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 3.5]
[8/18/20]

TEXAS
Health and Human Services

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1. Purpose

The purpose of this document is to provide NFs with response guidance in the event of a positive COVID-19 case associated with the facility.

2. Goals

- Rapid identification of COVID-19 situation in a NF
- Prevention of spread within the facility
- Protection of residents, staff and visitors
- Provision of care for an infected resident(s)
- Recovery from an in-house NF COVID-19 event

3. Summary

Residents of NFs are more susceptible to COVID-19 infection and the detrimental impact of the virus than the general population. In addition to the susceptibility of residents, a LTC environment presents challenges to infection control and the ability to contain an outbreak, resulting in potentially rapid spread among a highly vulnerable population.

This document provides NFs immediate actions to consider and actions for extended periods after a facility is made aware of potential infection of a resident, provider or visitor.

4. Description of a Nursing Facility

A NF provides institutional care to people whose medical condition regularly requires the skills of licensed nurses. NF services are available to people who receive Medicaid assistance or those who wish to private pay for their care. The NF must provide for the needs of each resident, including room and board, social services, over-the-counter medications, medical supplies and equipment, and personal needs items.

A SNF is a special facility or part of a hospital that provides medically necessary professional services from nurses, physical and occupational therapists, speech pathologists, and audiologists. SNFs provide round-the-clock assistance with health care and activities of daily living. SNFs are used for short-term rehabilitative stays after a resident is released from a hospital.

A hospital-based SNF is located in a hospital and provides skilled nursing care and rehabilitation services for people who have been discharged from that hospital but who are unable to return home right away. They do not accept general admissions.

5. NFs and COVID-19 Environment

A NF is typically a mix of semi-private and private resident bedrooms; the majority of the bedrooms are semi-private, housing two to four people. The bedrooms usually do not have physical barriers like walls or partitions separating the space allotted for each resident inside the room. Rules require a minimum of 100 square feet for a private (one person) bedroom, 80 square feet per person in multiple occupant rooms, and a minimum dimension of 10 feet. Many of the common areas in a NF are intended for use by groups of people. These areas include dining and living room spaces, activity and therapy areas, and common bathing units, which are provided at a ratio of one tub or shower for every 20 residents.

Impact of environment on COVID-19 response:

A typical NF is not physically designed to effectively support social distancing measures, while at the same time housing numerous residents who might require quarantine measures including isolation. The limitations of the physical environment mean many of the protective measures required to limit potential exposure and spread must be accomplished by staff who are already working under extreme conditions.

[NFs can promote social distancing in a variety of ways. For residents who are COVID-19 negative, including those who have fully recovered from COVID-19 and meet CDC criteria for the discontinuation of transmission-based precautions, group activities (including dining and therapies) that adhere to the following criteria are acceptable:

- Limit the number of people in an area of the facility participating in an activity to a number that will ensure social distance is maintained at all times.
- Maintain social distancing of at least 6 feet between each resident.
- Staff and residents perform appropriate hand hygiene before and after each activity.
- Staff wear facemasks and residents wear facemasks or face coverings.
- Do not use shared items.
- Clean and sanitize the activity area and all items used before and after each activity.

For residents with COVID-19 positive status and residents with unknown COVID-19 status, per CMS guidance, all group activities should be cancelled. Meals can be served in the dining room for residents who require assistance with feeding if social distancing is practiced.]

Facility Demographics

NFs are located in metropolitan, urban, and rural locales. Each locale has specific characteristics that affect workforce availability, health care system support, and interactions with public health, emergency care, and jurisdictional administration. Texas currently has 1,220 NFs and nine hospital-based SNF units.

Impact of facility demographics on COVID-19 response:

NFs in more densely populated locations are likely to experience higher risk for exposure among staff and visitors. As a result, these facilities have a higher risk of infection and face more challenges controlling spread when infection occurs. They are also more likely to face staffing shortages because of competitive job markets.

NFs in more rural locations have less health care system support, might not have local health authorities, and have smaller staffing pools, making it harder to cover shortages that result from probable exposure. Facilities in rural areas might also be more challenged to find equipment, such as personal protective equipment (PPE) and ventilators, necessary to care for COVID-19 positive residents.

Facility Considerations

Facilities might have small, medium, or large bed capacity within buildings differing in age, size, available space, and equipment. Available services also differ by facility, affecting the level of available care; ventilator support might not be present, and the types of health care providers on site will also vary.

Impact of facility considerations on COVID-19 response:

There are NFs with limited or no isolation rooms available. Statewide, approximately 30 NFs are equipped to care for residents on ventilators. Bed capacity (along with staff and PPE availability) also affects the number of residents for which each facility can provide care. COVID-19 positive residents will increase the staff and resources required to provide care, further limiting the number of residents that a facility can serve.

Resident Demographics

All NF residents must meet medical necessity to reside in a NF. While all have medical needs, each resident is unique and might require rehabilitation services, minimal supportive care, or significant medical care. Resident conditions will vary physically and mentally, affecting mobility and intellectual capacity.

Impact of resident demographics on COVID -19 response

All NF residents require care from medical professionals who are in increasingly short supply as the pandemic continues. Also, the subpopulation of residents with dementia and Alzheimer's disease are often unable to express when they experience symptoms and could unknowingly (and without staff knowing) spread the virus if infected. This population is also less likely to understand why social distancing and quarantine are necessary and can present challenging behaviors when staff attempt to enforce such restrictions.

Other subpopulations require specialized medical care, including specialized diets, ventilator care, gastronomy (feeding) tubes, and wound care for pressure sores. These specialized needs require a combination of skilled and non-skilled caregivers. Having COVID-19 infections in a facility will increase the demands on and for staff.

NF Staffing Considerations

The NF workforce is made up of medical professionals and direct care staff including: registered nurses (RNs), licensed vocational nurses (LVNs), certified nurse aides (CNAs), medication aides, respiratory therapists, facility support staff, and other skilled and non-skilled workers. Rules require NFs to provide nursing services at a ratio of not less than one licensed nurse for every 20 residents, or a minimum of 0.4 licensed-care hours per resident perday.

Impact of NF staffing considerations on COVID-19 response:

Many NF residents' daily activities, such as dining, bathing, grooming and ambulating, require partial or total assistance from facility staff. Caring for someone with COVID-19 requires additional time and resources, including PPE, to maintain infection control and protect other residents and staff. As staff are exposed, become symptomatic or test positive for COVID-19, the available workforce will decline making it even more challenging for NFs to provide care.

Additionally, NFs don't normally have a physician on-site. Typically, there is an RN and several LVNs and CNAs on staff. Staffing shortages resulting from possible exposure could lead to NFs refusing to admit residents because they cannot provide care. It is also common for NF staff to work in more than one NF, so if an employee is exposed, it is likely he or she will expose residentsand staff in more than one NF, making it difficult to contain spread. A NF should follow CMS guidance (released April 2, 2020) related to NF staffing.

Visitors

During routine NF operations, visitors including family members, volunteers, consultants, external providers, and contractors regularly enter facilities. Many perform services essential for facility function, or in the case of service providers such as hospice and dialysis staff, they provide services critical to resident care. It is

important to note current CMS and state guidance to NFs requires they limit visitors to only those who are providing critical assistance and only if these essential visitors are properly screened, except in cases when a nursing facility meets the requirements and becomes approved for Phase 1 Visitation.

Impact of visitors on COVID-19 response:

Despite efforts to screen visitors prior to allowing them to enter the facility, every person allowed inside the building increases the risk of infection. Some people will present as asymptomatic during screening but will have COVID-19 and unknowingly spread the virus. Some visitors will not follow standard precautions such as proper hand-washing, use of hand sanitizer, use of PPE, isolation protocols, and limiting the number of areas in the building that they access – all of which increases the risk of infection for residents and staff.

6. To Do's for Nursing Facilities:

- Review resources listed under List of Referenced Resources
- Review the CDC's LTC Webinar Series
- Review CMS blanket (1135) waivers
- Review ATTACHMENT 4: Phase 1 Visitation
- Review Emergency Rules for Phase 1 Visitation
- Review Emergency Rules for COVID-19 Mitigation
- Comply with all CMS and CDC guidance related to infection control. (NFs need to frequently monitor CDC and CMS guidance, as it is being updated often.)

Note: 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).

- Review resident isolation and quarantine plans with staff.
- For the duration of the state of emergency, all NF personnel should wear a facemask while in the facility. Staff who are have been appropriately trained and fit-tested can use N95 respirators. Staff who are caring for residents with COVID-19 or caring for residents 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.
- Actively screen, monitor, and surveil everyone who comes into the facility.
- To avoid transmission within facilities, NFs should use separate staffing teams for COVID-19-positive residents to the best of their ability, and designate separate facilities or units within a facility to separate residents into three categories: those who are COVID-19-negative, those who are COVID-19-positive, and those with unknown COVID-19 status.
- Quarantine residents with exposure or symptoms.

[Note: All residents with unknown COVID-19 status must be quarantined for 14 days.]

- Isolate residents with positive cases.
- Communicate with residents, staff, and family when exposure to probable or confirmed cases occur in the facility.
- Keep an up-to-date list of all staff who work in other facilities.
- Require staff self-monitoring on days they work and on days they don't work.

- Require staff to report via phone prior to reporting for work if they have known exposure or symptoms.
- Follow the guidance under Control Measures for Staff to determine when staff can return to work after recovering from an illness.
- Post a list of state contacts where it is visible on all shifts. The list should at least include phone numbers for the local health authority or DSHS office and the regional HHSC LTCR office.
- Follow physician's plan for immediate care of any resident with a positive case. Orders can include increased assessment frequency, increased monitoring of fluid intake and output, supportive care, a treatment plan, and what to do in case of a change in the resident's status.
- Inform the resident of treatment or supportive care plans; residents have the right to participate in care planning.
- Use the ASPR TRACIE workforce virtual toolkit.
- Review the ASPR TRACIE resources document: Nursing Home Concepts of Operations for Infection Prevention and Control

Note: New admissions, readmissions, and residents who have spent one or more nights away from the facility are all considered residents with unknown COVID-19 status. [All residents with unknown COVID-19 status must be quarantined for 14 days.] Residents who leave the facility for medically necessary appointments and return the same day are not considered to have unknown COVID-19 status. These residents' COVID-19 status is the same as when they left the facility for their appointment and can return to their usual room.

7. S.P.I.C.E.

Recognizing notification of a potential COVID-19 situation in a facility can result in disorientation, questions, and confusion; this document suggests NFs focus on the following five basic actions (S.P.I.C.E.) to anchor activities:

- **S**urveillance – Monitor for symptoms – fever, cough, shortness of breath, or difficulty breathing – for each resident at least once each shift.
- **P**rotection/PPE – Protect workforce and residents through soap/water; hand sanitizer; facemask. If coughing or potential splash precautions are needed, wear a gown and face/eye shields. Refer to DSHS guidance.
- **I**solate – Residents with probable and confirmed cases need to be isolated.
- **C**ommunicate – Call local health department/authority or DSHS and HHSC Long-term Care Regulation (LTCR) to report COVID-19 activity as required.
- **E**valuate – Infection control processes, spread of infection and mitigation efforts, and staffing availability need to be assessed.

S.P.I.C.E. is not meant to be all-encompassing. It is suggested to assist initial actions and be a reminder of necessary activities.

8. HHSC Long-term Care Regulation Activities with NFs that have Positive COVID-19 Cases

For a report of a positive COVID-19 test (resident or staff) in a NF, HHSC will take the following steps:

- Verify the NF is prohibiting non-essential visitors.
- Generate a priority 1 intake (must be investigated within 24 hours).
- Conduct a focused review of facility infection control processes.
- Communicate with the local health department/local health authority and DSHS.
- Determine the number of residents probable or positive for COVID-19.
- Determine the number of staff probable or positive for COVID-19.
- Review facility isolation precautions and determine how residents are isolated in the facility (dedicated wing, private room) to ensure compliance with requirements.
- Verify that upon the first positive test result of a NF staff member or resident, the facility worked with local health authorities, DSHS, and HHSC to coordinate testing of all NF staff and residents.
- Determine that all staff probable or positive for COVID-19 have been sent home and the facility knows to coordinate any return to work with the local health department.
- Determine if facilities have sufficient PPE.
- Determine if facilities are screening residents and staff, and at what frequency.
- Determine if others (contract staff, family members) are also being tested.
- Determine if there is a control or quarantine order.
- Ensure the control/quarantine orders are followed.
- Perform a call-down to all other facilities in the county when staff at one facility tests positive for COVID-19.
- Determine if facilities are following rules and regulations related to admission and discharge and are readmitting residents when appropriate.
- Determine if staff, residents, and families are notified of positive COVID-19 cases in the facility.
- Track facilities by program type and number of positive and probable cases.
- Track hospitalizations of COVID-19 positive NF residents.
- Track deaths of COVID-19 positive NF residents.
- Maintain communication with facilities after investigations are complete.

