the facility? The CDC recommends a symptom-based strategy.

Clients With COVID-19



Mild-Moderate Illness and Not Severely Immunocompromised

- **At least** 10 days since symptoms first appeared **and**
- **At least** 24 hours since last fever without use of fever-reducing medications **and**
- Symptoms have improved

Severe-Critical Illness or Severely Immunocompromised

- **At least** 20 days since symptoms first appeared **and**
- **At least** 24 hours since last fever without use of fever-reducing medications **and**

- Symptoms have improved

Asymptomatic

- **If not severely immunocompromised, at least** 10 days since date of first positive viral diagnostic test
- **If severely immunocompromised, At least** 20 days since date of first positive viral diagnostic test

Attachment 5. Sample DAHS Symptom Monitoring Log

Instructions: Screen all staff at the beginning of their shift. Actively take their temperature and document shortness of breath, new or change in cough, and sore throat. Mark the symptoms below with 'Y' for Yes if present and 'N' for No if absent. Don't leave any spaces blank. If temperature is greater than 100.4° F or any symptom is marked Y, direct staff to put on a facemask and leave the workplace.

DATE:

[illegible]

Attachment 6. DAHS Infection Control Checklist for COVID-19

Entering the facility

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are there multiple entrances and exits in use, or has the facility limited access points of entry?
- Are signs posted at entrances with instructions to individuals to cover their mouth and nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions and soiled surfaces?
- Are there instructions posted to notify staff of any symptoms of respiratory infection to allow for assessment and use of PPE as applicable?
- Did staff follow procedures to process surveyor screening prior to entry?

Triage/Registration/Visitor Handling

After screening and upon entry to the facility, ask if the facility has any clients who have a laboratory-tested positive case of COVID-19.

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate probable COVID-19 cases?
- Is there a process that occurs after a probable case is identified to include immediate notification of facility leadership for infection control?
- What is the facility's current visitor policy in response to COVID-19?
 - Is the facility restricting visitors to the following situations?
 - ◇ Essential services
 - ◇ Individuals with legal authority to enter

Client Observations and Interviews

Observe and interview every client. What information has the facility given to clients regarding:

- hand hygiene
- reporting symptoms of respiratory illness
- returning home each day
- limitations on visitors

Hand Hygiene:

Interview appropriate staff to determine if hand hygiene supplies (e.g., hand sanitizer, soap, paper towels, garbage bags for disposal, bleach wipes) are readily available and who they contact for replacement supplies.

- Are staff performing hand hygiene when indicated?
- If alcohol-based hand sanitizer is available, is it readily accessible and preferentially used by staff for hand hygiene?
- If there are shortages of hand sanitizer, are staff performing hand hygiene using soap and water?
- Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids, between working with clients)?
- Do staff perform hand hygiene (even if gloves are used) in the following situations:
 - Before and after contact with the clients?
 - After contact with blood, body fluids, or visibly contaminated surfaces?
 - After contact with objects and surfaces in common areas?
 - After removing personal protective equipment (e.g., gloves, gown, facemask) and before performing a procedure such as a sterile task?
 - When being assisted by staff, is client hand hygiene performed after toileting and before meals?

PPE

What is the facility's status on available PPE?

If the facility is experiencing shortages, what methods are they using to conserve available supplies?

Are clients wearing masks (homemade or commercially produced)?

- Are they being used properly?
- Are staff using masks?
- If the facility is using handmade masks, are they fitted properly?
- Have staff been fit tested, if applicable to the type of mask?
- Are staff wearing gloves?
- Are gloves worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin?
- Are gloves removed after contact with blood or body fluids, mucous membranes, or non-intact skin?
- Are gloves changed and hand hygiene performed before moving from a contaminated body site to a clean body site during client care?

- Are staff using isolation gowns?
- Are staff using goggles?
- Are staff using face shields?

In what situation are each being used? Interview staff to determine their understanding of the use and conservation of PPE.

Evaluate how the facility staff dons and doffs PPE.

- If PPE use is extended/reused, is it done according to national, state, and local guidelines?
- If the facility is using reusable PPE, how is it sanitized, decontaminated, and maintained between uses?

PPE Usage and Treatment of COVID-19 Probable Clients:

Do staff wear gloves, isolation gown, eye protection, and an N95 or higher-level respirator if available? A facemask is an acceptable alternative if a respirator is not available.

