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Welcome Nursing Facility Providers!

**COVID-19 Updates and Q&A with LTC
Regulation and DSHS**
May 22, 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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HHSC Suspends Deallocation of NF Medicaid Beds Due to COVID-19

Due to the impact COVID-19 has had on Texas nursing facilities, HHSC will suspend the deallocation of Medicaid beds this year. Annually, HHSC reviews Medicaid bed allocation and deallocates beds from nursing facilities who are not utilizing them at the level defined in rule ([40 TAC §19.2322\(j\)\(5\)](#)).

[For more information, contact the Medicaid Bed Allocation staff.](#)



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HHSC issues NF Testing FAQs

[NF Testing FAQs #1](#) – published May 19, 2020

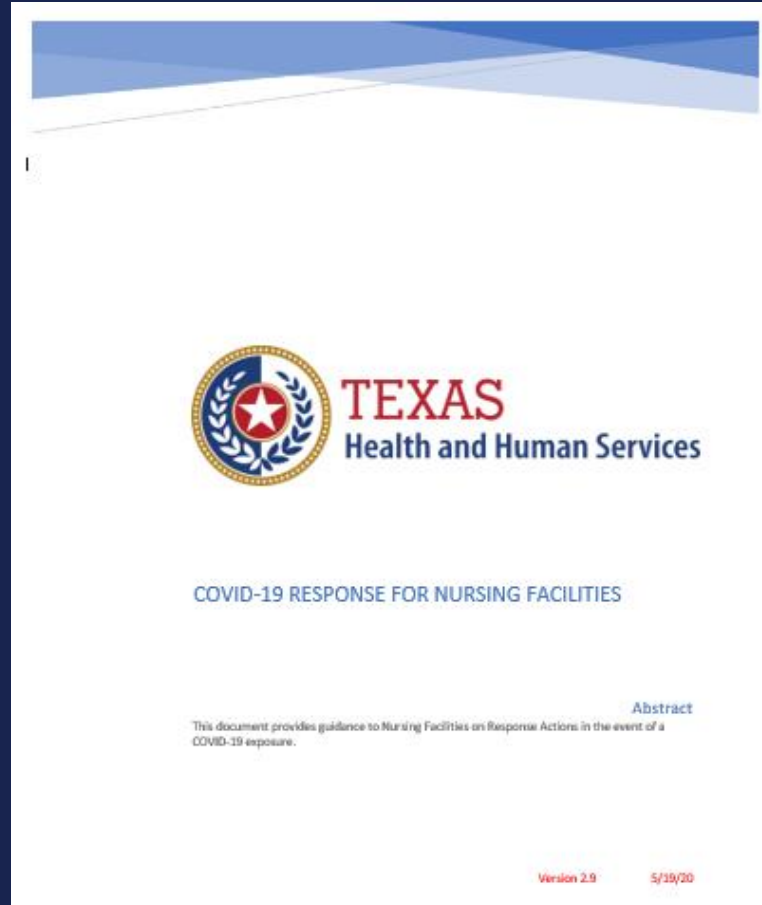
[NF Testing FAQs #2](#) – published May 21, 2020



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COVID-19 Q&A

COVID-19 Response for Nursing Facilities



May 18 Updates

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

1. Contact email for Cecilia Cavuto:
PolicyRulesTraining@hhsc.state.tx.us
2. Updates to resources under section VI. To Do's for Nursing Facilities
3. Updated notes under To Do's for Nursing Facilities section:
 - Staff who are caring for residents with COVID-19, or working in a building with widespread COVID-19 infection, should wear an N95 respirator and all suggested PPE. See guidance in the section related to PPE use when caring for residents with COVID-19.
4. Updates to section IX. Facility Activities Required for LTC COVID-19 Response
 - Updates under 'In Advance (actions focused on response)'
 - Updates under 'Immediate (0-24 hours)'
5. Updates added under Attachment 1 and Attachment 3
 - "If the LHD, DSHS, or TDEM recommend that all or part of the NF staff immediately leave the NF and self-isolate at home because they are ill, immediately notify the HHSC LTCR Associate Commissioner or the LTCR Director of Survey Operations."



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May 18 Updates

6. Updates to Attachment 3

- “See guidance in the section related to PPE use when caring for residents with COVID-19.”
- Information and guidance offered in regards to PPE and N95 respirators

7. List of Referenced Resources has been updated

8. Attachments 15 and 16 added



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Attachment 15: Three Key Factors Required for a Respirator to be Effective

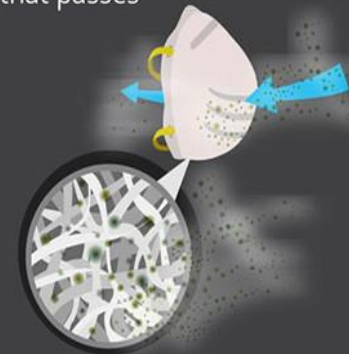
Three Key Factors Required for a Respirator to be Effective



Correct*

Incorrect

- ① The respirator must be put on correctly and worn during the exposure.
- ② The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal.
- ③ The respirator filter must capture more than 95% of the particles from the air that passes through it.



