



**TEXAS**  
Health and Human  
Services

5/11/20

**Welcome ICF/IID Providers!**

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

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: PolicyRulesTraining@hhsc.state.tx.us

Phone: 512-438-3161

# COVID-19 Updates

---

## Panelist

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

---

- Introductions
- updates



TEXAS  
Health and Human  
Services

# PPE Infection Control Basics Webinar

---

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

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

May 22: 8:30 a.m.

May 29: 8:30 a.m.

[Register for the webinar here.](#)



**TEXAS**  
Health and Human  
Services

# COVID-19 Q&A

## COVID-19 Response for ICFs/IID



TEXAS  
Health and Human  
Services



TEXAS  
Health and Human Services

COVID-19 RESPONSE FOR INTERMEDIATE CARE FACILITIES  
FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY OR  
RELATED CONDITIONS

Abstract

This document provides guidance to Intermediate Care Facilities on Response Actions in the event of a COVID-19 exposure.

Version 1.0 4/17/20

# ICF/IID FAQs

---

## Upcoming Updates

- Infographics that can be pulled as quick references
- Updated and new information will be in red font
- Reorganized for clarity and ease of use
- <https://hhs.texas.gov/sites/default/files/documents/services/health/coronavirus-covid-19/covid-icf-iid-faq.pdf>



TEXAS  
Health and Human  
Services

# Attachment 4: Facility Actions for COVID-19 Response - Infographic

## Activities Required for COVID-19 Response



People who live in long-term care facilities are at higher risk for severe illness. There are actions that an ICF program provider can take to identify a COVID-19 situation, help prevent the spread within facility, and care for residents who have COVID-19.

**BEFORE THE FIRST CASE**

**PREPARE**

- **COMMUNICATION PLAN:** Who? When? How? What?
- **SUPPLIES:** Do you have enough? Stockup.
- **SCREENING:** Screen staff, residents, and essential visitors.
- **ISOLATION PLAN:** How will you isolate a sick resident?
- **INFECTION CONTROL:** policies & procedures: Review, revise, reflect CDC, DSHS & HHSC.
- **EMERGENCY PLAN:** Review; adapt to COVID-19.

**IMMEDIATELY  
0-24 HOURS**

**REACT**

- **ACTIVATE** response plans
- **CLEAN & SANITIZE**
- **DEPLOY PPE** for staff & residents
- **REPORT** to local health department, DSHS & to HHSC
- **ENHANCED MONITORING** of signs & symptoms (daily for well residents; 3x daily for sick residents)
- **EVALUATE RESTRICTIONS:** Is a lock-down needed?

**EXTENDED  
24-72 HOURS**

**PROTECT**

- **SUSTAIN** supplies of PPE
- **EVALUATE RESTRICTIONS:** Are they working?
- **MAINTAIN** care & services
- **CONSIDER** medical needs
- **CONTINUE** enhanced monitoring signs & symptoms; cleaning & sanitizing; rigorous infection control

**LONG-TERM  
72 HOURS+**

**TRANSITION**

- **SUSTAIN** your response
- **EVALUATE:** What is/ isn't working?
- **LOOK AHEAD:** How will you lift restrictions safely?



**TEXAS**  
Health and Human  
Services

# Attachment 5: DSHS Healthcare Personnel Return to Work Strategies (1 of 2)



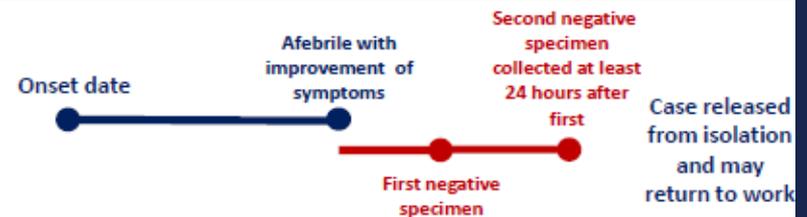
Texas Department of State Health Services

## TEST-BASED STRATEGY FOR HEALTHCARE PERSONNEL RETURN TO WORK

Adapted from the Tennessee Department of Health

### SYMPTOMATIC CASES

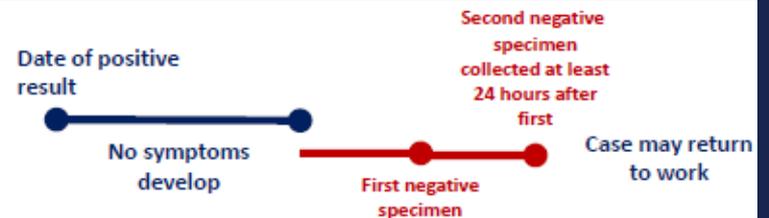
Must be isolated and excluded from work until afebrile (without the use of fever reducing medications) and with improvement of respiratory symptoms, and after receiving negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens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