9. Facility Activities Required for LTC COVID-19 Response

In Advance (actions focused on response)

- Review/create cohort plans for residents
- Review Health Care Associated Infection (HAI) plan
- Determine/review who is responsible for specific facility plans
- Assign at least one individual with training in IPC to provide on-site management of COVID-19 prevention and response activities
- Identify desired applicable waivers
- Develop communication plan (external and internal)
- Conduct supply/resource evaluation
- Review recommended resources listed under List of Referenced Resources
- Develop a staffing contingency plan in case a large number of staff must self-quarantine or isolate because of potential exposure, being probable of, or positive for COVID-19.
- Follow direction from DSHS, HHSC, and TDEM as they develop and implement a plan to test all residents and NF staff.

Immediate (0-24 hours)

- Activate resident isolation/facility cohort plan, including establishing a unit, wing, or group of rooms for any positive residents.
- Supply PPE to care for residents positive for COVID-19. See attachment 9 about optimizing the use of facemasks and do's and don'ts for facemask use, and attachment 10 about donning (putting on) and doffing (taking off) PPE.
- Provide separate spaces to don (put on) and doff (take off) PPE when possible
- When a single area is provided for donning and doffing PPE, these principals should be followed:
  - Provide for hand hygiene and adequate disposal of used PPE in the donning and doffing area
  - Only donning or doffing should occur at any given time – do not perform these activities at the same time
  - Only two people should be in the area at any time - use the buddy system to assure that donning and doffing is done correctly
- Screen residents for signs and symptoms at least once each shift
- Screen staff for signs and symptoms at least at the beginning of their shift
- Enact HAI procedures
- Clean and disinfect facility

    - High-touch surfaces include items like doorknobs, light switches, handrails, countertops - clean and disinfect frequently
    - Workstations include items like computers, chairs, keypads, common-use items - clean and disinfect frequently
    - Equipment includes items like blood pressure cuffs, hoyer lifts and other shared equipment used for resident care - clean and disinfect after each use
    - Use EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2
- Confirm case definitions
- Identify HCW outside activities
- Activate resident transport protocols (for transporting residents out)
- Establish contact with receiving agencies (hospitals, other facilities)
- Identify lead at facility and determine stakeholders involved external to facility
- Engage with community partners (public health, health care, organizational leadership, local/state administrators)
- Review/establish testing plan
- Activate all communication plans
- Determine need for facility restrictions/lock-down
- Supply resource evaluations
- Maintain resident care
- Upon the first positive test result of a NF staff member or resident, work with local health authorities, DSHS, and HHSC to coordinate testing of all NF staff and residents.
- Follow reporting instructions outlined in Reporting COVID-19 under ATTACHMENT 3
- If needed, request deployment of the Rapid Assessment Quick Response Force.

Extended (24-72 hours)

- Supply PPE for health care workers and staff
- Screen residents for signs and symptoms at least once each shift
- Screen staff for signs and symptoms at least at the beginning of their shift
- Continue specialized HAI procedures
- Activate resident transport protocols (for transporting residents out/in)
- Establish contact with transporting/receiving agencies (hospitals, other facilities)
- Engage with external partners
- Testing
- Determine need for facility restrictions/lock-down
- Consider additional healthcare needs

- Maintain resident care
- Work with your LHD or DSHS to establish a resident recovery plan, including when a resident is considered recovered and next steps for care.

Long Term (72 hours plus)

- Screen resident for signs and symptoms at least once each shift
- Screen staff for signs and symptoms at least at the beginning of their shift
- Continue cleaning and disinfecting procedures
- Activate transport (residents in) protocols
- Establish contact with transporting/receiving agencies (hospitals, other facilities)
- Lift of facility restrictions/lock-down
- Consider additional healthcare needs
- Maintain resident care
- Report all deaths (COVID-19 and non-COVID-19 related) that occur in a NF, and those that occur within 24 hours after transferring a resident to a hospital from the NF, to HHSC via TULIP 10 working days after the last day of the month in which the death occurred.

10. State\Regional\Local Support

Texas HHSC will serve as the lead state agency in the state's response to an LTC COVID-19 event. HHSC actions will include:

- Developing recommendations in consultation with DSHS
- Ensuring appropriate/assistance with resident movement
- Providing subject matter experts (SME): LTC, HAI, epidemiology
- Coordination of HHSC, DSHS, emergency management and local actions

Texas COVID-19 Assistance Team - LTC

In addition to the activities of Section VI of this response and those above, HHSC will coordinate formation of a Texas COVID-19 Assistance Team – LTC (TCAT-LTC). This team will include representatives from HHSC, DSHS, local health department (as applicable) and emergency management (as applicable.)

This team will assist NFs with management of a COVID-19 event by providing subject matter expertise, resource request management, and other support to facility actions through initial response activities. The TCAT-LTC will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-LTC deactivation.

To activate TCAT-NF assistance, contact the LTCR Associate Commissioner.

Rapid Assessment Quick Response Force

In addition to the activities of Section 6 of this response and those above, HHSC and DSHS will coordinate formation of a Rapid Assessment Quick Response Force (RA-QRF) team.

The RA-QRF team will assist NFs by providing a rapid response and medical triage team that can be deployed by DSHS through the Emergency Medical Task Force upon notification of a positive COVID-19 resident. The RA-QRF team will triage, assess, and determine resource requirements for response to facilities with vulnerable populations affected by COVID-19. If needed, an additional team can be sent to assist the facility with immediate needs.

The RA-QRF team will provide initial triage, site assessment, review of the facility's policies and procedures, PPE and infection control guidelines, and provide recommendations to help reduce the spread of COVID-19. The RA-QRF will provide COVID-19 testing for residents and staff, provide immediate on- site training recommendations and PPE education.

To activate RA-QRF team assistance, contact the LTCR Associate Commissioner and DSHS.

ATTACHMENT 1: Immediate Response Guidelines

IMMEDIATE ACTIONS (0-24 hours)

FACILITY ACTIONS

REVIEW ***SPICE*** ACTIVITIES

Prevent further disease spread

- Determine number of residents potentially infected
- Determine number of staff potentially infected
- Invoke isolation precautions/plans
- Determine who has been tested
- If applicable, invoke quarantine or control order
- Prevent staff working in more than one facility when possible
- Identify if exposed staff are working in other facilities
- Upon the first positive test result of a NF staff member or resident, work with local health authorities, DSHS, and HHSC to coordinate testing of all NF staff and residents.
- Follow reporting instructions outlined in Reporting COVID-19 under ATTACHMENT 3

Create an isolation wing/unit

- Identify a separate, well-ventilated area to use as an isolation area. This NF area should be an isolated wing, unit, or floor that provides meaningful separation between COVID-19 positive residents and the space where the facility cares for residents who are COVID-19 negative or untested and asymptomatic. A curtain or a moveable screen does not provide meaningful separation.

Note: 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).

- When possible, use an area with an entrance separated from the rest of building. The isolation space should be separated so the essential NF personnel maintaining the building or providing services to residents in the isolation space are not required to go through areas where negative or asymptomatic residents are receiving care.
- Provide hand hygiene areas as needed, including inside and outside of the entrance to isolation area when possible.

- Provide separate spaces to don (put on) and doff (take off) PPE when possible. See attachment 9 about optimizing the use of facemasks and do's and don'ts for facemask use, and attachment 10 about donning (putting on) and doffing (taking off) PPE.
- When a single area is provided for donning and doffing PPE, these principals should be followed:
  - Provide for hand hygiene and adequate disposal of used PPE in the donning and doffing area
  - Only donning or doffing should occur at any given time – do not perform these activities at the same time
  - Only two people should be in the area at any time - use the buddy system to assure that donning and doffing is done correctly
- Use a private bedroom with its own bathroom for each resident when possible.
- Use a semi-private bedroom and cohort COVID-19 positive residents if necessary. If a resident with COVID-19 has another infectious disease that requires transmission-based precautions, they need to be in a single occupancy room.
- House a resident in the same bedroom for their entire stay while in the isolation unit/wing when possible.
- Limit resident transport and movement to medically essential purposes only.
- Use dedicated HCW and staff for the isolation area.
- Minimize traffic in and out of the isolation area.
- Provide dedicated areas within the isolation area for HCW and staff use, including break rooms, medication rooms, and supply rooms.
- Provide adequate staff with training, skills, and competencies for COVID-19 care.
- Provide dedicated and adequate PPE, supplies and equipment for use in the isolation area.
- Train HCW and staff on proper use and maintenance of PPE per CDC guidance.
- Use dedicated staff to provide meal service and cleaning in the isolation area.
- Transfer all of a resident's personal belongings to the new bedroom in the isolation area, and ensure all belongings are disinfected before they are moved out of the isolation area.

<u>HCW/staff leaving and entering isolation wing/unit</u>

- Directly after entering the isolation area and prior to donning PPE, perform hand hygiene
- Put on proper PPE

- Perform hand hygiene before and after performing resident care
- Directly before exiting the isolation area, remove PPE
- Perform hand hygiene
- Exit isolation area, and directly after leaving the isolation area, perform hygiene
- Disinfect shoes per CDC instruction

Protect from infection

- Enact PPE plans
- Determine PPE supplies
- Screen residents/essential visitors
- Contact other facilities where exposed individuals might have visited/worked
- Consult with LHD or DSHS regarding testing
- Limit staff in contact with infected or exposed

Care for residents who are infected

- Isolate residents who are infected
- Identify cohorts with the same status (exposed, infected)
- Determine level of required care
- Determine if hospitalization and transport are required
- Notify local health care/EMS
- Track signs/symptoms
- Work with your LHD or DSHS to establish a resident recovery plan, including when a resident is considered recovered and next steps for care.

Creating a voluntary isolation NF

- Identify NF location to use as an isolation facility
- Identify service and supply vendors and notify them of anticipated operations start date. Example: Transportation, Oxygen Supply, Laundry, Hospice Agencies, ESRDs
- Arrange for PPE supplies and HCW/staff training.
- Discharge current residents to other NFs in the area if needed, working with residents and families, guardians, and local LTC Ombudsman.
- Standard discharge requirements apply, and a resident's rights are still protected. If current residents do not want to move to another NF, they are not required to move, and the facility should take all actions necessary to protect them from possible COVID-19 exposure.
- Follow steps for establishing an isolation wing or unit if residents do not want to move.

- When residents move, transfer all personal belongings to limit the risk of contamination.
- Work with the LHD or DSHS to test residents per the testing strategy prior to moving them to other NFs.
- Staffing considerations:
- Provide additional training specific to caring for persons with COVID-19
- Provide additional PPE training
- Provide meals to all employees to limit items brought into the facility and to limit them exiting the facility
- Provide showers and changing area for the start and end of each shift
- Increase housekeeping and laundry to accommodate increased needs in a COVID-19 positive environment
- Use an off-site location for interviewing, and orientation of additional employees
- Conduct twice daily COVID-19 conference calls 7 days a week to hear staff concerns and provide immediate support

Note: Staff should not work in more than one zone.

HHSC ACTIONS

See Section 8. HHSC Long-term Care Regulation Activities with NFs that have Positive COVID-19 Cases

EXTERNAL ACTIONS

Texas COVID-19 Assistance Team - NF

- Testing
- Resident Movement
- Emergency Management
- HAI
- LHD
- Resource Requests

DSHS

- Assessment
- Initial Response
- Onsite Coordination
- Monitoring

DSHS, HHSC and TDEM

- Develop and implement testing plan

ATTACHMENT 2: SPICE Graphic

SPICE

for COVID-19

Surveillance

- Sign and Symptoms
- Temperature Checks
- Residents/Staff/Visitors
- Testing

Protection/Personal Protective Equipment

- Clinical Staff
- Support Staff
- Patient
- Supply/Burn-rate

Isolate

- Patient(s) isolated
- Staff Isolated
- Others Isolated

Communicate

- Administrator Contact #:
- Local Health Department #:
- Department of State Health Services #:
- HHSC (TCAT)#:
- Hospital Contact #:

Evaluate

- Review 0-24-hour checklist
- Prevent delay of critical actions
- Communication plan

ATTACHMENT 3: Interim Guidance for Prevention, Management, and Reporting of Coronavirus Disease 2019 (COVID-19) Outbreaks in LTC Facilities

Purpose

This document provides guidance to NFs, including nursing homes and SNFs, for the prevention, management, and reporting of Coronavirus Disease 2019 (COVID-19) outbreaks. Prompt recognition and immediate isolation of probable cases is critical to prevent outbreaks in residential facilities.

Background

Because of their congregate nature and residents served (older adults often with underlying medical conditions), NF populations are at the highest risk of serious illness caused by COVID-19. Every effort must be made to prevent the introduction and spread of disease within these facilities.

People at high risk for developing severe COVID-19 include those who are 65 or older, immunocompromised (including cancer treatment), and have other high-risk conditions such as chronic lung disease, moderate to severe asthma and heart conditions.

People of any age with severe obesity or certain underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure, or liver disease might also be at risk.

COVID-19 is most likely to be introduced into a facility by ill health care personnel (HCP) or visitors. Long-term care facilities should implement aggressive visitor restrictions and enforce sick leave policies for ill staff. Facilities must take the extreme action of restricting visitors except in compassionate care, such as end-of-life situations. Facilities must also restrict entry of non-essential personnel, and essential personnel should be screened for fever and symptoms before they enter the facility to begin their shift.

