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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 3.8]
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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, an 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 physical 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 physical distancing in a variety of ways. While adhering to the core principles of COVID-19 infection prevention, communal activities and dining can occur. Residents can eat in the same room and should follow the physical distancing requirements listed below. Additionally, group activities can be facilitated for residents who have fully recovered from COVID-19, as well as for those not in isolation for observation or with suspected or confirmed COVID-19 status. Facilities can offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. Group activities 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 physical 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.

Facilities should consider additional limitations based on status of COVID-19 infections in the facility.

For residents with COVID-19 positive status and residents with unknown COVID-19 status, per CMS guidance, all group activities should be cancelled.

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 physical 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 expansion of reopening 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
    - Note: Update from QSO 20-34-NH released 06/25/2020 - The blanket waiver for reporting staffing data has been lifted. Also, all facilities are required to resume submitting staffing data through the Payroll-Based Journal system.
- Review Attachment 4: Expansion of Reopening Visitation
- Review Emergency Rules for Expansion of Reopening 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 per CDC guidance. The CDC continues to endorse quarantine for up to 14 days. However, new CDC guidance offers [two additional] options for people without symptoms to be able to [shorten] their quarantine. See Control Measures for Residents and Control Measures for Staff for more information.

- 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.
- [Review and follow plans for TB Screening and testing for healthcare personnel and residents.]
- 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 per the CDC guidance on when to quarantine. 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 and other known COVID-19 symptoms.
- **P**rotection/PPE – Protect workforce and residents through appropriate hand hygiene and facemasks. If coughing or potential splash precautions are needed, wear a gown and face/eye shields. Refer to DSHS guidance.
- **I**solate – Residents with probable or 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.
- Review the CDC guidance on when to quarantine.

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 principles 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 COVID-19
- 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.
- See attachment 3, Reporting COVID-19, for reporting instructions outlined.
- 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 8 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 8 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 attachment 3, Reporting COVID-19

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 principles 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.
- Offer residents the option to bring along any belongings they choose. Ensure transferred items are disinfected before they are moved out of the isolation area.

HCW/staff leaving and entering isolation wing/unit

- 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

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
- Resident
- Supply/Burn-rate

Isolate

- Resident(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 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 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 HCW or visitors. Long-term care facilities should implement appropriate visitor restrictions and enforce sick leave policies for ill staff.

Note: Emergency Rules issued September 24, 2020 require visitation in NFs as explained in Attachment 4: Expansion of Reopening 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. On September 17, 2020, CMS released additional guidance allowing certain types of visitation to occur in NFs. On September 24, 2020, HHSC issued Emergency Rules for the Expansion of

Reopening Visitation requiring NFs to permit visitation, which must occur in accordance with the rules.

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 HCW 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, other than the resident they are visiting, as well as other visitors and staff while in the facility.
    b. End-of-life visits can occur in the resident's bedroom or a dedicated visiting area where residents can meet with visitors in a sanitized environment. Facilities should clean and sanitize 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 COVID-19 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. Additionally, LTCR surveyors are tested for COVID-19 every two weeks and restricted from work until the criteria for the discontinuation of transmission-based precautions is met. 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. For handling non-food items, the CDC recommends hand washing after handling items delivered or after handling mail.

Note: Please review attachment 5 for more guidance on food deliveries to residents in NFs.

Resident laundry – While it is not recommended, family members and friends of residents are not prohibited from doing laundry. Facilities are required to have policies and procedures in place for staff to handle, store, process, and transport all linens and laundry in accordance with national standards to produce hygienically clean laundry and prevent the spread of infection to the extent possible. If families choose to handle resident laundry, the facility must designate a place outside the facility for them to pick it up and drop it off and arrange for staff to take it in and out of the building.

Active screening – The CDC and CMS recommend, and the NF COVID-19 Response rules require, 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, sore throat and other symptoms of COVID-19. 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 Residents with Suspected or Confirmed 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 HCW and reinforce sick leave policies and adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have HCW demonstrate competency with putting on and removing PPE. Remind HCW 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 HCW)
  - 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.
- Develop an environmental cleaning and disinfection schedule:
  - 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 COVID-19.
  - 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
  - Consider using a checklist or log

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 COVID-19. 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

[Quarantine - a resident who has unknown COVID-19 status must quarantine per CDC guidance.