### ASYMPTOMATIC CASES

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

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



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

### ADDITIONAL INFORMATION

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

#### After returning to work, HCP should:

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



TEXAS  
Health and Human  
Services

# Attachment 5: DSHS Healthcare Personnel Return to Work Strategies (2 of 2)



Texas Department of State Health Services

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

Adapted from the Tennessee Department of Health

### SYMPTOMATIC CASES

#### Symptom-Based Strategy

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

#### Examples:

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



### ASYMPTOMATIC CASES

#### Time-Based Strategy

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

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



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

### ADDITIONAL INFORMATION

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

#### After returning to work, HCP should:

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



TEXAS  
Health and Human  
Services

# Attachment 6: Discontinuation of Transmission-Based Precautions and Disposition of Residents with COVID-19

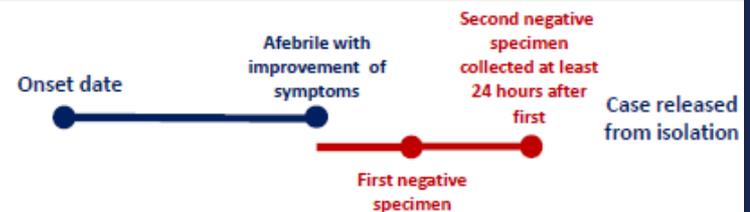
## TEST-BASED STRATEGY: DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS AND DISPOSITION OF RESIDENTS WITH COVID-19 (Preferred)

Adapted from the Centers for Disease Control

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

With improvement of respiratory symptoms; AND

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



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

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

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

With improvement of respiratory symptoms



### Examples:

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



**TEXAS**  
Health and Human  
Services

# Attachment 7: Isolation Unit

## PRIOR TO COVID-19 Diagnosis

The time to begin planning is BEFORE the resident is diagnosed with COVID-19.

## WHERE

Will you isolate a COVID + individual?

- Is there a room you can repurpose?
- Can you ~~create a space~~ **repurpose** with another ICF?

## WHO

Will you provide care?

- Can you dedicate certain staff to provide care?
- Keep staff who provide care to resident with COVID-19 from working at other ICFs if possible.

## HOW

Will you ensure infection control?

- Train staff on infection control.
- Provide hygiene supplies and PPE.

## Upon COVID-19 Diagnosis

MOVE resident's personal belongings to designated area

TRANSFER resident to designated area

NOTIFY local health department or DSHS; notify HMSC

TEST all residents and staff

## After Recovery

CLEAN & DISINFECT resident's personal belongings

TRANSFER resident & belongings out of isolation

MONITOR resident for signs/symptoms

CLEAN & DISINFECT isolation room



TEXAS  
Health and Human  
Services

# COVID-19 Updates

---

## Panelist

Department of State Health Services  
Representative

- Updates



TEXAS  
Health and Human  
Services

# COVID-19 Q&A

---

## Panelist

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

---

- Updates



TEXAS  
Health and Human  
Services

# COVID-19 Q&A

---

## Panelist

Dana Williamson

Director, Policy Development and Support  
Medicaid/CHIP

---

- Updates



TEXAS  
Health and Human  
Services

# COVID-19 Updates

---

## Panelist

Mary Valente, MPAff, LBSW, SMQT, CMDCP  
Policy Development Support Office  
1915(b) Waivers Support  
ICF/IID Medicaid Policy Specialist  
1915(c) Waivers Special Projects



TEXAS  
Health and Human  
Services

- Updates

# COVID-19 Q&A

---

## Panelist

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

---

- Updates



TEXAS  
Health and Human  
Services

# COVID-19 Q&A

---

## Question:

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

## Response:

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

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

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

[At least 10 days](#) have passed since symptoms first appeared.

Note: If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, providers should base the employee's return to work on the specific diagnosis.



**TEXAS**  
Health and Human  
Services

# COVID-19 Q&A

---

## Question:

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

## Answer:

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

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



**TEXAS**  
Health and Human  
Services

# COVID-19 Q&A

---

## Question:

Are dentists considered essential visitors? Can they come to the ICF home for routine care or only emergency care?

## Answer:

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



TEXAS  
Health and Human  
Services

# COVID-19 Q&A

---

## Question:

Is there any guidance from HHSC about allowing residents to be taken out the facility by family?

## Answer:

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



TEXAS  
Health and Human  
Services

# COVID-19 Q&A

---

## Question:

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

## Answer:

CDC guidance, [Preparing for COVID-19: Long-term Care Facilities](#), recommends that a newly admitted or readmitted resident be quarantined and monitored for signs and symptoms for 14 days. The guidance does not make allowances for testing as an alternative to the 14-day quarantine, and indicates testing can be considered at the end of the quarantine period to increase certainty that the resident is not infected.



**TEXAS**  
Health and Human  
Services



**TEXAS**  
Health and Human  
Services

# Questions?

---

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: PolicyRulesTraining@hhsc.state.tx.us

Phone: 512-438-3161



**TEXAS**  
Health and Human  
Services

# Thank you!

---

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: PolicyRulesTraining@hhsc.state.tx.us

Phone: 512-438-3161