*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not the chin area.



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Attachment 16: User Seal Check - Infographic

Filtering out Confusion: Frequently Asked Questions about Respiratory Protection

User Seal Check

Over 3 million United States employees in approximately 1.3 million workplaces are required to wear respiratory protection. The Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134) requires an annual fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is used in the workplace.¹ Once a fit test has been done to determine the best respirator model and size for a particular user, a user seal check should be done every time the respirator is to be worn to ensure an adequate seal is achieved.



What is a User Seal Check?

A user seal check is a procedure conducted by the respirator wearer to determine if the respirator is being properly worn. The user seal check can either be a positive pressure or negative pressure check.

During a **positive pressure user seal check**, the respirator user **exhales** gently while blocking the paths for air to exit the facepiece. A successful check is when the facepiece is slightly pressurized before increased pressure causes outward leakage.

During a **negative pressure user seal check**, the respirator user **inhales** sharply while blocking the paths for air to enter the facepiece. A successful check is when the facepiece collapses slightly under the negative pressure that is created with this procedure.

A user seal check is sometimes referred to as a fit check. A user seal check should be completed each time the respirator is donned (put on). It is only applicable when a respirator has already been successfully fit tested on the individual.

How do I do a User Seal Check while Wearing a Filtering Facepiece Respirator?

Not every respirator can be checked using both positive and negative pressure. Refer to the manufacturer's instructions for conducting user seal checks on any specific respirator. This information can be found on the box or individual respirator packaging.

The following positive and negative user seal check procedures for filtering facepiece respirators are provided as examples of how to perform these procedures.



Centers for Disease Control
and Prevention
National Institute for Occupational
Safety and Health

How to do a positive pressure user seal check

Once the particulate respirator is properly donned, place your hands over the facepiece, covering as much surface area as possible. Exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure is being built up inside the facepiece without any evidence of outward leakage of air at the seal. Examples of such evidence would be the feeling of air movement on your face along the seal of the facepiece, fogging of your glasses, or a lack of pressure being built up inside the facepiece.

If the particulate respirator has an exhalation valve, then performing a positive pressure check may be impossible. In such cases, a negative pressure check should be performed.

How to do a negative pressure user seal check



Negative pressure seal checks are typically conducted on particulate respirators that have exhalation valves. To conduct a negative pressure user seal check, cover the filter surface with your hands as much as possible and then inhale. The facepiece should collapse on your face and you should not feel air passing between your face and the facepiece.

In the case of either type of seal check, if air leaks around the nose, use both hands to readjust the nosepiece by placing your fingertips at the top of the metal nose clip. Slide your fingertips down both sides of the metal strip to more efficiently mold the nose area to the shape of your nose. Readjust the straps along the sides of your head until a proper seal is achieved.²

If you cannot achieve a proper seal due to air leakage, you may need to be fit tested for a different respirator model or size.

Can a user seal check be considered a substitute for a fit testing?

No. The user seal check does not have the sensitivity and specificity to replace either fit test methods, qualitative or quantitative, that are accepted by OSHA (29 CFR 1910.134). A user should only wear respirator models with which they have achieved a successful fit test within the last year. NIOSH data suggests that the added care from performing a user seal check leads to higher quality donnings (e.g., reduces the chances of a donning with a poor fit).³

Where can I Find More Information?

This information and more is available on the [NIOSH Respirator Trusted-Source webpage](#).

References

1. OSHA (1998). Respiratory Protection. 29 CFR 1910.134. Final rule. Fed Regist 63:152-1300.
2. NIOSH (2016). *How to properly put on and take off a disposable respirator*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. DHHS (NIOSH) Publication No. 2016-133. <https://www.cdc.gov/niosh/docs/2016-133/pdf/>.
3. Ylitalo DJ, Bergman MS, Zhang Z, and Shaffer RE (2012). Evaluation of the benefits of the user seal check on N95 filtering facepiece respirator fit. J Occup Environ Hyg. 9(6):408-416. Photos courtesy of NIOSH.

This document is in the public domain and may be freely copied or reprinted.

DOI: <https://doi.org/10.26561/NIOSHFEU00101120>

DHHS (NIOSH) Publication No. 2018-130

To receive NIOSH documents or more information about occupational safety and health topics, please contact NIOSH.