Note: Emergency Rules issued August 2020 allow certain types of visitation by non-essential individuals for facilities that meet the requirements and become approved for Phase 1 Visitation. Please see Attachment 4: Phase 1 Visitation.

Immediate Prevention Measures

Visitor restriction – On March 13, 2020, the Centers for Medicare and Medicaid Services (CMS) released a memorandum directing all NFs to restrict visitors except

those deemed medically necessary. This is an important measure to prevent the introduction of the virus that causes COVID-19 into NFs. DSHS recommends all NFs restrict all non-essential visitation except in end-of-life care.

End-of-life care is the care given to people who have stopped treatment for their disease and whose death is imminent.

1. For people allowed in the facility (in end-of-life situations when death is imminent), instruct visitors before they enter the facility and residents' rooms on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Screen visitors and exclude those with fever and/or symptoms. Decisions about visitation during an end-of-life situation should be made on a case-by-case basis.
2. Visitors who are allowed in the facility must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. Visitors who are not providing care to residents, such as visitors in end-of-life scenarios, can wear a cloth face cover instead of a facemask if no facemasks are available.
3. Facilities should communicate through multiple channels to inform people and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.
4. In lieu of visits, facilities should consider offering alternative means of communication for people who would otherwise visit.
5. When visitation is necessary or allowable (in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones.
    a. Remind visitors to refrain from physical contact with residents and others while in the facility. Practice social distancing by not shaking hands or hugging and remaining 6 feet apart.
    b. If possible (pending design of building), create dedicated visiting areas near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

Advise visitors, and any person who entered the facility (hospice staff), to monitor for signs and symptoms of respiratory infection and coronavirus for at least 14 days after exiting the facility. If symptoms happen, advise them to self-isolate at home and immediately notify the facility of the date they were in the facility, the people they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the people of reported contact and take all necessary actions based on findings.

Restrict non-essential personnel – Review and revise how the facility interacts with vendors and delivery personnel, agency staff, EMS personnel and equipment,

transportation providers (when taking residents to offsite appointments, etc.), and other non-health care providers (food delivery, etc.). This should include taking necessary actions to prevent any potential transmission. For example, do not have supply vendors bring supplies inside the facility. Instead, have vendors drop off supplies at a dedicated location, such as a loading dock.

Restrict non-essential personnel including volunteers and non-essential consultant personnel (barbers, delivery personnel) from entering the building.

Essential services such as dialysis, interdisciplinary hospice care, organ procurement, or home health personnel should still be permitted to enter the facility provided they are wearing all appropriate PPE and undergo the same fever and symptom screening process as facility staff. Facilities can allow entry of these essential visitors after screening.

Surveyors should not be restricted. CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors might have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to transmission in the next facility and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever or any additional signs or symptoms of illness.

Making deliveries to residents at facilities – Families and other visitors can still deliver items (i.e., food and clothes) to residents at facilities. The facility would need to designate a place outside where deliveries can be left. Facility staff would retrieve the items, bring them inside, and disinfect them prior to delivering the items to the residents. Facilities should follow CDC guidance for appropriate disinfecting guidelines, depending on what the items are.

Active screening – The CDC and CMS recommend NFs screen all staff prior to entering the facility at the beginning of their shift for fever and symptoms consistent with COVID-19. Actively take their temperature and document absence of or shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask, immediately leave the NF, and self-isolate at home.

DSHS has created a template screening log for facility staff that is available on the DSHS website. Facilities should also screen any essential visitors who are permitted to enter the building, including visiting health care providers. Maintain a log of all visitors who enter the building that at minimum includes name, current contact information, and fever and presence/absence of symptoms.

Education – Share the latest information about COVID-19 and review CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

Educate residents and families about COVID-19, actions the facility is taking to protect them and their loved ones (including visitor restrictions) and actions residents and families can take to protect themselves in the facility.

Educate and train health care personnel (HCP) and reinforce sick leave policies and adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have HCP demonstrate competency with putting on and removing PPE. Remind HCP not to report to work when ill.

Educate facility-based and consultant personnel (wound care, podiatry, barber) and volunteers. Including consultants is important because they often provide care in multiple facilities and can be exposed to or serve as a source of pathogen transmission.

Coordinate with your long-term care ombudsman to assist with education to residents and family members. To request help from an ombudsman statewide, call 1-800-252-2412 or email ltc.ombudsman@hhsc.state.tx.us.

Provide Supplies for Recommended Infection Prevention and Control Practices

- Hand hygiene supplies:
- Put alcohol-based hand sanitizer with 60–95 percent alcohol in every resident room (ideally inside and outside of the room) and other resident care and common areas (outside dining hall, in therapy gym).
- Make sure sinks are well-stocked with soap and paper towels for handwashing.
- Respiratory hygiene and cough etiquette:
- Make tissues and facemasks available for people who are coughing.
- Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.
- Make necessary PPE available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. Facilities should have supplies of:
- Facemasks
- N95 respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP)
- Gowns
- Gloves

- Eye protection (face shield or goggles).
- See guidance in the section related to PPE use when caring for residents with COVID-19.
- Consider implementing a respiratory protection program compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training and fit testing.
- Environmental cleaning and disinfection:
- Make sure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning and disinfection of high-touch surfaces and shared resident care equipment.
- Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- High-touch surfaces include items like doorknobs, light switches, handrails, countertops - clean and disinfect frequently
- Workstations include items like computers, chairs, keypads, common-use items - clean and disinfect frequently
- Equipment includes items like blood pressure cuffs, hoyer lifts and other shared equipment used for resident care - clean and disinfect after each use

Control Measures for Residents

Most of the actions that can be taken to prevent or control COVID-19 outbreaks in NFs are not new and include increasing hand hygiene compliance among staff, residents, and their families through education and on the spot coaching, as well as providing facemasks and hand hygiene supplies at the entrance to the facility. Additional critical control measures are listed below:

Monitoring - Ask residents to report if they feel feverish or have symptoms of respiratory infection and coronavirus. Actively monitor all residents upon admission and at least three times daily for fever and respiratory symptoms (including shortness of breath, new or change in cough, sore throat, and oxygen saturation). If the resident has fever or symptoms, implement recommended infection prevention and control (IPC) measures.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue

- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Isolation - Once a case of COVID-19 is identified in the facility, immediate action must be taken to isolate the resident who is positive for COVID-19 away from other residents.

Symptoms of COVID-19 can vary in severity. Initially, symptoms can be mild and not require transfer to a hospital if the facility can follow the infection prevention and control practices recommended by CDC. Residents with known or probable COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should be placed in a private room with their own bathroom.

If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility capable of implementation. Transport personnel and the receiving facility should be notified about the probable diagnosis prior to transfer. While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (kept in their room with the door closed). Appropriate PPE should be used by health care personnel when encountering the resident.

Any roommates should be moved and monitored for fever and symptoms twice daily for 14 days. Room-sharing might be necessary if there are multiple residents with known or probable COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.

Create a plan for cohorting residents with symptoms of respiratory infection and coronavirus, including dedicating HCP to work only on affected units.

If the resident is transferred to a higher level of care, perform a final, full clean of the room, and use an EPA-registered disinfectant that has qualified under EPA's emerging viral pathogens program for use against COVID-19. These products can be found on EPA's List N.

Source control - Ill residents should wear a surgical mask when health care or other essential personnel enter the resident's room. If the resident cannot tolerate a surgical mask, personnel who enter the room must wear N95 respirators, if available

and staff are fit-tested. Respiratory protection should be worn in addition to gown, gloves and face shield.

All residents who are not ill should wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.

All residents who are ill should wear a facemask at all times as tolerated, except for when they are eating or drinking, taking medications, or performing personal hygiene like bathing or oral care.

If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide, depending on the situation). This includes: an N95 or higher-level respirator, eye protection, gloves, and gown. HCP should be trained on PPE use, including putting it on and taking it off.

Social distancing - Remind residents to practice social distancing and perform frequent hand hygiene. Social distancing means avoiding unnecessary physical contact and keeping a distance of at least 6 feet from other people. [For residents with COVID-19 positive status and residents with unknown COVID-19 status, per CMS guidance, all group activities should be cancelled.]

Bathing and showering - NFs experiencing a COVID-19 outbreak should restrict resident movement while the NF is investigating and taking actions to stop the spread of the virus. Residents with active signs and symptoms of respiratory illness or coronavirus should remain in their bedroom while being evaluated and treated. However, care services for other residents can be resumed once appropriate precautions have been implemented.

Ideally, residents with COVID-19 should be accommodated in a separate unit, with separate bathing or showering facilities, designated for care of individuals with COVID-19. If the separate unit does not have separate bathing of showering facilities, the NF should at least designate a bath/shower area that is separate from the ones used for residents who do *not* have COVID-19.

Alternately, the NF could use other strategies for ensuring resident safety while delivering care, including scheduling showering or bathing for residents with COVID-19 at the end of the day so there would be less overlap with residents who do not have COVID-19.

NFs should continue to follow existing CDC recommendations for cleaning and disinfection of equipment and surfaces in shared spaces, like common shower rooms or equipment that must be shared between residents, between every resident use, using the appropriate EPA-approved products for COVID-19 prevention.

HCW should also be able to wear and maintain safe use of all recommended PPE while assisting residents with personal hygiene. Some PPE, including respirators and facemasks, could be compromised if they get wet.

Residents who can bathe independently - If a resident is able to shower independently, they should continue to do so.

Residents who need assistance to bathe - If a resident needs assistance with bathing and:

- the resident has COVID-19 and is symptomatic or asymptomatic, HCW must also be able to wear and maintain safe use of all recommended PPE while assisting residents with personal hygiene; or
- the resident has recovered from COVID-19, per the test-based or non-test-based strategy (or otherwise), OR the resident has consistently tested negative and is asymptomatic, follow established policies and procedures for other care that requires close contact for bathing and showering.

Cleaning and disinfecting the bathing or shower area - If residents with COVID-19 have access to a private bathroom or only share a bathroom with other residents who have the same COVID-19 status, the NF should clean and sanitize the bathroom frequently.

If the bathing or showering area is shared by both residents who have COVID-19 and those who don't, clean and disinfect the area between every resident use.

Resident education - Educate residents and any visitors regarding the importance of handwashing. Assist residents in performing hand hygiene if they are unable to do so themselves. Education should also be provided to residents to cover their coughs and sneezes with a tissue, then throw the tissue away in the trash and wash their hands.

Resident testing - Inform residents that Governor Abbott has directed several agencies, including DSHS, HHSC, and TDEM, to test 100% of residents and staff in NFs for COVID-19. NFs will follow direction from DSHS, HHSC, and TDEM as they develop and implement a plan to test all residents and staff.

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

Recovery - Work with your LHD or DSHS to establish a resident recovery plan, including when a resident is considered recovered and next steps for care. A recovery

plan is the guidance for determining when to discontinue transmission-based precautions and continued are of a resident. The recovery plan may be different depending on whether a test-based or non-test-based strategy is used. Criteria should include:

- Discontinuation of transmission-based precautions without testing.
- Discontinuation of transmission-based precautions with testing.

Control Measures for Staff

Active screening – The CDC and CMS recommend NFs screen all staff prior to entering the facility at the beginning of their shift for fever and other symptoms consistent with COVID-19. Actively take their temperature and document absence of or shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask, immediately leave the NF, and self-isolate at home.

Staffing contingency plan – Develop a staffing contingency plan in case a large number of staff must self-quarantine or isolate because of potential exposure, being probable of, or positive for COVID-19. NFs must:

- have sufficient staff to provide nursing and related services - 40 TAC §19.1001
- have a system for preventing, identifying, and controlling infections and communicable diseases for all residents, including staff policies for the control of communicable diseases in employees and residents - 40 TAC §19.1601
- develop and maintain an emergency preparedness plan that is based on a facility-based and community-based risk assessment, utilizing an all-hazards approach, and includes emerging infectious disease - 42 CFR §483.73(a)

Hand hygiene - Reinforce the importance of hand hygiene among all facility staff, including any contract staff. Facilities can increase the frequency of hand hygiene audits and implement short in-service sessions on the proper technique for hand hygiene.

Ensure that supplies for performing hand hygiene are readily available and easily accessible by staff. Advise staff not to keep hand sanitizer bottles in their pockets. This practice causes hands and sanitizer bottles to become contaminated. Instead, consider keeping alcohol-based hand rub (ABHR) bottles in easily accessible areas, and mounting ABHR to the sides of carts (dining tray carts, wound care carts, medication carts, etc.).

Personal protective equipment (PPE) - Ensure the facility maintains an adequate supply of PPE and that all required PPE is easily accessible to staff entering resident rooms. For residents with COVID-19, CDC recommends staff adhere to standard and transmission-based precautions. If the facility does not have a supply of N95 respirators, facemasks should be worn for droplet protection. Follow the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, which includes detailed information regarding recommended PPE.

Consider designating staff to steward these supplies and encourage appropriate use by staff and residents.

PPE and Infection Control Education and Training - Ensure staff are educated and trained on which PPE they should use, proper procedure for donning (putting on) and doffing (taking off) PPE, and how to determine if the PPE is contaminated or damaged.

