Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTC Regulation and DSHS
05/15/2020

For more information:
Email: PolicyRulesTraining@hhsc.state.tx.us
Phone: 512-438-3161
COVID-19 Q&A

Panelist

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NF, ICF & LSC Policy and Rule Manager
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Long-term Care Regulatory

• Introduction and overview
• Updates
• COVID-19 Response for Nursing Facilities
COVID-19 Q&A

CMS Releases Blanket Waivers for NFs in the following areas:

• **Paid Feeding Assistants**
  - (New since April 30). CMS is modifying the training requirements at 42 CFR §§ 483.60(h)(1)(i) and 483.160(a) for required training of paid feeding assistants. CMS is allowing training to be reduced from a minimum of eight to one hour in length.

• **Specific Life Safety Code**
  - **Alcohol-based Hand-Rub Dispensers**: CMS is waiving the prescriptive requirements for the placement of ABHR dispensers used by staff and others due to the need for the increased use of ABHR in infection control. Refer to: 2012 LSC, sections 18/19.3.2.6.
  - **Fire Drills**: Quarterly fire drills move and mass staff together preventing proper distancing. Therefore, CMS will permit a documented orientation training program for the current fire plan, which considers current facility conditions. The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices in their assigned area. Refer to: 2012 LSC, sections 18/19.7.1.6.
  - **Temporary Construction**: CMS is waiving requirements that would otherwise not permit temporary walls and barriers between patients. Refer to: 2012 LSC, sections 18/19.3.3.2.
COVID-19 Q&A

COVID-19 Response for Nursing Facilities
May 13 Updates

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

1. Review CMS blanket (1135) waivers
   • Develop a staffing contingency plan
   • Follow direction from DSHS, HHSC, and TDEM as they develop and implement a plan to test all residents and NF staff

2. Changes to section IX. Facility Activities Required for LTC COVID-19 Response
   • In Advance and Immediate actions

3. Updates to Attachment 1
   • Immediate Response Guidelines, SPICE Activities

4. Updates to Immediate Prevention Measures
   • Active screening

5. Updates to Control Measures for Residents
   • Resident testing
May 13 Updates

6. Updates to Control Measures for Staff
   • Active Screening
   • Staffing contingency plan
   • PPE and Infection Control Education and Training
   • Staff Testing

7. Updates to Reporting COVID-19
   • If staff are ill or if the LHD, DSHS, or TDEM recommends that all or part of the NF staff immediately leave the NF and self-isolate at home, immediately notify the HHSC LTCR Associate Commissioner or the LTCR Director of Survey Operations.

8. Glossary of Acronyms updated

9. Guidance added to Attachment 13: PPE Donning and Doffing Infographic

10. Addition of Attachment 14: CDC Guidance – Optimization of Facemasks Infographic and Do’s and Don’ts for Facemask Use Infographic
**Attachment 14: PPE**

**EXTENDED USE**
- The practice of wearing the same facemask for repeated close contact with several different residents, without removing the facemask between resident encounters.

**ADJUST facemask**
- Staff should take care not to touch their facemask.
- If staff touch or adjust their facemask, they must immediately perform hand hygiene.

**REMOVE facemask**
- Staff should leave the resident care area if they need to remove the facemask.

**STORE facemask**
- Carefully fold so the outer surface is held inward and against itself to reduce contact with the outer surface during storage.
- Folded facemask can be stored between uses in a clean sealable paper bag or breathable container.

**DISCARD facemask**
- Remove and discard if facemask is spoiled, damaged, or hard to breathe through.

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**HOW TO WEAR A MEDICAL MASK SAFELY**

**Do's**
- 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 outward.
- 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 touch the mask to talk to someone or do other things that would require touching the mask.
- Do not reuse your used mask within the mask of others.
- Do not wear the mask only over mouth or nose.
- Do not use a respirator or damp mask.
- Do not wear a loose mask.
- Do not wear the mask to talk or to someone or do other things that would require touching the mask.

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.
COVID-19 Q&A

Governor Abbott Directs TDEM, DSHS, HHSC To Test All Nursing Home Residents, Staff in Texas

In accordance with Gov. Greg Abbott’s directive to test 100% of residents and staff in nursing homes for COVID-19 infections, HHSC and DSHS are partnering with the Texas Division of Emergency Management, Texas Council on Fire Protection, local health departments, and the Texas Military Department to collect specimens in nursing facilities across Texas.