Telephone: 1-800-CDC-INFO (1-800-232-6363) TTY: 1-888-232-6340 CDC INFO: www.cdc.gov/

info or visit the NIOSH Web site at www.cdc.gov/NIOSH.

For a monthly update on news at NIOSH, subscribe to NIOSH eNews by visiting www.cdc.gov/niosh/eNews.

COVID-19 Q&A

Panelist

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

- Updates



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Panelist

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

- NF Testing Updates



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Panelist

Dr. Michael Fischer
Department of State Health Services

- Updates



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Panelist

Michael Gayle
Director
HHS/HHSC

- Updates



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Panelist

David Gruber

Associate Commissioner for Regional and Local
Health Operations

DSHS

- Updates



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COVID-19 Q&A

Panelist

Patty Ducayet

State Long-Term Care Ombudsman

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-
- Updates



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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



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COVID-19 Q&A

Question:

What should we do if residents or staff refuse to be tested for COVID-19?

Response:

Residents who refuse testing for COVID-19 should be isolated for 14 days and monitored for signs and symptoms of respiratory illness. Residents who refuse testing must not be cohorted with other residents who have tested positive or negative for COVID-19. Staff should wear appropriate PPE when caring for residents who refuse testing.

Staff who refuse testing for COVID-19 must stop working, self-quarantine at home and self-monitor for 14 days unless they provide proof of a negative PCR test.



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COVID-19 Q&A

Question:

If a resident receives dialysis outside the facility, should they be quarantined for 14 days after each visit?

Response:

A resident receiving dialysis services outside the facility does not have to be quarantined when they return.

Residents, who must regularly leave the facility for medically necessary purposes, should wear a facemask (surgical facemask) whenever they leave their bedroom, including for procedures outside of the facility. They should also continue to practice social distancing.

Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of these residents, regardless of presence of symptoms, if PPE supply allows.

The CDC's [Nursing Home Infection Prevention Assessment Tool for COVID-19](#) provides guidance and recommended prevention measures.



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Question:

Are NFs required or advised to close all resident doors in a facility that does not have an outbreak of COVID-19?

Response:

The [CDC guidance](#) recommends closing the door to the resident bedroom for residents who have confirmed or suspected COVID-19.

It does not recommend closing all resident bedroom doors when there is no confirmed or suspected COVID-19.



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Question:

What do the guidelines say are required/acceptable PPE for staff in a nursing facility's quarantine unit of a building with no COVID+?

Response:

If it is a quarantine unit, it means that the persons in that unit have a high index of suspicion that they may be positive for COVID-19 and are under observation.

Information is provided from CDC's Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>)

All recommended PPE should be worn during care of residents under observation; this includes use of an 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, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP when PPE is indicated.



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Question:

What is the expectation in regards to shoe covers and hair covers as PPE?

Response:

CDC guidance does not require shoe covers and hair covers. The facility may require those as part of its own internal policy.

Note: If the facility's internal policy goes beyond the supplies HHSC routinely provides for surveyors (i.e., the facility policy requires hair/shoe covers), then the surveyor may ask to use those supplies. HHSC is not supplying those items to surveyors as they are in short supply and it is difficult to routinely obtain them.



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Question:

Are shoe covers to be worn on isolated halls?

Some facilities are being told to provide/wear shoe covers, then spray shoes down after decontaminating. Some are being told they are not effective and not to wear them as they can lead to spread of infection.

Response:

CDC does not recommend the use of shoe covers for routine care of COVID-19 positive residents. Shoe covers can be added if a large amount of blood/body fluids is expected during care, which is part of Standard Precautions. Staff may choose to use dedicated footwear during their shift and wipe/spray with an effective disinfectant.

If shoe covers and/or hair covers are included as part of the required PPE for a facility, consider and plan for what will happen when shortages of these PPE items occur, as we are already seeing these items in short supply around the state.



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Question:

How can a facility disinfect shoes instead of using shoes covers?

Response:

Per the CDC “To disinfect your shoes, sit down in the clean chair. This will be designated as the clean chair. Once you’re sitting down, use the EPA-registered disinfectant wipes to thoroughly disinfect all the surfaces of your shoes, moving from top to bottom and including the soles. Be sure not to touch your ankles.”

You can find a video of how to do this on the [CDC website](#).



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Question:

Should staff double/triple glove?

Response:

[CDC Guidance](#) does **not** recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.”

From the CDC’s FAQ website on PPE:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

“Is double gloving necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?”

The DSHS Healthcare Safety Investigations Group use the CDC’s guidance for infection control for COVID-19.

Please refer to #2 in the infection control guidance which details the recommended PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

The recommended PPE for suspected/confirmed cases includes a facemask or respirator, eye protection, gown, and gloves. The correct PPE can be viewed here and printed and given to healthcare workers for education: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



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Questions?

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Thank you!

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