NFs must identify whether the following concerns exist and specifically address them through education and training:

- Improper use of PPE
- lack of understanding of proper use of each type of PPE
- lack of fit-testing (see PPE Use When Caring for Residents with COVID-19)
- lack of user seal check
- Improper donning and doffing procedures
- lack of understanding of appropriate donning and doffing sequence
- safety and quality control measures
- lack of appropriate donning and doffing locations
- Cross contamination
- lack of understanding of cold, warm and hot zones within a facility
- cold zone - area with no COVID-19 infection present
- warm zone - area used to monitor residents probable of COVID-19 infection
- hot zone - area where COVID-19 infection is present

If the NF is following the CDC's or DSHS' guidance for optimizing the supply of PPE, inform staff of the expectations specific to the type of PPE they are using. PPE education and training for staff should include at least the following information:

- PPE – simple, easy to understand training that includes:
- use of PPE in a NF without a known positive case of COVID-19
- use of PPE in a NF with a probable or positive case of COVID-19
- donning and doffing sequence and procedures
- Doffing PPE: How to Disinfect Your Shoes

- procedures, if any, for optimizing the use of PPE
- procedures for determining if the PPE is contaminated or soiled
- procedures for disposal of PPE (contaminated or uncontaminated)
- Infection Control – simple, easy to understand training that includes:
- Concept of infection control zones including:
- cold - clean or uncontaminated area
- warm - potentially contaminated area
- hot - contaminated area
- understanding of how cross contamination occurs
- Protocols, policies, and procedures for use during:
- monitoring for COVID-19
- probable COVID-19
- confirmed COVID-19

Note: See attachment 9 about optimizing the use of facemasks and do's and don'ts for facemask use, and attachment 10 about donning (putting on) and doffing (taking off) PPE. Review CDC Strategies for Optimizing the Supply of Facemasks and review the three levels of surge capacity.

Dedicated staff/COVID-19 response teams - Facilities can consider establishing COVID-19 care teams dedicated to the care of positive cases. These teams should be fit-tested for N95 respirators and prepared to provide an advanced level of care for cases if necessary, or until cases can be transferred to a higher level of care. COVID-19 care teams can be implemented if not all staff can be trained and fit-tested for N95 respirators, or if supplies of N95 respirators are insufficient to equip the entire staff. See guidance in the section related to PPE use when caring for residents with COVID-19.

Restrict staff movement between facilities - Facilities should restrict the movement of staff between facilities, unless required in order to maintain adequate staffing at a facility. In those instances, staff should maintain the same designation by cohort status, in all facilities in which they work, and staff should not change designation from one facility to another, unless required in order to maintain adequate staffing for a given cohort.

Sick leave - Review and potentially revise sick leave policies. Staff who are ill must not come to work. Sick leave policies that do not penalize staff with loss of status, wages, or benefits will encourage staff who are ill to stay home.

Staff testing - Inform staff that Governor Abbott has directed several agencies, including DSHS, HHSC, and TDEM, to test 100% of residents and staff in NFs for COVID-19. NFs will follow direction from DSHS, HHSC, and TDEM as they develop and implement a plan to test all residents and NF staff.

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.

Work exclusion – Staff who are confirmed or probable to have COVID-19 must stay at home. See below for guidance on when they may return to work.

Staff return to work – After being diagnosed with COVID-19, an employee can return to work per the guidance below.

- A test-based strategy is NO LONGER RECOMMENDED to determine when to allow health care personnel with COVID to return to work.
- Health care personnel with severe to critical illness or who are severely immunocompromised can return to work 20 days after their positive test if they have been fever-free for at least 24 hours without the use of fever reducing medication, and there is an improvement of symptoms.
- Health care personnel with mild to moderate illness can return to work 10 days after symptoms first appeared and at least 24 hours since their last fever without the use of fever reducing medication, and there is an improvement of symptoms.

After returning to work, HCP should:

- Wear a facemask for source control at all times while in the facility. A facemask instead of a cloth face covering should be used by these HCP for source control while in the facility.
- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for residents with probable or confirmed COVID-19.
- Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility, including adhering to all infection control procedures such as hand hygiene, respiratory hygiene, and cough etiquette.
- Be restricted from contact with severely immunocompromised residents (e.g., transplant, hematology-oncology) until 14 days after illness onset.
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Note: If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, base their return to work on the criteria associated with that diagnosis.

Environmental cleaning and disinfection – Increase environmental cleaning. Clean and disinfect all frequently touched surfaces such as doorknobs/handles, elevator buttons, bathroom surfaces/fixtures, remote controls and wheelchairs. Limit the sharing of personal items and equipment between residents. Provide additional work supplies to avoid sharing (pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Make sure EPA-registered hospital-grade disinfectants are available to allow for frequent disinfection of high-touch surfaces and shared resident care equipment. Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against COVID-19.

Reporting COVID-19

All confirmed cases of COVID-19 must be reported to the city health officer, county health officer, or health unit director having jurisdiction (in instances where there is no local health authority, report to DSHS) immediately.

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.

NFs are also required to report the first confirmed case of COVID-19 in staff or residents, and the first confirmed case of COVID-19 after a facility has been without cases for 14 days or more, to HHSC Complaint and Incident Intake by calling 1-800-458-9858 or through TULIP within 24 hours of the positive test.

Form 3613-A Provider Investigation Report should also be completed and submitted within five days from the day a confirmed case is reported to CII. The provider investigation report may be submitted:

- via TULIP
- by email at ciiprovider@hhsc.state.tx.us; or
- by fax at 877-438-5827

All deaths (COVID-19 and non-COVID-19) that occur in a NF, and those that occur within 24 hours after transferring a resident to a hospital from an NF, must be reported to HHSC through TULIP within 10 working days after the last day of the month in which the death occurred.

Additionally, 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.

In addition, CMS requires NF providers to report the following weekly to the CDC via the National Healthcare Safety Network (NHSN):

- Suspected and confirmed COVID-19 cases among residents and staff, including residents previously treated for COVID-19;
- Total deaths, including COVID-19 deaths among residents and staff;
- Personal protective equipment and hand hygiene supplies in the facility;
- Ventilator capacity and supplies in the facility;
- Resident beds and census;
- Access to COVID-19 testing while the resident is in the facility; and
- Staffing shortages.

Starting May 8, 2020, NFs must register with the CDC's National Healthcare Safety Network (NHSN) for LTC facilities. Follow the guidance for LTCF COVID-19 Module Enrollment.

No later than 11:59 p.m. Sunday, May 17, 2020 NFs must submit their first set of data. To be compliant with the new requirement, facilities must submit the data through the NHSN reporting system at least once every seven days.

CMS also requires NFs to keep all residents and their representatives up to date on the conditions inside the facility, such as when new cases of COVID- 19 occur. Inform residents, their representatives, and families by 5 p.m. the next calendar day following the occurrence of 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. Provide updates weekly, or sooner, when there are new COVID-19 cases, or three or more residents or staff with new-onset of respiratory symptoms.

Follow the guidance in CMS QSO 20-29.

Outbreak Management

If an outbreak of COVID-19 is probable or identified in your facility, strict measures must be put in place to halt disease transmission.

Outbreak definitions – A confirmed outbreak of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid/unpaid staff. All confirmed outbreaks will be reported to the LHD or PHR immediately, as well as to HHSC.

A probable outbreak is defined as one or more cases of respiratory illness within a one-week period without a positive test for COVID-19. Use the probable outbreak

definition if your facility is awaiting test results from either a resident or paid/unpaid staff. You are required to report probable outbreaks to your local health department, local health authority or DSHS pending COVID-19 test results. If you suspect a resident or staff member might have COVID-19, do not wait for test results to implement outbreak control measures.

If you have two or more residents or staff with similar symptoms, report to your local health authority as you would for any other cluster of illness. Maintain a low threshold of suspicion for COVID-19 as early symptoms can be non-specific and include atypical presentations such as diarrhea, nausea, and vomiting, among others.

Implement universal use of facemask for HCP while inside the facility. Follow the DSHS' guidance for optimizing the supply of PPE when deciding how long staff should wear one facemask. Masks should be discarded upon exit, and a new mask should be worn upon reentry.

Homemade facemasks should only be used when all other options have been entirely exhausted and should only be used as source control. These masks are not considered protective.

Consider having HCP wear all recommended PPE for COVID-19 (gown, gloves, eye protection, N95 respirator) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks. Refer to DSHS' strategies for optimizing the supply of PPE.

Restrict residents (to the extent possible) to their rooms except for medically necessary purposes. If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and keep a distance of 6 feet between themselves and other residents.

Implement protocols for cohorting residents based on their COVID-19 status: COVID-19 positive, COVID-19 negative, and unknown COVID-19 status. NF providers should designate HCWs for each cohort and staff should not work with more than one cohort. Once staff are designated to work with a given cohort, staff should not change designation from one day to another, unless required in order to maintain adequate staffing for a cohort. Consider designating entire units within the facility, with dedicated HCP, to care for known or probable COVID-19 cases. These HCP should be appropriately trained and fit-tested for N95 masks if at all possible. See guidance in section related to PPE use when caring for residents with COVID-19.

Movement and monitoring decisions for HCP with exposure to COVID-19 should be made in consultation with local public health authorities. To learn more, refer to the CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of

Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019.

Maintain a line list of all confirmed and probable COVID-19 cases within your facility. Include details such as name, date of birth, age, gender, whether staff or resident, room number or job description, date of symptom onset, fever, symptoms, and others. If your facility does not already have a line list template, you can find one on the DSHS website.

PPE Use When Caring for Residents with COVID-19

HCW should wear an N95 respirator and all suggested PPE when caring for residents with COVID-19. If there is widespread COVID-19 infection in the building, staff should wear an N95 respirator and all suggested PPE when caring for residents.

Per the CDC, "all suggested PPE" includes:

- N95 respirator
- eye protection
- gloves
- gown

If PPE supply is limited, implement strategies to optimize PPE supply, which might include extended use of respirators, facemasks, and eye protection, and limiting gown use to high-contact care activities and those where splashes or sprays are anticipated. Broader testing could be utilized to prioritize PPE supplies.

Cloth gowns - Follow manufacturer's recommendations for cleaning and laundering, including the number of times the gown can be laundered and re-worn. This might differ by manufacturer and type of cloth gown. Immediately remove the gown to be laundered if it becomes soiled.

Certain types of gowns, sometimes called Level 1 or "minimal risk" gowns, do not provide protection from splashes/sprays of blood or body fluids, depending on the material the gown is made of. For these situations:

- Use a disposable, impervious isolation gown when a splash, spray, or cough might be expected.
- If the NF does not have disposable, impervious isolation gowns, use a disposable plastic apron over the cloth gown in these situations.

The NF also should train staff on how to correctly don/doff any cloth or other alternative isolation gown; include a competency check.

Review the CDC's Strategies for Optimizing the Supply of Isolation Gowns for more information.

N95 respirator fit testing - Under serious outbreak conditions in which respirator supplies are severely limited, HCW may not have the opportunity to be fit-tested on a respirator before using it. NFs should make every effort to ensure HCW who need to use tight-fitting respirators are fit-tested to identify the right respirator for the HCW. Under serious outbreak conditions, there may be limited availability of respirators or fit-test kits.

If NFs cannot fit-test HCW for N95 respirators, they should follow the NIOSH guidance for respirator use in a serious outbreak.

While it is not ideal, even without fit-testing, a respirator will provide better protection than a facemask or using no respirator at all. NFs should assist the HCW in choosing a respirator that fits best.

Even if HCW begin using respirators without proper fit-testing, NFs should make every effort to perform fit-testing as respirator supplies allow. NFs should always perform fit-testing for workers who cannot successfully seal check their own respirators.

HCW should review the following OSHA Respiratory Protection Training Videos:

- Respiratory Protection for Healthcare Workers
- The Differences Between Respirators and Surgical Masks
- Respirator Safety: Donning & Doffing
- Respirator Types
- Respirator Fit Testing
- Maintenance and Care of Respirators
- Medical Evaluations
- Respiratory Protection Training Requirements
- Voluntary Use of Respirators
- Counterfeit and Altered Respirators: The Importance of NIOSH Certification

Review attachment 13, the "Three Key Factors Required for a Respirator to be Effective" infographic.

NFs should document that the HCW has reviewed the OSHA respiratory protection training videos.

User Seal Check - HCW wearing tight-fitting respiratory protection should perform a user seal check each time they put on their respirator. A fit test ensures that the respirator fits and provides a secure seal. A user seal check ensures that it's being worn right each time.

HCW can either perform a positive-pressure or negative-pressure seal check:

- A positive-pressure check is accomplished by covering the respirator surface on a filtering facepiece (N95) and trying to breathe out. Cover the surface using your hands. If slight pressure builds up, that means air isn't leaking around the edges of the respirator.
- A negative-pressure check is accomplished by covering the respirator surface on a filtering facepiece N95) and trying to breathe in. Cover the surface using your hands. If no air enters, the seal is tight.

