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Welcome Nursing Facility Providers!

**COVID-19 Updates and Q&A with LTC
Regulation and DSHS
June 12, 2020**

For more information:

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

Email: PolicyRulesTraining@hhsc.state.tx.us

Phone: 512-438-3161

COVID-19 Q&A

Panelist

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

- Introduction and overview
- Updates
- COVID-19 Response for Nursing Facilities



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Updates

SICA

- Special infection control assessments began June 11.
- SICA teams will be conducting on-site assessments at nursing facilities to identify infection control concerns and provide immediate recommendations and guidance to facility leadership on infection control practices and mitigation strategies.
- The SICA is a consultative visit to assist facilities in responding to COVID-19. It is not a long-term care regulation survey to determine compliance with federal conditions of participation or state standards for licensure.

Continued...



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SICA continued

- Since these assessments are nonregulatory in nature, the SICA teams will announce their visits prior to arrival and will meet with administrative staff during these visits, which will be conducted Monday through Friday.
- SICA teams are comprised of at least one person from:
 - HHSC Long-term Care Regulation
 - HHSC Quality Monitoring Program
 - BCFS Emergency Management
- Nursing facility providers may contact the HHSC [regional director](#) for the region in which their facility is located if the provider has any questions about the SICA.



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Updates

Reminder

Please stay in contact with your [Local Health Department](#) for any COVID-19 related events at your facility.



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Updates

Reminder

HHSC issued reminder about [Emergency Preparedness for Hurricane Season](#)

NFs should factor in COVID-19 contingencies when reviewing their preparedness plans. For example:

- Are your receiving facilities and transportation contracts still viable?
- Consider renewing contracts and agreements.
- How will you maintain infection control measures during evacuation or sheltering-in-place?
- If you have COVID-positive residents, how will that affect evacuation or sheltering-in-place?
- How will you ensure PPE is available in addition to food and medicine?



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Reopening plan

We are currently working on plans for allowing visitors again.



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Dentists

Dentists are considered essential. They may provide routine and emergency services within a nursing facility as long as they enter with appropriate PPE and pass screening.



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Encrypted Emails

Due to security concerns encrypted emails and attachments *can not* be opened. Please send emails in an unencrypted format or submit inquiries to us at:

Policy, Rules and Training (512) 438-3161



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Updates

GovDelivery

- GovDelivery is an email and electronic notification system that will notify you anytime information is posted.
- You can register for GovDelivery notifications by clicking on this [GovDelivery Sign-up Link](#) and following the instructions for signing up for notifications.



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Reminder – CDC Reporting

Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes: [CMS QSO 20-29-NH](#)

Reminder that per CMS, NFs must report COVID-19 information weekly to the CDC's National Healthcare Safety Network (NHSN).

NFs must also inform residents, their representatives, and families by 5 p.m. the next calendar day following either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.



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Reminder – CDC Reporting

Continued:

- Failure to report in accordance with these requirements can result in an enforcement action cited at F884 and F885.
- CMS is now citing for this
- CMS will use the CASPER Shared folders to communicate findings of noncompliance with the requirement to report as required. You will not receive a notice if you are found in compliance
- [How Nursing Homes Will Receive Important Information from CMS](#)



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Reminder – DSHS Reporting

DSHS Reporting:

- All confirmed cases of COVID-19 must be reported to the local health department or public health region.
- If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone.
- You can find contact information for your local/regional health department on the [DSHS Local Health Entities](#) website.
- Work with your local health department to complete the COVID-19 Case Report form if and when necessary.



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Reminder – HHSC Reporting

HHSC Reporting:

- NFs are required to notify HHSC Long-term Care Regulation of a confirmed COVID-19 case in either residents or staff.
- Addendums can be added while the intake is open.
- Once the intake is closed, additional cases do not need to be reported unless there is a circumstance that would otherwise require self-reporting (i.e., neglect is suspected).
- Submit a self-reported incident report to HHSC [Complaint and Incident Intake](#), through [TULIP](#), or by calling 1-800-458-9858.



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NF Webinar Survey Monkey Results

Length of Webinars

- The majority of respondents reported the length to be just right

Frequency of Webinars

- The majority of respondents reported the frequency should remain the same.



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NF Webinar Survey Monkey Feedback

Improvements being made:

- In order to maximize time, repeat questions will no longer be asked
- The webinars will continue to be scheduled for an hour and a half – if there are no unique questions submitted, we will end early rather than asking repeat questions
- Any questions that are not addressed during the webinar will be included in prepopulated Q&A slides for the following week's webinar.
- Webinars will move from Friday afternoons to Thursdays from 2:00 pm-3:30 pm beginning next week (June 18).