While the CDC has provided quarantine alternatives for the general public, the CDC, DSHS, and HHSC still recommend the 14-day quarantine period as the safest option with the least risk of viral transmission to others. Quarantine for 14 days is recommended for residents who have had a potential exposure to someone with confirmed COVID-19 or are a new admission or readmission to the facility. However, facilities can use a shorter quarantine period for residents, as long as the reduced quarantine alternative adheres to CDC guidance and is consistent with the local health authority's recommendations for quarantine duration.

The CDC's two alternatives are:

Alternative #1 - Quarantine can end after day 10 without testing if the person has experienced no symptoms as determined by daily monitoring.

Alternative #2 - Quarantine can end after day 7 if the person tests negative on a viral test (i.e., molecular or antigen test) and has experienced no symptoms as determined by daily monitoring. The test must occur on day 5 or later. Quarantine cannot be discontinued earlier than after day 7.

Both alternatives require that daily monitoring for fever and symptoms continue through day 14 after exposure.

Both alternatives raise the risk of being less effective than the 14-day quarantine as currently recommended. The specific risks are as follows:

- For alternative #1, the residual post-quarantine transmission risk is estimated to be about 1 percent, with an upper limit of about 10 percent.
- For alternative #2, the residual post-quarantine transmission risk is estimated to be about 5 percent with an upper limit of about 12 percent.

The provider must determine what steps are necessary to protect the health and safety of the individual in quarantine, as well as the health and safety of other residents and staff.

CDC guidance includes the following information:

- A resident can discontinue quarantine at either alternative described above only if the following criteria are also met:
  - No COVID-19 symptoms were detected by daily symptom monitoring during the entirety of the quarantine, including up to the time at which quarantine is discontinued;
  - Daily symptom monitoring continues through day 14; and
  - A resident is counseled about the need to adhere strictly through day 14 to all mitigation strategies, such as wearing a mask, avoiding crowds, practicing physical distancing, and practicing hand and cough hygiene.
- Testing under alternative #2 above should be considered only if it will have no impact on community diagnostic testing. Testing of persons seeking evaluation for an actual infection must be prioritized.
- Residents can continue to be quarantined for 14 days without testing per existing recommendations. This option is maximally effective.

If a resident stops quarantine before the 14th day, continue to watch for symptoms until 14 days after exposure. If a resident develops symptoms, he or she should immediately be isolated, and the local public health authority or health care provider should be contacted. Follow all recommendations from the CDC on when to quarantine.

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 HCW 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. Public health authorities can assist with decisions about resident placement.

Create a plan for cohorting residents with symptoms of respiratory infection and COVID-19, including dedicating HCW 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 face mask when health care or other essential personnel enter the resident's room. 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 or facemask (if tolerated) over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy whenever they leave their room, including for procedures outside the facility. Cloth face coverings or facemasks should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Visitors, if permitted into the facility, should wear a cloth face covering, facemask, or any other appropriate PPE while in the facility.

All residents who are ill should wear a facemask over both the mouth and nose 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 HCW 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. HCW should be trained on PPE use, including putting it on and taking it off.

Physical distancing - Remind residents to practice physical distancing and perform frequent hand hygiene. Physical 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 COVID-19 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 hand hygiene. 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 - Per CMS QSO 20-38, NFs must test any resident displaying signs and symptoms of COVID-19. During outbreak conditions, a NF must test all residents who previously tested negative for COVID-19 until no new cases in staff or residents are identified.

A resident or representative can exercise their right to decline COVID-19 testing. NFs should discuss COVID-19 testing with residents, and staff should use a person-centered approach when explaining the importance of testing for COVID-19. NFs must have procedures to address residents who refuse testing. Procedures should ensure that residents who have signs or symptoms of COVID-19 and refuse testing are isolated and placed on transmission-based precautions until the criteria for discontinuing transmission-based precautions have been met. If outbreak testing has been triggered and an asymptomatic resident refuses testing, the NF should be extremely vigilant, such as through additional monitoring, to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

[Note: Please also review 'Testing of asymptomatic residents or HCW as part of an outbreak response or those who are known close contacts of persons with COVID-19' under the Antigen Testing section.]

[TB Screening and testing for residents –

For new resident admissions:

- The facility must screen all residents for TB at admission in accordance with the attending physician's recommendations and current CDC guidelines. Residents are not required to be tested for TB upon admission to an LTC facility.