The seal check method may vary by manufacturer and model and will be described in the user instructions. HCW should follow the PPE manufacturer's instructions and recommendations for the proper use, donning, doffing, and user seal check of the N95 respirator.

Review attachment 10, the "User Seal Check" infographic.

ATTACHMENT 4: Phase 1 Visitation

To allow Phase 1 visitation, a NF must meet the following criteria:

- Have no confirmed COVID-19 cases in staff for at least 14 consecutive days.
- Have no active COVID-19 cases among residents.
- Facility staff are tested for COVID-19 weekly.
- If the facility had previous cases of COVID-19 among staff or residents, and LTCR conducted a verification survey and confirmed the following:
    - all staff and residents have fully recovered;
    - the facility has adequate staffing to continue to care for all residents and monitor visits permitted in Phase 1; and
    - the facility is in full compliance with infection control requirements and emergency rules related to COVID-19.
- Submit LTCR Form 2192 to HHSC for approval.

LTCR Form 2192 COVID-19

A NF must complete LTCR Form 2192 Phase 1 COVID-19 Status Attestation Form to notify LTCR that the facility seeks a Phase 1 facility designation, and email the form to the LTCR regional director in the LTCR region where the facility is located. The LTCR regional director or designee will review the form within three days of submission and notify the facility if the request for Phase 1 designation has been approved or denied.

If approved, the facility can allow limited visitation in accordance with the emergency rule. LTCR can conduct an on-site visit to confirm a Phase 1 facility's compliance with Phase 1 requirements at any time. If HHSC determines that the facility does not meet Phase 1 requirements, the facility must immediately stop all visitation allowed under the emergency rules and return to full COVID-19 restrictions.

A nursing facility with a Phase 1 facility designation should be prepared to provide documentation upon request demonstrating that the facility was COVID-19 free for 14 days prior to their request for Phase 1 designation and at any time the facility is allowing Phase 1 visitation. Facilities may provide COVID-19 testing results for the most recent 14-day period prior to the request for Phase 1 designation or Phase 1 visitation activity.

Note: If, at any time after designation as a Phase 1 facility by HHSC, the facility experiences an outbreak of COVID-19, the facility must notify the Regional Director in the LTCR Region where the facility is located that the facility no longer meets Phase 1 criteria, and all Phase 1 visitation must be cancelled until the facility meets the criteria described above.

Please review the following documents for complete language:

- PL 20-24
- NF COVID-19 Phase 1 Visitation Emergency Rules

Antigen Testing

It is important to note the following for a NF that uses antigen testing to meet the weekly staff testing requirement. Antigen diagnostic tests quickly detect fragments of proteins found on or within the virus by testing samples collected from the nasal cavity using swabs. If an antigen test result is negative and there is no known exposure and no symptoms present, you can proceed under the assumption that the negative test is accurate. If an antigen test is negative and there is known exposure and/or symptoms, the test result must be verified with a PCR test.

Overview of Testing for SARS-CoV-2 | CDC

Types of Visitation in Phase 1

A NF facility with a Phase 1 designation can allow:

- Outdoor visits—A visit between a resident and one or more personal visitors that occurs in-person in a dedicated outdoor space.
- Window visits—A personal visit between a visitor and a resident during which the resident and personal visitor are separated by an open window.
- Vehicle parades—A visit between a resident and one or more personal visitors, during which the resident remains outdoors on the facility property, and visitors drive past in a vehicle.
- Compassionate Care Visits—A visit between one permanently designated visitor and a resident experiencing a failure to thrive.

Conditions for Visits

The following requirements apply to all visitation allowed under Phase 1:

- Visits must be scheduled in advance and are by appointment only.
- Visitation appointments must be scheduled to allow time for cleaning and sanitation of the visitation area between visits.
- Physical contact between residents and visitors is prohibited.
- Visits are permitted where adequate space is available that meets criteria and when adequate staff are available to monitor visits.
- All visitors must be screened outside of the nursing facility prior to being allowed to visit, except visitors participating in a vehicle parade. Visitors

who meet any of the following screening criteria must leave the nursing facility campus and reschedule a visit:
    - Fever defined as a temperature of 100.4 Fahrenheit and above, or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
    - Signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
    - Additional signs and symptoms as outlined by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at cdc.gov
    - Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness;
    - or international travel within the last 14 days.
- The resident must wear a facemask or face covering (if tolerated) throughout the visit.
- The nursing facility must ensure social distancing of at least six feet is maintained between visitors and residents at all times and limit the number of visitors and residents in the visitation area as needed.
- The nursing facility can limit the number of visitors per resident per week and the length of time per visit, to ensure equal access by all residents to visitors.
- The nursing facility must clean and disinfect the visitation area, furniture, and all other items per CDC guidance before and after the visit.
- The nursing facility must ensure a comfortable and safe visiting area for outdoor visits (i.e., considering outside air temperatures and ventilation).

The following requirements apply to outdoor visits, window visits, and compassionate care visits:

- A nursing facility must provide hand washing stations, or hand sanitizer, to the visitor and resident before and after visits.
- The visitor and resident must practice hand hygiene before and after the visit.
- The visitor must wear a facemask or face covering over both the mouth and nose throughout the visit.

The following requirements apply to vehicle parades:

- Visitors must remain in the vehicles throughout the parade.
- The nursing facility must ensure social distancing of at least six feet is maintained between residents throughout the parade.

- The nursing facility must ensure residents are not closer than 10 feet to the vehicles for safety reasons.
- The resident must wear a facemask or face covering (if tolerated) throughout the visit.

Compassionate Care Visits

Compassionate care visits are permitted in facilities with Phase 1 designation. Compassionate Care visits must meet the following criteria:

- [Are limited to residents with a diagnosis of failure to thrive. The diagnosis must be made by a physician and documented in the resident records.]
- Are limited to one permanently designated personal visitor per resident. The identity of the visitor must be documented in the resident records.
- The visit can take place in the resident's room or other area of the facility separated from other residents if the resident experiencing a failure to thrive cannot tolerate an outdoor visit.
- The visitor must wear a facemask throughout the visit and the resident must wear a facemask or face covering if tolerated.
- The resident and visitor must practice hand hygiene before and after the visit.
- The facility must limit the movement of the visitor through the facility to ensure interaction with other residents is minimized.
- Staff must supervise/monitor the entire visit.

Only one person can be designated as a resident's compassionate care visitor. For example, if a resident's daughter is the compassionate care visitor, the daughter cannot be replaced by another person, as the compassionate care visitor. The name of the compassionate care visitor must be documented in the resident's record along with the failure to thrive diagnosis from a physician. Compassionate care visitors must be screened before entry each time they visit and must follow all other visitation requirements in the emergency rule.

[Failure to thrive is a state of decline in a resident's physical or mental health, which may be caused by chronic concurrent disease and functional impairment. Signs of a failure to thrice might include weight loss, decreased appetite, poor nutrition, and inactivity. Prevalent and predictive conditions that might lead to a failure to thrive include impaired physical function, malnutrition, depression, and cognitive impairment.]

Glossary of Acronyms in Alphabetical Order

1. ABHR – Alcohol-based hand rub
2. AIIR – Airborne infection isolation room
3. CDC – The Centers for Disease Control and Prevention
4. CFA – Comprehensive functional assessment
5. CMS – The Centers for Medicare and Medicaid Services
6. CNA – Certified nursing aide
7. DSHS – Texas Department of State Health Services
8. EMS – Emergency medical services
9. EPA – Environmental Protection Agency
10. HA – Health authority
11. HAI – Health care associated infection
12. HCP – Health care personnel
13. HCW – Healthcare worker
14. HHSC – Texas Health and Human Service Commission
15. ICAR – Infection control assessment and response tool
16. IPC – Infection prevention and control
17. LHA – Local health authority
18. LHD – Local health department
19. LSC – Life safety code
20. LTC – Long-term care
21. LTCF – Long-term care facility
22. LTCR – Long-term Care Regulation
23. LVN – Licensed vocational nurse
24. MDS – Minimum data set
25. NHSN National Healthcare Safety Network
26. NIOSH – The National Institute for Occupational Safety and Health
27. NF – Nursing facility
28. OSHA – Occupational Safety and Health Administration
29. PASRR – Pre-admission screening and resident review
30. POC – Point of contact
31. PPE – Personal protective equipment
32. QAPI – Quality Assurance and Performance Improvement
33. RA-QRF – Rapid Assessment Quick Response Force
34. RN – Registered nurse
35. SME – Subject matter expert
36. SNF – Skilled nursing facility
37. TCAT – Texas COVID-19 Assistance Team
38. TDEM - Texas Division of Emergency Management

List of Referenced Resources

ASPR TRACIE

COVID-19 Workforce Virtual Toolkit

Nursing Home Concepts of Operations for Infection Prevention and Control

CDC

CDC LTC Webinar Series:

- Clean Hands
- Closely Monitor Residents
- Keep COVID-19 Out
- PPE Lessons
- Sparkling Surfaces
- Cleaning and Disinfecting Your Facility

Considerations for Memory Care Units in Long-term Care Facilities

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) – updated 07/16/2020

Doffing PPE: Disinfect Your Shoes

Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings - Includes PPE Recommendations – updated 07/09/2020

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 -updated 06/18/2020

Key Strategies to Prepare for COVID-19 in Long-term Care Facilities - updated 06/25/2020

LTCF COVID-19 Module Enrollment (NHSN)

National Healthcare Safety Network (NHSN)

Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes

Preparing for COVID-19: Long-term Care Facilities, Nursing Homes -updated 06/25/2020

Responding to Coronavirus (COVID-19) in Nursing Homes

Strategies to Optimize the Supply of PPE and Equipment -updated 07/10/2020

Strategies for Optimizing the Supply of Facemasks -updated 06/28/2020

Strategies for Optimizing the Supply of Isolation Gowns

Strategies to Mitigate Healthcare Personnel Staffing Shortages

Symptoms of Coronavirus

Testing for Coronavirus (COVID-19) in Nursing Homes -updated 07/02/2020

CMS

CMS' April 2, 2020 Guidance CMS Blanket (1135) Waivers

QSO 20-14 Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

QSO 20-26 Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes

QSO 20-29 Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes

DSHS

DSHS COVID-19 LTC Facility Staff Symptom Monitoring Log

DSHS Local Health Entities

Information on PPE

Line List Template

Strategies for Optimizing the Supply of PPE

EPA

List N: Disinfectants for Use Against SARS-CoV-2

HHS

The Difference Between Isolation and Quarantine

HHSC

CII – Reporting to HHSC

Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities

LTCR Regional Contact Information

NF COVID-19 Mitigation and Response Emergency Rules

NF COVID-19 Phase 1 Visitation Emergency Rules

Phase 1 COVID-19 Visitation Requirements PL 20-24

TULIP

NIOSH

Proper N95 Respirator Use for Respiratory Protection Preparedness - includes respirator use during a serious outbreak condition

User Seal Check - N95 respirator

OOG

Governor Abbot's Executive Orders

OSHA

OSHA Respiratory Protection Training Videos, including:

- Respiratory Protection for Healthcare Workers
- The Differences Between Respirators and Surgical Masks
- Respirator Safety: Donning & Doffing
- Respirator Types
- Respirator Fit Testing
- Maintenance and Care of Respirators
- Medical Evaluations

- Respiratory Protection Training Requirements
- Voluntary Use of Respirators
- Counterfeit and Altered Respirators: The Importance of NIOSH Certification
- OSHA Respiratory Protection Standard (29 CFR §1910.134)

ATTACHMENT 5: Comprehensive Mitigation Plan

Comprehensive Mitigation Plan - NF Without COVID-19 Positive Cases

1. Keep COVID-19 from entering your facility:
   a. Restrict all visitors except for compassionate care situations (end-of- life).
   b. Restrict all volunteers and non-essential HCP, including consultant services (e.g., barber, hairdresser).
   c. Implement universal use of source control for everyone in the facility.
   d. Actively screen anyone entering the building.
   e. [Cancel all group activities for COVID-19 positive residents and those with unknown COVID-19 status, per CMS guidance.
   f. For residents who are COVID-19 negative, including those who have fully recovered from COVID-19 and meet CDC criteria for the discontinuation of transmission-based precautions, group activities (including dining and therapies) that adhere to the following criteria are acceptable:

      - Limit the number of people in an area of the facility participating in an activity to a number that will ensure social distance is maintained at all times
      - Maintain social distancing of at least 6 feet between each resident
      - Staff and residents perform appropriate hand hygiene before and after each activity
      - Staff wear facemasks and residents wear facemasks or face coverings
      - Do not use shared items
      - Clean and sanitize the activity area and all items used before and after each activity]

2. Identify infections early:
   a. Actively screen all residents for fever and symptoms of COVID-19 at least each shift
   b. If symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions.
      i. Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms.
      ii. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
   c. Notify LHD or DSHS immediately (<24 hours) if these occur:
      i. Severe respiratory infection causing hospitalization or sudden death
      ii. Clusters (≥3 residents and/or HCP) of respiratory infection
      iii. Individuals with probable or confirmed COVID-19
3. Prevent spread of COVID-19:

a. Actions to take now:
    i. [Cancel all group activities for COVID-19 positive residents and those with unknown COVID-19 status, per CMS guidance.