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PPE Infection Control Basics Webinar

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

- Review standard and transmission-based precautions
- Learn proper hand hygiene techniques
- Demonstrate how to utilize PPE
- Discuss the importance of social distancing in an outbreak situation
- June 26: 8:30 a.m.
[Register for the webinar here.](#)



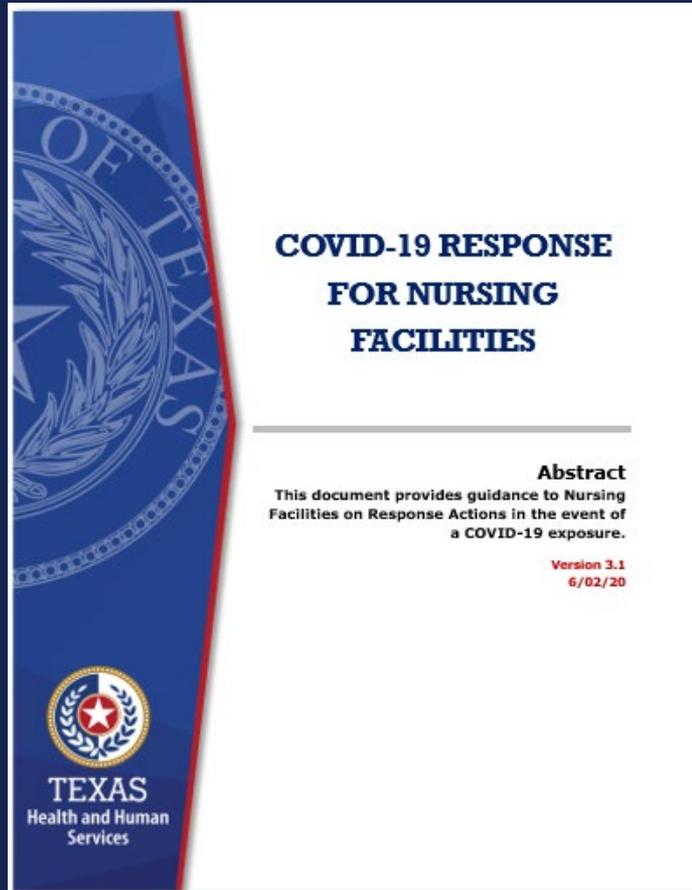
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June 02 Updates

COVID-19 Response for Nursing Facilities



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COVID-19 RESPONSE FOR NURSING FACILITIES

Abstract

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

Version 3.1
6/02/20

June 02 Updates

Updated/new information is in **red** font

- Version 3.1 last updated 06/02/2020
- New updates will be listed for the 06/18/2020 Webinar



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Upcoming Updates

- Training webinars on hurricane/emergency preparedness with COVID-19 considerations
- Version 3.2 of the COVID-19 Response for NFs plan



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Clarification

PPE Use – Residents in 14-day Quarantine

- Residents who are in 14-day quarantine solely because they are newly admitted or readmitted to the NF are considered “unknown COVID-19 status.”
- The CDC does not define “unknown COVID-19 status.”
- DSHS describes “unknown COVID-19 status” as referring to people who have not yet been diagnosed with COVID-19 but may have been exposed, especially during times of localized or widespread COVID-19 transmission within the facility or community from where the patient is transferring, and could therefore be within the incubation phase of the infection.



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Clarification

PPE Use – Residents in 14-day Quarantine

The [CDC's guidance](#) states:

Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19.

- All [recommended COVID-19 PPE](#) should be worn during care of residents under observation, which includes use of:
 - N95 or higher-level respirator (or facemask if a respirator is not available)
 - eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face)
 - gloves
 - gown



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Clarification

PPE Use – Optimization

The [CDC's guidance](#) about PPE optimization states:

CDC's optimization strategies for PPE offer a continuum of options for use when PPE supplies are stressed, running low, or absent. Contingency and then crisis capacity measures augment conventional capacity measures and are meant to be considered and implemented sequentially. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.



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Clarification

PPE Use – Optimization

- The [CDC's guidance](#) about PPE optimization should only be used during times of critical shortages of PPE.
- PPE optimization should not be used if the NF is not facing critical shortages, or as a method to reserve PPE supplies for later use.
- Public health partners, such as DSHS, have communicated that supply resources are returning to normal.



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Clarification

Cloth Face Coverings

The [CDC's guidance](#) states:

- Cloth face coverings are not PPE and it is uncertain whether cloth face coverings protect the wearer.
- Cloth face coverings should NOT be worn (by staff) instead of a respirator or facemask.
- Cloth face coverings should be worn, as tolerated, by residents who are not ill-- when they are out of their bedroom.
- Facemasks should be worn, as tolerated, by residents who are ill-- at all times



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COVID-19 Q&A

Panelist

Michelle Dionne-Vahalik, DNP, RN
Associate Commissioner
Long-term Care Regulation

- Updates



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COVID-19 Q&A

Panelist

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

- Updates



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COVID-19 Q&A

Panelist

Patty Ducayet
State Long-Term Care Ombudsman
Telework phone: 737-704-9075

https://apps.hhs.texas.gov/news_info/ombudsman/



Statewide Intake for an LTC Ombudsman:
800-252-2412 or ltc.ombudsman@hhsc.state.tx.us