For current residents:

- A facility must consult with the resident's attending physician and follow the attending physician's recommendations regarding TB screening.
- TB testing should only be considered when the resident displays signs or symptoms of TB, when the resident has a known exposure to TB, or when there is ongoing transmission of TB at the facility.
- If TB testing is warranted, the decision to test the resident for TB, and the type of TB test used, should be based on the attending physician's recommendation.

TB Testing and the COVID-19 Vaccine: The CDC issued new guidance on the interpretation of TB test results in vaccinated persons. The guidance includes clinical considerations for administering the COVID-19 vaccine to individuals who also need to be screened and tested for TB.

The CDC guidance on TB testing and COVID-19 vaccination includes the following:

- There are two kinds of tests that are used to detect TB: the TB skin test (TST), also called the Tuberculin Skin Test, and TB blood tests, also called interferon gamma release assays (IGRA). A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria.
- Inactive vaccines, including the mRNA COVID-19 vaccines, do not interfere with the results from either of these types of TB tests.

For residents who might require TB testing at the same time they are receiving an mRNA COVID-19 vaccine:

- Consult with the resident's attending physician to weigh the risks and benefits of delaying TB testing to receive the COVID-19 vaccination.
- Conduct the TB risk assessment and screening without delay and maintain documentation.
- If delaying TB testing, document the reason for the delay.

Note: More information on signs and symptoms of TB may be found here. HHS and DSHS also have a TB Symptom Screening Form.]

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.

Residents who leave the facility - Encourage residents to wear a facemask or cloth face covering (as tolerated) for source control whenever they leave their room or are around others, including whenever they leave the facility.

The facility has a responsibility to ensure the resident is making an informed decision when leaving the facility. Specifically, the facility must ensure the resident understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19. If the resident makes an informed decision and chooses to leave the facility, the facility must also educate the resident and the companion taking the individual into the community about infection control and prevention procedures, including:

- avoid crowds;
- wear a facemask or face covering, if tolerated for the resident, but necessary for the visit companion and medical provider;
- perform hand hygiene;
- perform cough and sneeze etiquette;
- maintain physical distancing (maintain at least six feet of distance between themselves and others besides the family member and medical provider);
- be aware of others who may potentially or actually have COVID-19; and
- report any contact with another person who may potentially or actually have COVID-19 to the facility.

Upon the resident’s return to the facility, the facility must ensure that:

- the resident's facemask worn outside the facility is discarded or cloth face covering is laundered;
- the resident's hands are washed thoroughly, or alcohol-based hand sanitizer is used;
- all hard surface items the resident brings back into the facility are disinfected appropriately; and
- the resident is screened, as is required for anyone entering the facility.

A resident who leaves the facility, is not gone overnight, and did not have contact with others who may potentially or actually have COVID-19 does not have to be quarantined upon returning to the facility, even if the resident leaves with someone other than an essential caregiver or facility staff. The resident status would remain the same as it was before leaving the facility, as long as all infection prevention protocols are followed. If a resident returns on the same day, the facility should discuss with the resident (or their companion) what activities occurred while the resident was outside the facility, using the following questions as a guide:

- Were you in any crowded spaces, whether that be in public or at a larger household gathering?
- Were you unable to maintain a physical distance of at least 6 feet from someone who was not wearing a facemask, excluding mealtimes, when you were in out in public or visiting with others in a household?
- Did you encounter anyone who tested positive for COVID-19 within the last 14 days or, or who does not yet meet CDC end of isolation criteria?
- Did you encounter anyone who was exhibiting any symptoms related to COVID-19, whether that be in public or at a household gathering?

A "yes" to any of these questions should be further investigated. Ask the resident or their companion the following questions to help determine whether exposure occurred:

- If you attended a gathering at a family member or friend's household, how many others attended? Was the gathering mostly indoors or mostly outdoors? Did attendees maintain social distancing, wear face masks, or practice other infection control measures such as proper hand hygiene?
- If you came in close contact with someone at a household gathering who was not wearing a face mask or practicing other infection control procedures, how long did that close contact occur?
- Did attendees at the household gathering maintain social distancing during mealtimes, when they were unable to wear a face mask?

If the facility determines that a resident who left the facility and returned the same day requires quarantine, the facility must document the decision and its rationale.

If a resident is gone overnight, he or she will return with unknown COVID status and require quarantine.

Control Measures for Staff

Active screening – The CDC and CMS recommend, and the NF COVID-19 Response rules require, that 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, sore throat, or other symptoms of COVID-19. 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. 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.). Hand sanitizer is permitted and can be carried in a pocket. Permitting hand sanitizer use improves staff's adherence to hand-hygiene requirements.