Note: For residents who are COVID-19 negative, including those who have fully recovered from COVID-19 and meet CDC criteria for the discontinuation of transmission-based precautions, group activities (including dining and therapies) that adhere to the above criteria under 1(f) are acceptable.]

    ii. Enforce social distancing among residents.
    iii. Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.
    iv. Ensure all HCP wear a facemask while in the facility.
4. Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:
    a. If you anticipate or are experiencing PPE shortages, reach out to the LHD or DSHS.
    b. Consider extended use of respirators, facemasks, and eye protection or prioritization of gowns for certain resident care activities.
5. Identify and manage severe illness.

Comprehensive Mitigation Plan - NF with COVID-19 Positive Cases

Determine exactly what level of infection exists at the NF and implement a comprehensive mitigation plan. Work with LHD or DSHS to ensure that test kits are available, and that testing is conducted quickly and efficiently. After the first positive test of a NF staff member or resident, test all residents and staff of the facility for COVID-19. NFs with current positive cases and that have not done comprehensive testing must conduct an assessment of their current infection levels. Test all NF staff and residents who were either not previously tested or were tested previously but are now exhibiting symptoms of COVID-19.

Design and implement a comprehensive mitigation plan. The mitigation plan must address the specific level of infection that is discovered in the NF and include specific actions to accomplish the following:

- Upon the first positive test result of a NF staff member or resident, work with local health authorities, DSHS, and HHSC to coordinate testing of nursing facility staff and residents.
- Isolate residents who are COVID-19 positive in the most effective manner available. Consider a transfer to a different facility (possibly a COVID Positive dedicated facility) or move them to a COVID isolation wing of the facility.

- Limit transport and movement of residents who are COVID-19 positive to isolation or medically essential purposes only.
- Move residents who are not COVID-19 positive to areas within the NF designated for their care.
- Staff who are confirmed to have COVID-19 must stay at home and may only return to work in accordance with the CDC or DSHS Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 guidance.
- Require facility staff to only work in one facility at a time.
- Take immediate measures to inform all who interact (or may have recently interacted) with the NF of the positive result(s) so that further limitations can be enacted to control the spread of infection to family or other service providers. Follow CDC, CMS and DSHS guidance, and this NF COVID-19 Response Plan.
- Implement enhanced cleaning and disinfection techniques.
- Limit all unnecessary visitation.
- To assist in controlling infection, limit access to the facility to designated entrances only.
- Implement enhanced screening techniques

ATTACHMENT 6: Infographic - Facility Actions for COVID-19 Response

Residents of a long-term care facility are susceptible to COVID-19 infection. There are actions that a provider should take to identify a COVID-19 situation, help prevent the spread within a facility, and care for residents who become infected.

In Advance

- Review CDC, DSHS and HHSC guidance
- Review infection prevention and control P&P
- Review emergency preparedness P&P
- Conduct supply/resource evaluation
- Educate and train HCP
- Educate residents and families
- Have a communication plan
- Clean and disinfect facility
- Review/create cohort plan
- Create isolation unit
- Limit access to essential visitors only
- Screen all essential visitors
- Monitor residents for signs/symptoms
- Maintain resident care

Immediately (0-24 hours)

- Supply PPE to HCW
- Supply facemask to residents who are ill
- Supply face covering to residents who are not ill
- Activate isolation/cohort plan
- Activate communication plan
- Report COVID-19 positive case to LHD/DSHS and HHSC
- Test all staff and residents for COVID-19
- Determine need for restrictions/lockdown
- Continue infection prevention and control
- Continue to limit access to essential visitors only
- Continue to screen all essential visitors
- Continue to monitor residents for signs/symptoms
- Continue to clean and disinfect facility
- Maintain resident care

Extended (24-72 hours)

- Supply PPE to HCW
- Supply facemask to residents who are ill
- Supply face covering to residents who are not ill
- Continue infection prevention and control
- Continue to monitor residents for signs/symptoms
- Evaluate need for restrictions/lockdown
- Continue to limit access to essential visitors only
- Continue to screen all essential visitors
- Continue to clean and disinfect facility
- Engage with external partners
- Maintain resident care

Long Term (72 hours plus)

- Supply PPE to HCW
- Supply facemask to residents who are ill
- Supply face covering to residents who are not ill
- Continue infection prevention and control
- Continue to monitor residents for signs/symptoms
- Plan for lifting of restrictions/lockdown
- Continue to limit access to essential visitors only
- Continue to screen all essential visitors
- Continue to clean and disinfect facility
- Maintain resident care

~~ATTACHMENT 7: DSHS Healthcare Personnel Return to Work Strategies – Updated May 5, 2020~~ NOTE: This graphic is being updated. Please see guidance on page 41.

TEXAS Health and Human Services

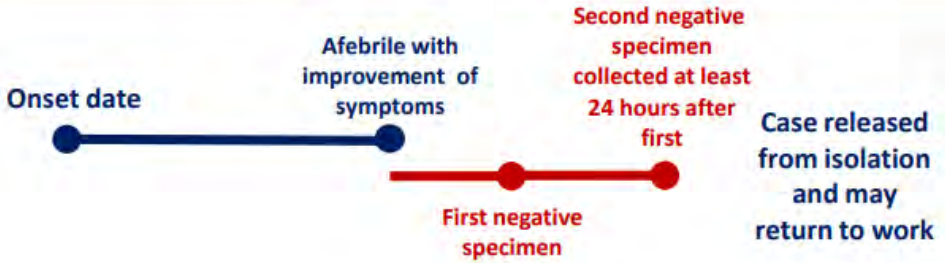
Texas Department of State Health Services

TEST-BASED STRATEGY FOR HEALTHCARE PERSONNEL RETURN TO WORK

Adapted from the Tennessee Department of Health
Guidance applies to both confirmed and probable cases

SYMPTOMATIC CASES

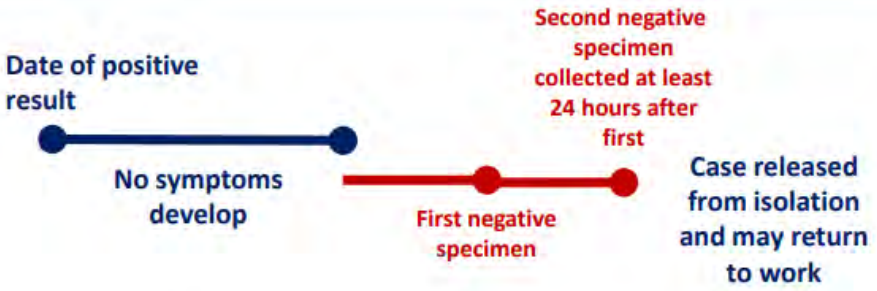
Must be isolated and excluded from work until afebrile (without the use of fever reducing medications) **and** with improvement of respiratory symptoms, **and** after receiving negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens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



ASYMPTOMATIC CASES

Must be isolated and excluded from work until after receiving negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).[1]

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



[1] Note, 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.

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.

TEXAS Health and Human Services

Texas Department of State Health Services

NON-TEST-BASED STRATEGIES FOR HEALTHCARE PERSONNEL RETURN TO WORK

Adapted from the Tennessee Department of Health
Guidance applies to both confirmed and probable cases

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 isolated and 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.

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

[2] Note, 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.

~~ATTACHMENT 8: Discontinuation of Transmission-Based Precautions and Disposition of Residents with COVID-19~~ NOTE: This graphic is being updated. Please see CDC guidance.

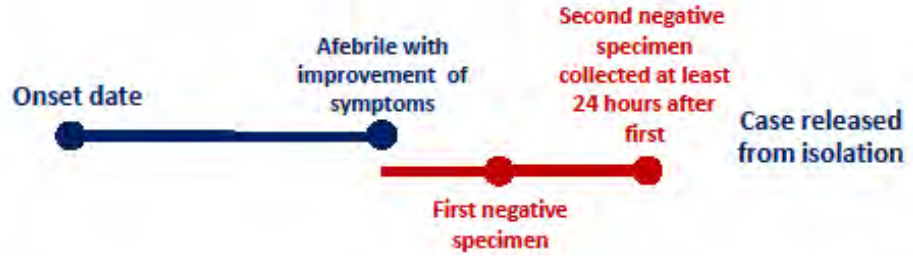
TEST-BASED STRATEGY: DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS AND DISPOSITION OF RESIDENTS WITH COVID-19 (Preferred)

Adapted from the Centers for Disease Control

Must be isolated 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).



NON-TEST-BASED STRATEGY: DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS AND DISPOSITION OF RESIDENTS WITH COVID-19

Must be isolated 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 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.
- A case that is well on day 9 and afebrile and feeling well for 72 hours can be released on day 12.

ATTACHMENT 9: CDC Guidance - Optimization of Facemasks Infographic and Do's and Don'ts for Facemask Use Infographic

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

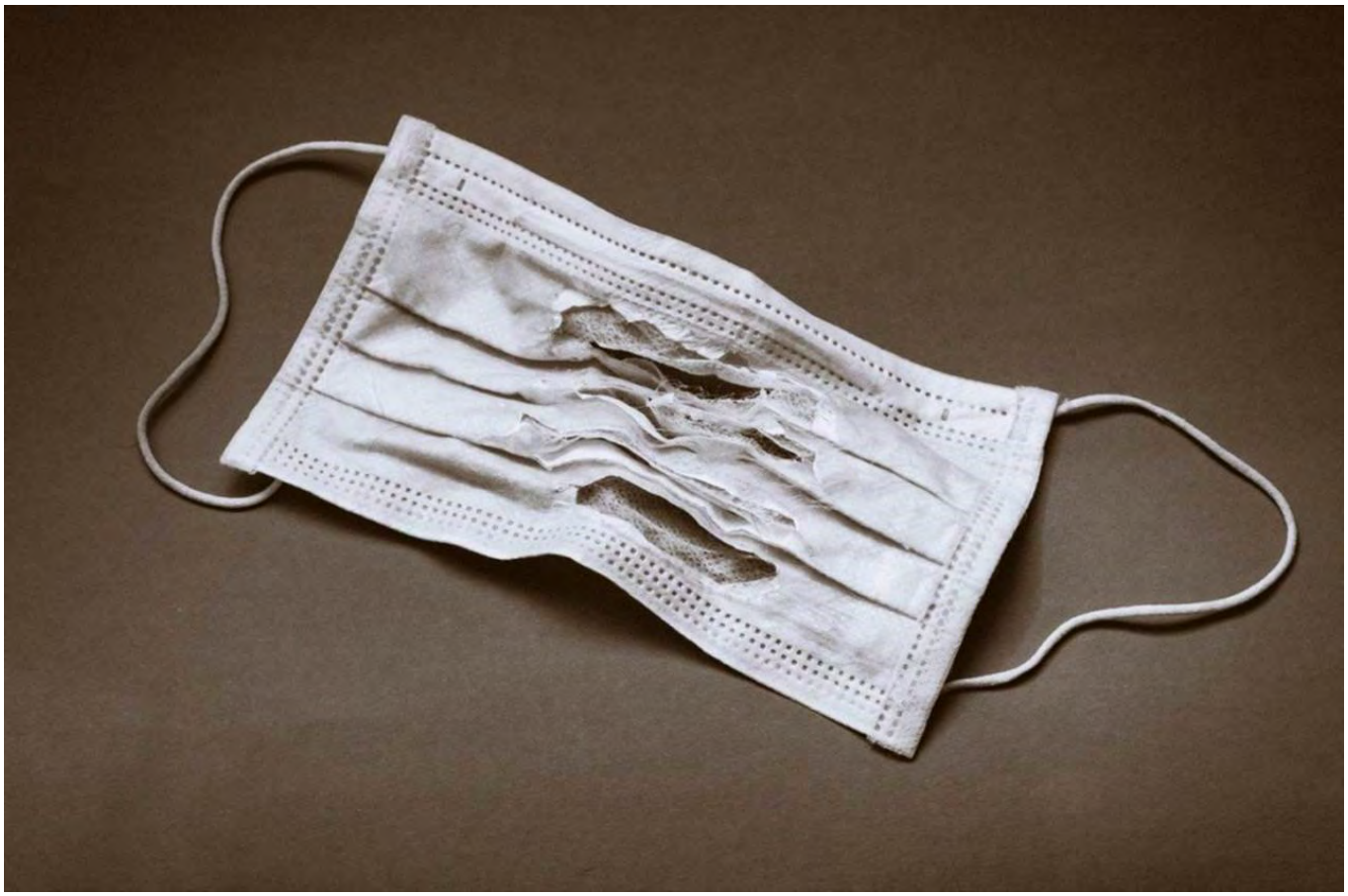
- Staff should take care not to touch their facemask.
- If staff touch or adjust their facemask, they must immediately perform hand hygiene.

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

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

Example of a damaged facemask.



HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

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 outwards

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 Use a ripped or damp mask

Do not wear the mask only over mouth or nose

Do not wear a loose mask

Do not touch the front of the mask

Do not remove the mask to talk to someone or do other things that would require touching the mask

Do not leave your used mask within the reach of others

Do not re-use 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.

