



Coronavirus (COVID-19)
Prescribed Pediatric Extended Care Centers
Weekly Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all prescribed pediatric care center (PPECC) providers via this regularly updated Frequently Asked Questions (FAQs) document.

With each update, information will be arranged by date, and if guidance changes from a previous week's FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

April 13-17, 2020

If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering a PPECC?

Answer: No. A PPECC provider should not require screening of emergency services personnel who are responding to an emergency.

Is there any flexibility with the staffing ratio requirements if PPECC employees are sick or do not come into work due to COVID-19?

Answer: No. The staffing ratio is based on the number of minors receiving nursing services at the PPECC. A PPECC provider, at a minimum, must follow the staffing ratio rules found in the Texas Administrative Code, Title 26, Part 1, Chapter [§550.410](#). If the number of minors receiving services in the PPECC changes at any given time, the PPECC can increase or decrease the number of staff providing services in the PPECC, as appropriate.

Are vendors that inspect, test, and maintain fire systems considered essential and should they be granted entry into a PPECC?

Answer: Yes. These are considered essential services, and these vendors should be granted access to the PPECC if they are screened and follow the appropriate CDC guidelines for transmission-based precautions. See [CDC guidance](#).

How do PPECCs get personal protective equipment (PPE)?

Answer: PPECC providers should work with their local health departments and emergency management if they need PPE:

- State of Texas Assistance Request (STAR)
https://olympus.soc.texas.gov/files/docs/StarGuides/2020_STAR_SOC_Quick_Reference_Guide.pdf
- Public Health Region
<https://www.dshs.state.tx.us/regions/default.shtm>
- Local Public Health Organizations
<https://www.dshs.state.tx.us/regions/lhds.shtm>
- Texas Division of Emergency Management
<https://tdem.texas.gov/>

Where do PPECC providers go for COVID-19 information?

Answer: Reliable sources of information include:

- [The Centers for Disease Control and Prevention](#)
- [The Centers for Medicare and Medicaid Services](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)

Who do PPECC providers notify if there is a confirmed case of COVID-19 at the PPECC?

Answer: PPECC providers must report confirmed cases of COVID-19 for PPECC staff or minors being served to the local health department, or the Department of State Health Services (DSHS) if there is no local health department. In addition, providers must report the incident of COVID-19 to HHSC's Complaint and Incident Intake either by phone at 1-800-458-9858 or online via the incident submission portal in [TULIP](#).

When can a provider employee return to work after being diagnosed with COVID-19?

Answer: The CDC offers guidance to help providers decide when employees can return to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in the context of local circumstances, and HHSC reminds providers that every employee, facility, and patient population requires individualized consideration.

According to the CDC, two options a provider can use to clear the employee to return to work are:

1. **Test-based strategy** – The employee can return when three conditions have been met:
 - a. Fever-free *without* the use of fever-reducing medication **AND**
 - b. Cough and shortness of breath have improved **AND**
 - c. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19
2. **Non-test-based strategy** – The employee can return when two conditions have been met:
 - a. At least three days (72 hours) have passed since recovery of fever and improvement in cough and shortness of breath **AND**
 - b. At least seven days have passed since symptoms first appeared

After the employee returns to work, both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility. They should wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. They should also be restricted from contact with severely immunocompromised patients until 14 days after illness onset, and they should adhere to all infection control procedures including hand hygiene, respiratory hygiene, and cough etiquette.

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.