Facilities that have not had all residents and staff tested in the last 30 days will be contacted to schedule testing. The goal is for this to start immediately.

Depending on where a facility is located in the state, it may be contacted to schedule testing by the:

- local fire department,
- local or regional public health department,
- Emergency Medical Task Force, or
- National Guard Mobile Testing Teams.

Regional Long-term Care Regulatory Directors are serving as the point of contact for the groups scheduling and conducting testing. If you have questions about this process you should contact your LTCR region.
COVID-19 Q&A

Coming Soon

FAQs related to Governor Abbott’s directive that all NF residents and staff be tested for COVID-19
- expected publication today

COVID-19 Response for NFs Version 2.9
- Expected early next week

Updated COVID-19 FAQs
- Expected next week
COVID-19 Q&A

Panelist

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

• NF Testing Updates
Governor Abbott Directs TDEM, DSHS, HHSC To Test All Nursing Home Residents, Staff in Texas

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COVID-19 Q&A

Panelist

Department of State Health Services Representative

• Updates
COVID-19 Q&A

Panelist

Michael Gayle
Director
HHS/HHSC

• Updates
COVID-19 Q&A

Panelist

Patty Ducayet
State Long-Term Care Ombudsman
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• Updates
COVID-19 Q&A

Panelist

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

• Questions and Answers from the week
COVID-19 Q&A

Question:
When will we be able to allow visitors again?

Response:
We have not gotten a date when visitor restrictions are expected to be removed.
COVID-19 Q&A

Question:
Can you verify that employees should only be wearing the surgical masks or cloth face coverings for source control?

Response:
The CDC has guidance on mask use for nursing facilities:
• Well residents should wear cloth face coverings when out of their bedrooms
• Ill Residents should wear surgical facemasks at all times
• Staff should wear a surgical facemask when in the building
• Staff should wear an N95 respirator or surgical facemask, and all suggested PPE, when caring for ill residents
• If there is widespread COVID-19 infection in the building, staff should wear an N95 or surgical facemask and all suggested PPE at all times when in the building

When the CDC says “all suggested PPE,” that includes:
• N95 respirator or surgical facemask
• eye protection
• gloves
• gown
COVID-19 Q&A

**Question:**
Can we quarantine admissions and re-admission in a semi-private room if they have no signs or symptoms and if they have no comorbidity that requires isolation?

**Response:**
The CDC guidance, *Responding to Coronavirus (COVID-19) in Nursing Homes*, indicates that cohorting can occur with residents who have the same COVID-19 status. For example, a newly admitted resident who has no signs or symptoms of respiratory illness and is not under suspicion of having COVID-19 may be cohorted with another newly admitted resident with the same situation If the residents were admitted on the same day, the 14-day quarantine begins on the day of admission.
COVID-19 Q&A

Question:
Based on the most recent 1135 waivers can we use plastic barriers to separate COVID wings/units from the rest of the facility?

Response:
The waivers allow for temporary construction, including temporary walls or barriers between residents, but it is important to remember that temporary walls or barriers including plastic sheeting must not impede or obstruct a 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).
COVID-19 Q&A

Question:
Can we have COVID-19 positive staff work with COVID-19 positive residents?

Response:
No. Staff who test positive for COVID-19 should not work until they meet the DSHS criteria for returning to work. There are both test-based strategies and a non test-based strategy for determining when staff can return to work. This information, including infographics are included in the COVID-19 Response for NF plan.
COVID-19 Q&A

Question:
If an employee tests negative for COVID-19, the recommendation is that they be tested a second time. What if the physician does not agree to administer a second test because they do not have enough testing kits in the area-- can the employee return to work or what is the recommendation?

Response:
Facilities should follow DSHS guidance on when staff can return to work. There is both a test-based strategy and a non test-based strategy. Let’s look at the non test-based strategy first.
# COVID-19 Q&A

## Non-Test-Based Strategies for Healthcare Personnel Return to Work

**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.

**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.
Questions?

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