EPI-WiN World Health Organization

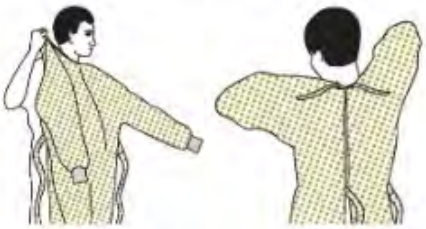
ATTACHMENT 10: PPE Donning and Doffing Infographic

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

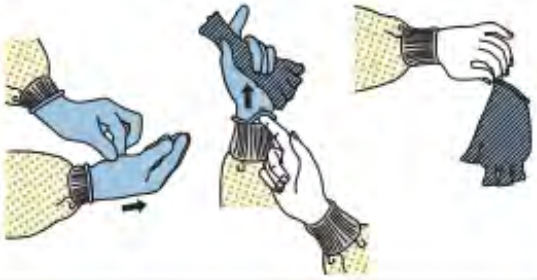
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

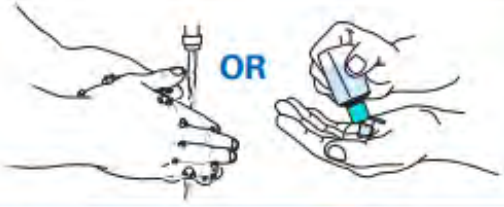
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

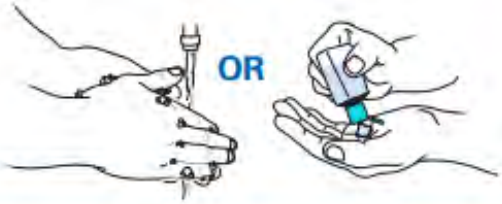
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

ATTACHMENT 11: 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.

CDC NIOSH 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 63:1152-1300.
2. NIOSH [2010]. 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. 2010-138. https://www.cdc.gov/niosh/docs/2010-138/pdfs/2010-138.pdf
3. Vicente DJ, Bergman MS, Zhuang Z, and Shaffer RE [2012]. Evaluation of the benefits of the user seal check on N95 filtering facepiece respirator fit. J Occup and Environ Hyg. 9(6):408-416.

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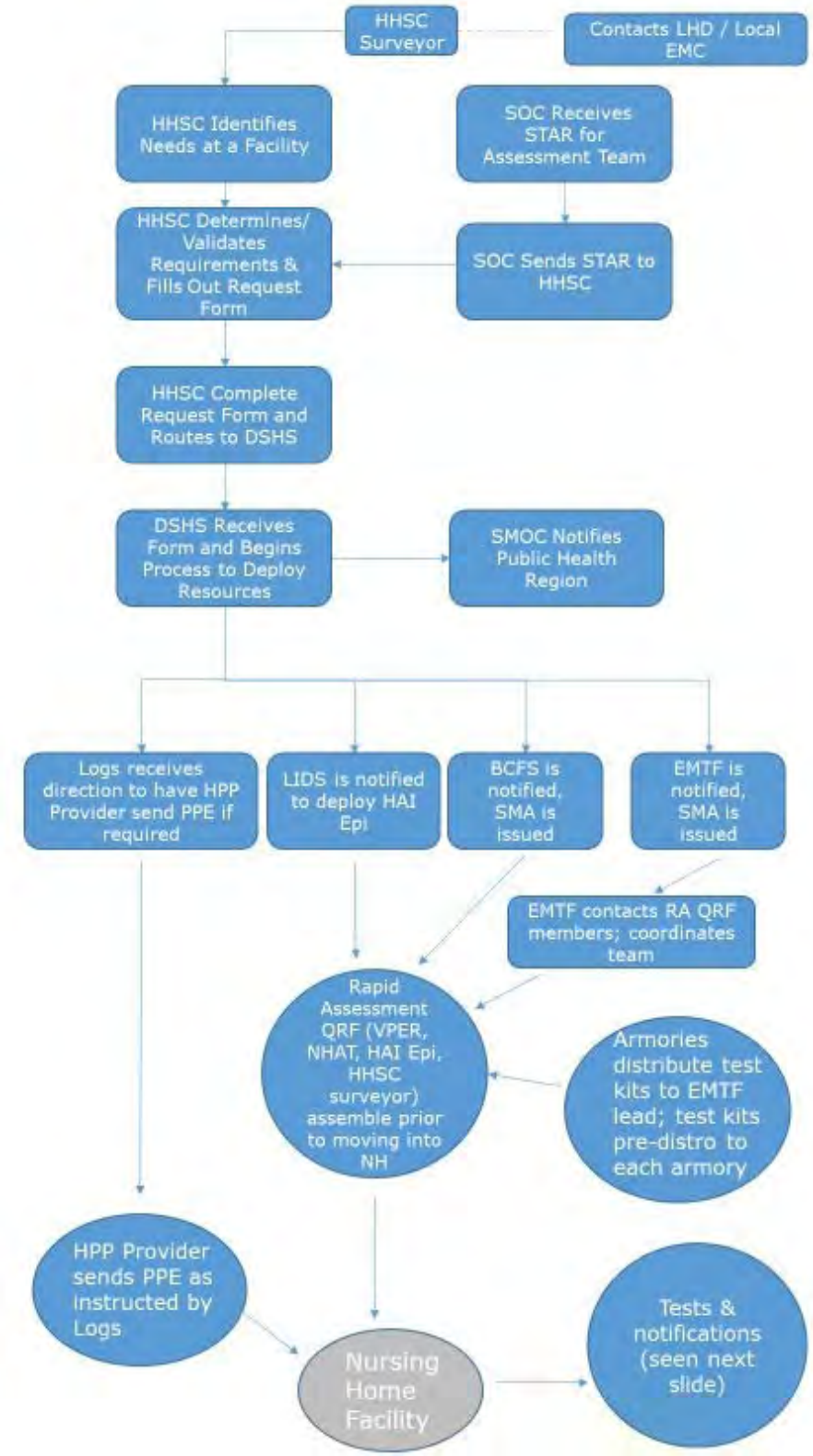
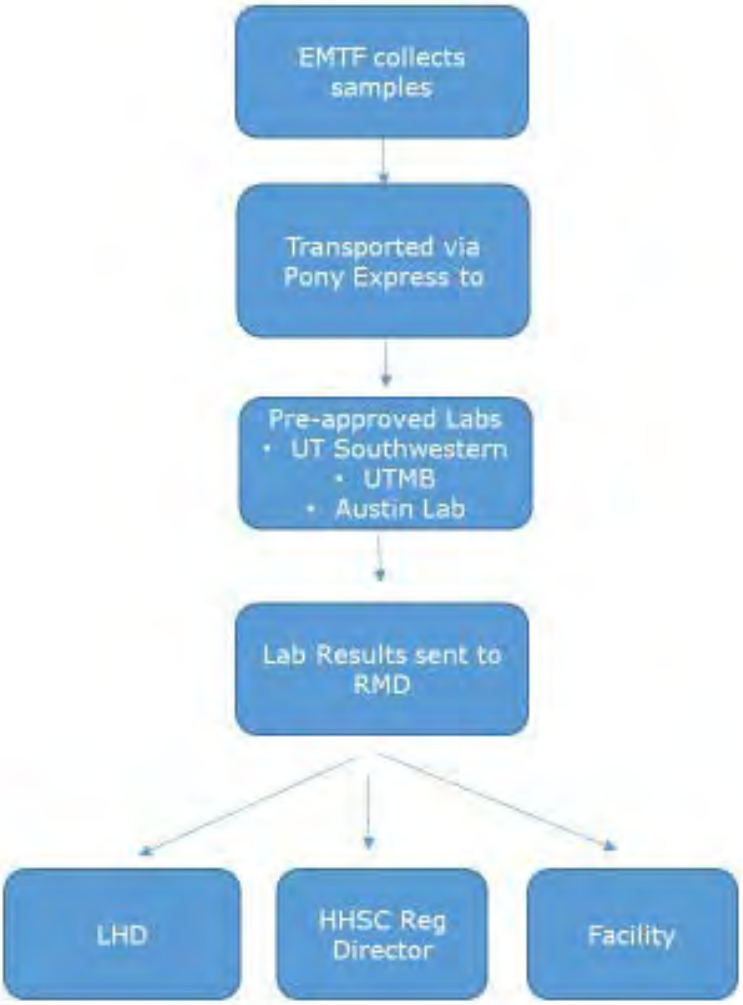
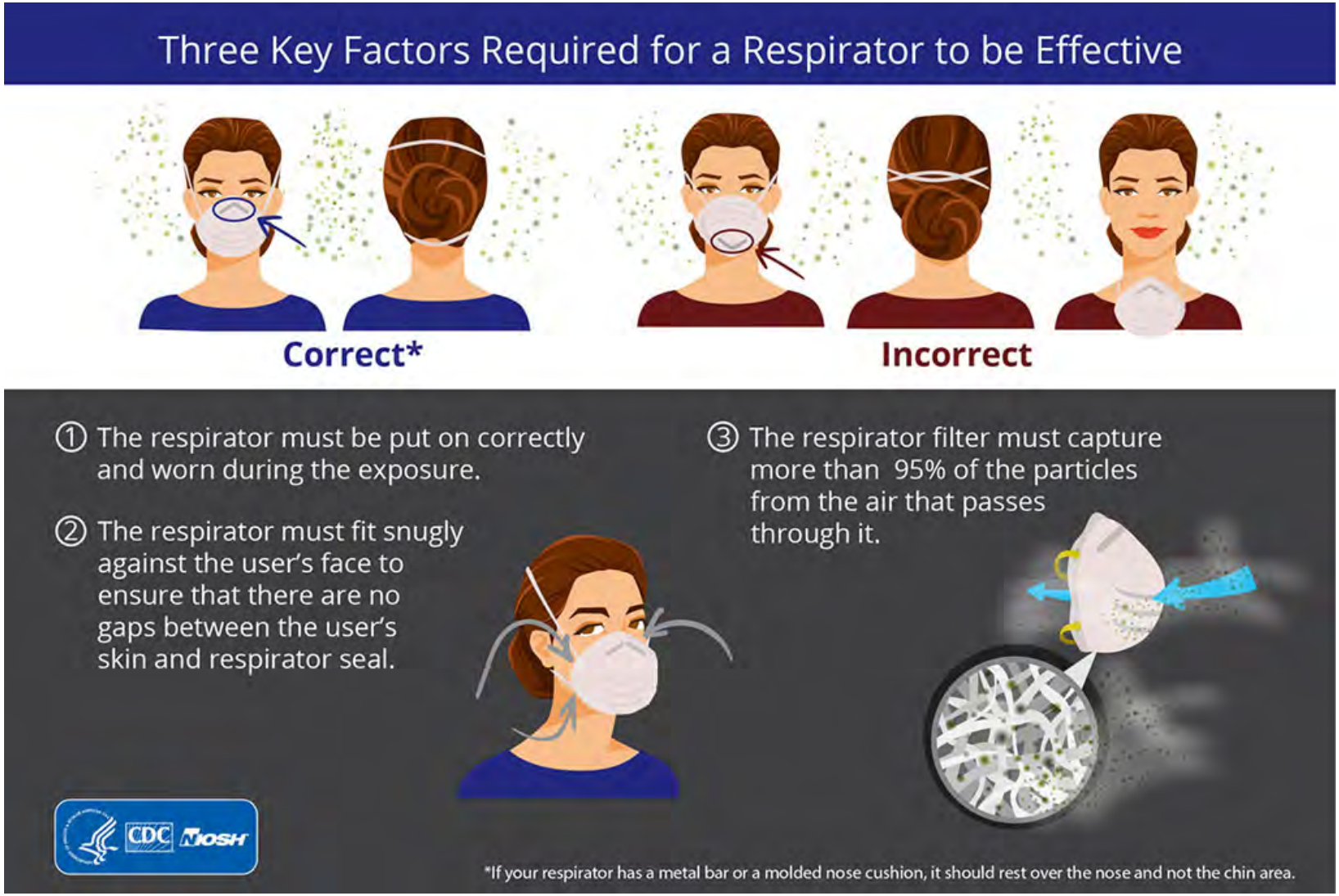
ATTACHMENT 12: RA-QRF Deployment Process