Interview appropriate staff to determine if PPE is available, accessible and used by staff.

- Is there appropriate signage to indicate precautions for isolation of the affected client?
- Is an isolation gown worn for direct client contact if the client has uncontained secretions or excretions?
- Is PPE appropriately removed and discarded after client care, prior to leaving room, followed by hand hygiene?

Education, Monitoring, and Screening of Staff

How has the provider conveyed updates on COVID-19 to all staff?

- Is there evidence the facility staff has been educated on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- Do all staff have access to the facility director?
- Do staff have or have access to contact information for the Local Health Department, HHSC, Department of State Health Services, and local hospital for emergencies and medical guidance?

Staff Screening

The facility may use a log to document staff and client screening. The screening documentation must at a minimum include the following: Name, date, temperature

and time taken, signs and symptoms (shortness of breath, new or change in cough, sore throat), exposure to a facility with confirmed COVID-19 cases.

- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness?
- Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?

Where and how is the screening documented?

If a client has a temperature above normal ranges, but below the CDC-recommended COVID-19 criterion, how is this communicated during shift change to facilitate monitoring of possible symptoms?

Staff Monitoring

If staff develop symptoms at work, does the facility:

- have a process for staff to report their illness or developing symptoms?
- ensure they have a facemask and have them return home for appropriate medical evaluation?
- inform the facility's director and include information on individuals, equipment, and locations of the persons they came in contact with?
- Follow current guidance about returning to work (e.g., local health department, CDC)

Client Service Plans

Review client care plans and information for current client health conditions.

- Did the facility conduct a review of all client care plans to establish a baseline for health conditions and symptoms of illness?
- What actions were taken to update plans if necessary and to inform clients about changes in facility policy?

Medication Administration

Review the medication list and medication administration record for each client.

- If medications were changed recently or in response to COVID-19 policy implementation, were the clients aware of the changes?
- Were legally authorized representatives informed?
- Were doctor's instructions followed for medication?
- Are client assessments appropriate?

Meal Preparation and Service, Activities

- ~~Has the facility cancelled group outings and practiced physical distancing for group activities and meal time?~~
- For meals given in the dining room or common areas, has the facility allowed for physical distancing during mealtime and for clients who require assistance with feeding?
- Is the facility practicing physical distancing for activities when they are appropriate during the response to COVID-19?

Sanitation and Housekeeping

Interview housekeeping staff.

What additional cleaning and disinfection procedures are in place to mitigate spread of illness?

- Does the facility have adequate housekeeping staff to clean and disinfect common areas as frequently as necessary to ensure appropriate infection control?
- Does the facility have adequate supply of housekeeping equipment and supplies?
- Does housekeeping staff know whom to contact if supplies are getting low?

Emergency Preparedness- Staffing Levels in Emergencies

Does the facility have a policy and procedures for ensuring staffing to meet the needs of the clients when needed during an emergency, such as the COVID-19 outbreak?

- Does the facility have adequate staffing to care for clients based on current census and client needs?
- Does staff know how to report inadequate staffing needs to the facility director?
- In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the client? (N/A if emergency staff was not needed)

Reporting and Response after a Positive COVID-19 Case

Determine the following for each onsite visit positive COVID case reported or discovered onsite.

Review facility isolation precautions and determine how clients are isolated in the facility to ensure compliance with requirements.

- If the facility has known positive cases of COVID-19, were they appropriately reported to HHSC (cases after April 1, 2020) and to local health department or DSHS?
- Is there a local control or quarantine order?
- Is the facility aware of the order?
- Are the control or quarantine orders being followed as appropriate?
- Where the staff work for multiple facilities and or agencies, did the facility track such employment?
- If a staff member tested positive for COVID-19, did the facility contact other facilities where the employee is currently working?
- What is the number of clients positive for COVID-19?
- What is the number of staff positive for COVID-19? Determine if others (contract staff, family members, vendors) are also being tested.
- After a positive COVID-19 case has been identified in the facility, what are facility procedures for allowing the clients to return to the DAHS facility?
- Determine whether staff, clients, and families are notified of positive COVID-19 cases in the facility.
- How is the facility tracking hospitalization of COVID-19-positive DAHS clients?
- How is the facility tracking deaths of COVID-19-positive DAHS clients?
- How is the facility tracking quarantine periods for COVID-19-positive clients and staff?