<https://www.facebook.com/texasltcombudsman?fref=ts>

Hosting weekly 30 min. Facebook Live events to answer questions from family members of LTC residents every Wed. at 12:15p



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COVID-19 Q&A

Panelist

Michael Gayle
Director
HHS/HHSC

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COVID-19 Q&A

Panelist

Dr. Michael Fischer
Department of State Health Services

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COVID-19 Q&A

Panelist

David Gruber

Associate Commissioner for Regional and Local
Health Operations

DSHS

- Updates



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Update

Testing Results

For those facilities who receive test results from tests taken more than 14 days ago:

- If they receive a positive test: Consider the index case patient as recovered if they meet either CDC testing or signs/symptoms criteria
- The index case is considered infectious from 2 days before symptom onset until the time that they qualify to discontinue isolation (see discontinuation of isolation recommendations for healthcare and non-healthcare settings:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>;
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>)



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Update

Testing Results

- If anyone at the facility had close contact with the index case during their infectious period, then they need to be quarantined for 14 days after their last contact that occurred during the infectious period
- If there are no additional positives through testing or signs and symptoms, return to routine operations.
- Consider re-testing based on environment and situation.



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

- Questions and Answers from the week



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COVID-19 Q&A

Question:

If a resident is being admitted or readmitted to a nursing facility and tested negative to COVID-19 prior to entering the facility, do they need to be quarantined for 14 days?

Response:

Yes, the residents should still be quarantined for 14 days upon admission. The CDC's guidance, [Responding to Coronavirus \(COVID-19\) in Nursing Homes](#) states the following:

- “Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19
- A single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE”



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COVID-19 Q&A

Question:

Are newly admitted residents permitted to leave their rooms for therapy during their 14-day quarantine period if they have no signs or symptoms of COVID-19 and they will not interact with anyone else other than the therapist?

Response:

Yes, a resident in 14-day quarantine with no signs or symptoms of COVID-19 may attend therapy outside the resident's room. Continued...



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COVID-19 Q&A

Response continued:

Considerations for NFs with COVID-19 infection:

- Is there frequent cleaning and disinfection of high-touch surfaces and equipment?
- Do staff have adequate PPE, such as N95 or facemask, eye or face protection, gloves, gown?
- Is the service essential?
- Is frequent hand hygiene being performed?
- Is the resident wearing a cloth face covering or facemask, if tolerated, when outside their bedroom?
- Is the resident staying at least 6 feet away from others when outside their bedroom?
- Can the service be provided in an area that permits the resident to stay at least 6 feet away from others?
- Are there other considerations?



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COVID-19 Q&A

Question:

For asymptomatic workers being tested, do they need to wait 10 days from the date the test was conducted or 10 days from the date they receive test results, in order to return to work?

Response:

Asymptomatic workers need to wait 10 days from the date they were tested. Day 1 is the date the test was administered. Follow [DSHS guidance](#) for return-to-work criteria.



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COVID-19 Q&A

Question:

Can asymptomatic staff with COVID-19 care for residents with COVID-19? The CDC guidance for facilities experiencing staffing shortages due to COVID-19 mentions this.

Response:

No, staff with COVID-19 must leave the NF and self-isolate at home until they meet the [return-to-work criteria](#). If a NF has a staffing shortage, immediately notify the LTCR Associate Commissioner or Director of Survey Operations.

Continued...



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COVID-19 Q&A

Response continued:

Per 42 CFR [§483.80](#), a NF must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

- The IPCP must prohibit staff with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. Continued...



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COVID-19 Q&A

Response continued:

If you are experiencing staffing shortages because of employees who are ill, immediately contact:

Michelle Dionne-Vahalik:

Michelle.Dionne-Vahalik@hhsc.state.tx.us

(512) 962-3260

Renee Blanch-Haley:

Renee.Blanch-Haley@hhsc.state.tx.us

(512) 571-2163



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COVID-19 Q&A

Question:

Does COVID-19 count as an emergency or full-scale exercise?

Response:

No, not unless a NF experiences an actual emergency or disaster that requires them to activate their emergency plan. To be exempt from their next full-scale exercise, a NF:

- Must experience an actual emergency or disaster that requires activation of the relevant emergency plans.
- Note: conducting operations as normal with heightened awareness that an emerging infectious disease is occurring, additional infection control procedures or other normal operations is not an example of an emergency event requiring the activation of the emergency plan.
- Emergency preparedness requirements are found in CMS [Appendix Z](#).



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COVID-19 Q&A

Question:

Can nursing facilities use plastic in the hallways to separate the COVID+ units?

Response:

Yes, but temporary walls or barriers or plastic sheeting must not impede or obstruct the means of egress, fire safety components or fire safety systems (e.g., corridors, exit doors, smoke barrier doors, fire alarm pulls, fire sprinklers, smoke detectors, fire alarm panels, or fire extinguishers).



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Questions?

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Thank you!

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