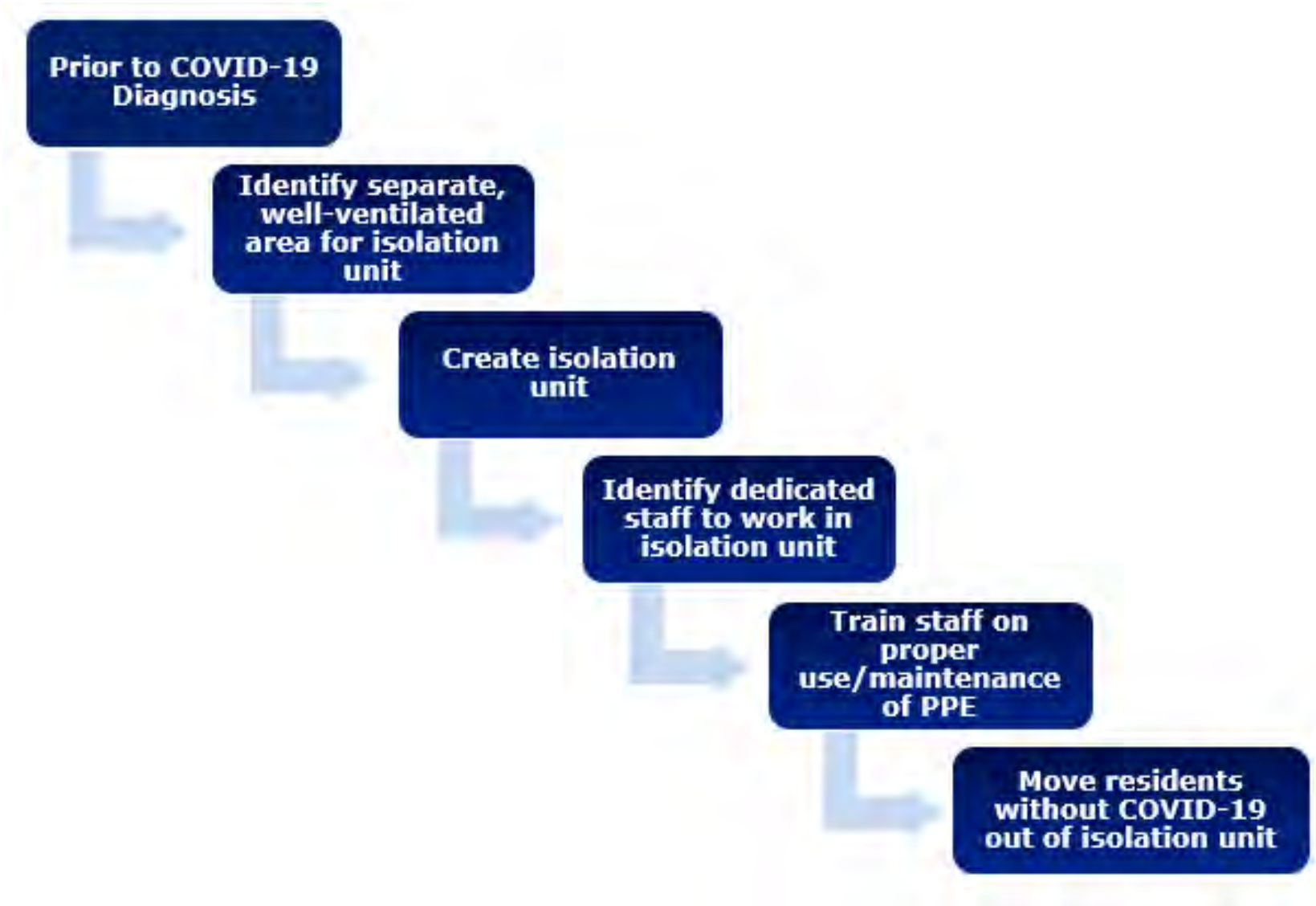
ATTACHMENT 13: RA-QRF Testing and Notification

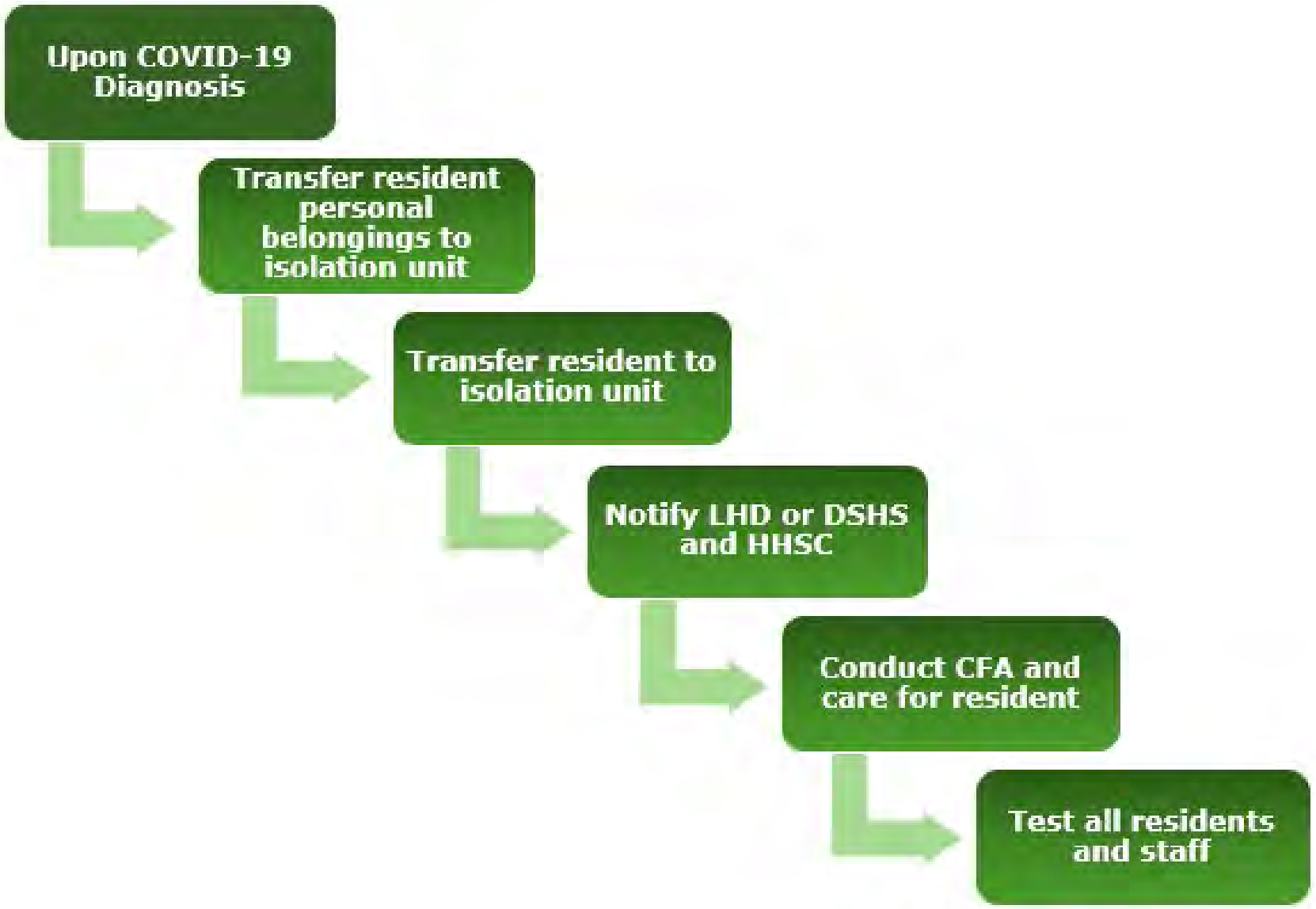


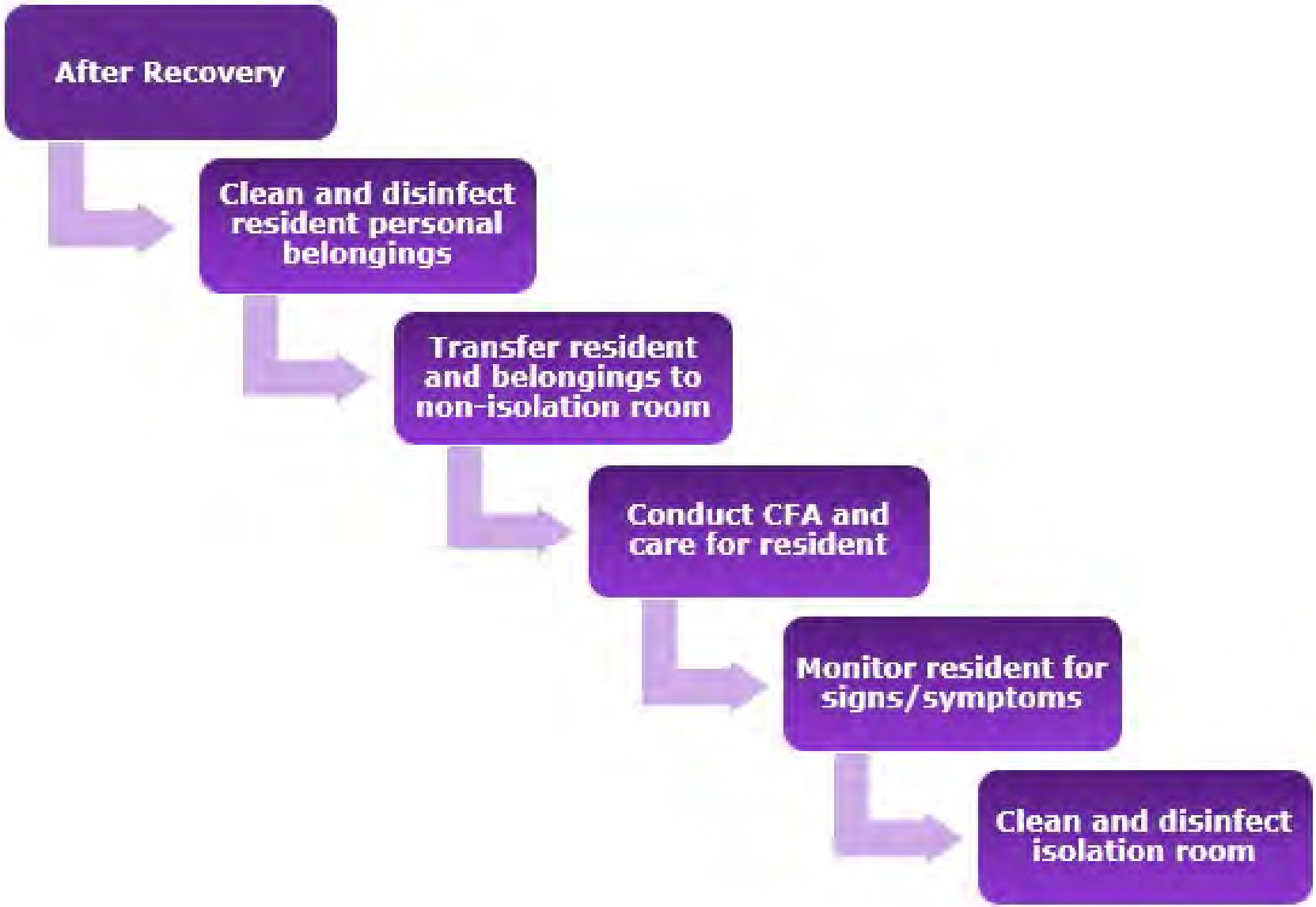
ATTACHMENT 14: Three Key Factors Required for a Respirator to be Effective - Infographic



ATTACHMENT 15: Isolation Unit




Upon COVID-19 Diagnosis
Transfer resident personal belongings to isolation unit
Transfer resident to isolation unit
Notify LHD or DSHS and HHSC
Conduct CFA and care for resident
Test all residents and staff


After Recovery
Clean and disinfect resident personal belongings
Transfer resident and belongings to non-isolation room
Conduct CFA and care for resident
Monitor resident for signs/symptoms
Clean and disinfect isolation room

[ATTACHMENT 16: Symptom Monitoring Log]

Click HERE for Source Document

Long-Term Care Facilities

Coronavirus Disease 2019 (COVID-19) Symptom Monitoring Log

Instructions: Screen all healthcare personnel (HCP) at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Mark the symptoms below with 'Y' for Yes and 'N' for No. Don't leave any spaces blank. If any HCP are ill, have them put on a facemask and leave the workplace. As part of a routine practice, ask HCP to regularly monitor themselves for fever and symptoms of respiratory infection.

Name	Date	Temperature		Signs and Symptoms (Y/N)											Exposure to facilities with confirmed COVID-19 cases (Y/N)
		Time	°F	Fever or chills	New or change in cough	Shortness of breath	Fatigue	Muscle or body aches	Headache	New loss of taste or smell	Sore throat	Congestion or runny nose	Nausea or vomiting	Diarrhea	

ATTACHMENT 17: Tracking Line List

Click HERE for Source Document

Reporting Facility:								Administrator / POC:													
Case Statu	Case Initials or other ID	Age	Gende	Staff or Residen	Unit/Room (or assigned area if staff)	Onset d	Cough	Sore throa	Feve	Shortness of breath	Pneumor	Patient date of admission	Date Symptoms resolved	Duration of Illness	Other respiratory illness testing	Other testing result	Treatme	Hospitalize	Flu Vaccine for Current Seasor	Notes

Definitions	
Case Definition	Description
Confirmed (C):	confirmed case meets COVID-19 definition AND has a positive COVID-19 test (includes rapid test)
Covid-19 Definition	
Covid-19	An illness usually characterized by a fever, cough, and/or shortness of breath. Other symptoms might include muscle aches, fatigue, sore throat, headache, runny nose, chills, abdominal pain/discomfort, nausea, vomiting, or diarrhea. If COVID-19 test results are pending and the resident's symptoms are consistent with COVID-19 or the resident has a relevant epidemiological link, assume the resident is positive and isolate