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Services

Welcome Nursing Facility Providers!

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

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

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

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



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COVID-19 Q&A

CMS Releases Blanket Waivers for NFs in the following areas:

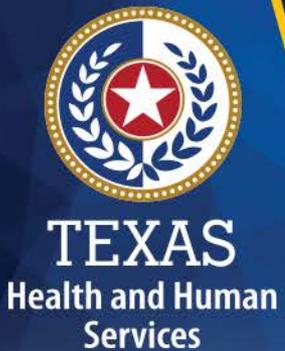
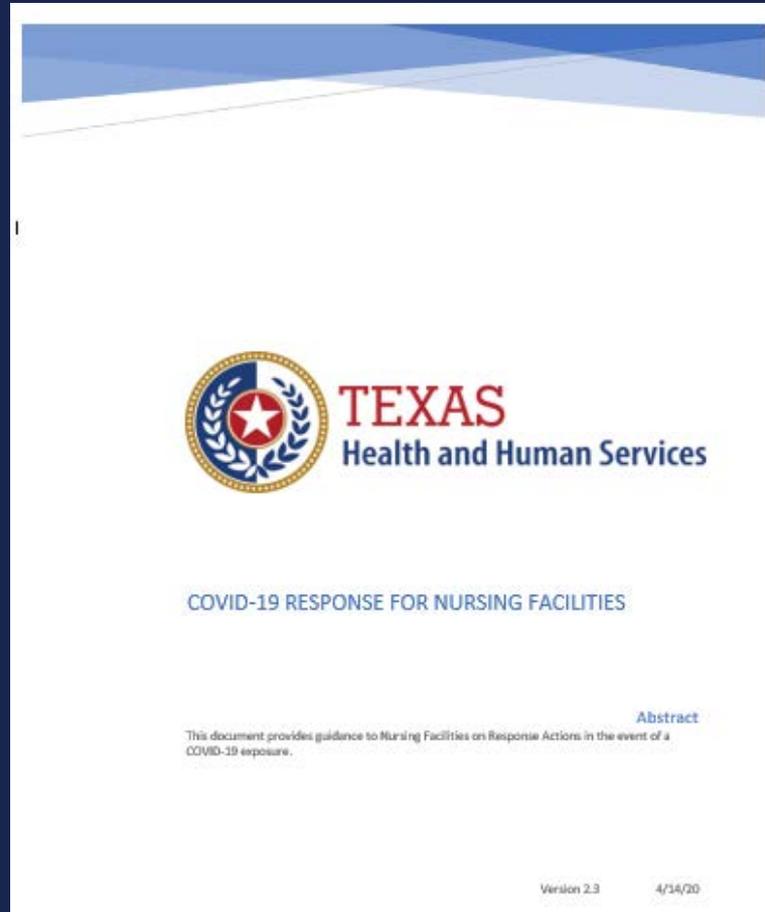
- **Paid Feeding Assistants**
 - (New since April 30). CMS is modifying the training requirements at 42 CFR §§ 483.60(h)(1)(i) and 483.160(a) for required training of paid feeding assistants. CMS is allowing training to be reduced from a minimum of eight to one hour in length.
- **Specific Life Safety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



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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



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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



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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

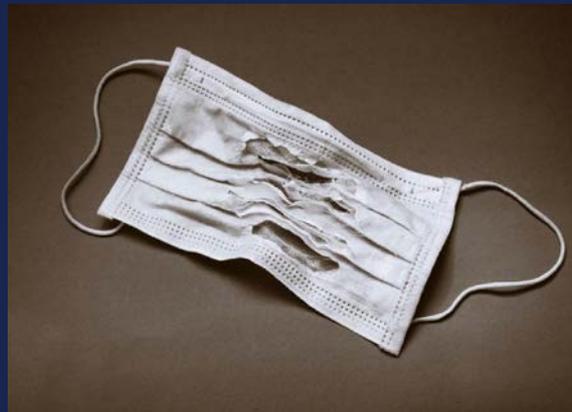
- Staff should leave the resident care area if they need to remove the facemask.

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

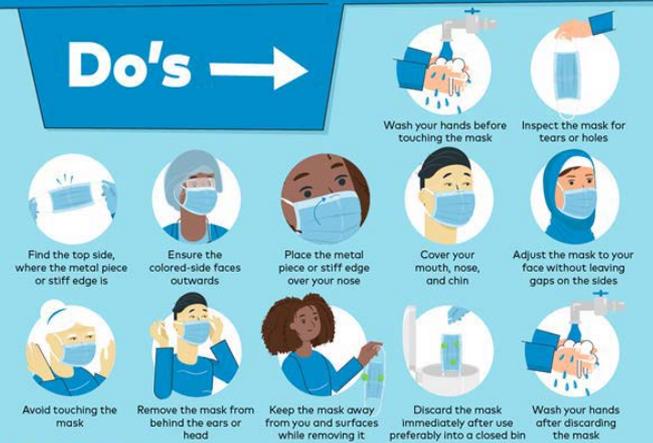
- Remove and discard if facemask is soiled, damaged, or hard to breathe through.



HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →



Don'ts →



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 World Health Organization



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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.



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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



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COVID-19 Q&A

Panelist

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

- NF Testing Updates



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COVID-19 Q&A

Panelist

Department of State Health Services
Representative

- Updates



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COVID-19 Q&A

Panelist

Michael Gayle
Director
HHS/HHSC

- Updates



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COVID-19 Q&A

Panelist

Patty Ducayet

State Long-Term Care Ombudsman

Office of the State Long-Term Care Ombudsman

Statewide #800-252-2412

lrc.ombudsman@hhsc.state.tx.us

- Updates



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Panelist

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

- Questions and Answers from the week



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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



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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**



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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.



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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).



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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.



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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.



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COVID-19 Q&A



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.

Onset date

(or specimen collection date if onset unclear)

Minimum 10 days

+ Afebrile with improved symptoms for at least 72 hours

Case released from isolation 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.²

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

Date of positive result

10 days

No symptoms develop

Case released to return to work

²Note, 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.



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COVID-19 Q&A



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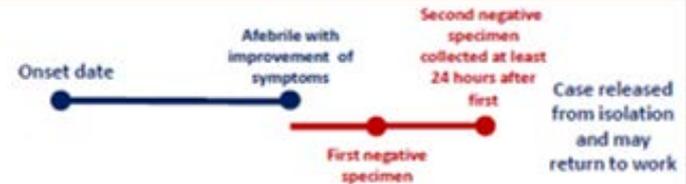
Texas Department of State Health Services

TEST-BASED STRATEGY FOR HEALTHCARE PERSONNEL RETURN TO WORK

Adapted from the Tennessee Department of Health

SYMPTOMATIC CASES

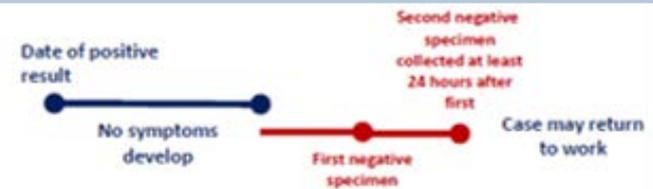
Must be isolated and excluded from work until afebrile (without the use of fever reducing medications) and with improvement of respiratory symptoms, and after receiving negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 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 ≥ 24 hours apart (total of two negative specimens).¹

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



¹Note, 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.

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Questions?

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Thank you!

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