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 Residents with Suspected or Confirmed 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
  - procedures, if any, for optimizing the use of PPE
  - procedures for determining if the PPE is contaminated or soiled
  - procedures for disposal of PPE
- 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 8 about optimizing the use of facemasks and do's and don'ts for facemask use, and attachment 9 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 must designate staff to work with each cohort and not change that designation from one day to another, unless required to maintain adequate staffing for a cohort. HCW caring for residents in a COVID-19 positive or unknown COVID-19 status cohort area 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 - A NF must test all staff, including individuals providing services under arrangement and volunteers, for COVID-19. NF staff must be tested for COVID-19:

- if they have signs and symptoms of COVID-19
- during outbreak conditions
- routinely based on the county positivity rate for the county where the NF is located

A NF must check the county positivity at least every other week. A NF can use either the CMS-issued or locally-issued county positivity rate. A NF that chooses to use the locally-issued county positivity rate must ensure:

- the data is updated at least every week
- the source of the data is documented, e.g., a NF prints or documents the data, including the website address, the date the data was obtained, and the documented positivity rate
- the data is obtained from the same source (CMS or local), and the NF does not switch back-and-forth between the sources

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5% (green)	Once a month
Medium	5% -10% (yellow)	Once a week*
High	>10% (red)	Twice a week*

Note: CMS has stated a NF should use the color code, not the number, to determine how frequently a NF must conduct routine staff testing. See the CMS-issued county positivity rate data for additional information.

A NF must develop policies and procedures for staff refusal of routine testing, outbreak testing, and testing because the person has signs or symptoms of COVID-19. Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return to work criteria are met.

If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed. Per guidance from the CDC, people who have had COVID-19 within the previous 90 days do not need to quarantine or get tested again for up to 90 days as long as they do not develop symptoms. People who develop symptoms again within 90 days of onset of COVID-19 might need to be tested again if there is no other cause identified for their symptoms.

A NF should consult its human resources and legal departments for guidance on staff refusal of routine testing. A NF's policies about an employee's individual position regarding testing should be based on the employee's reasons for declining and the facilities' policy on hiring and refusal of routine testing. A NF is not required to exclude an employee from work for refusal of routine testing. However, a NF must ensure that an employee's refusal of routine testing does not potentially endanger the health and safety of the residents or other staff. A NF must ensure ICP precautions are followed.

[Note: Please also review 'Testing of asymptomatic residents or HCW as part of an outbreak response or those who are known close contacts of persons with COVID-19' under the Antigen Testing section.]

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 HCW with COVID to return to work.
- HCW with severe to critical illness or who are severely immunocompromised can return to work 20 days after their positive test if at least 24 hours have passed since their last fever without the use of fever reducing medication, and there is an improvement of symptoms.

    - Note: HCW who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.
- HCW 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.
    - HCW who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when 20 days have passed since the date of their first positive viral diagnostic test.

After returning to work, HCW should:

- Wear a facemask over both the mouth and nose for source control at all times while in the facility. A facemask instead of a cloth face covering should be used by these HCW 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.

[**TB Screening and testing for health care personnel –**

For new health care personnel:

- As a baseline reference, conduct and document a TB test, a TB risk assessment, and a TB symptom evaluation at the time of hiring.

For current health care personnel:

- TB testing is recommended only when there is known TB exposure or ongoing TB transmission at a facility or agency.

- Annual TB symptom evaluation is recommended for personnel with untreated latent TB infection (LTBI) and should be considered for certain groups at increased occupational risk for TB exposure or in a setting in which TB transmission has occurred.
- Treatment is encouraged for all health care personnel with untreated LTBI.
- Annual TB education for health care personnel should include the following topics:
  - TB risk factors;
  - The signs and symptoms of TB disease; and
  - TB infection control policies and procedures.

How TB testing applies to the COVID-19 Vaccine: The CDC has issued new guidance on the interpretation of TB test results in vaccinated persons, and clinical considerations on administering the COVID-19 vaccine to individuals who also need to be screened and tested for TB.

Please be aware of the following CDC guidelines on TB testing and COVID-19 vaccination:

- TB tests include the Tuberculin Skin Test (TST) and the blood draw for interferon gamma release assay (IGRA). Inactive vaccines, including the mRNA COVID-19 vaccines, do not interfere with the result from either of these TB tests.

For health care professionals who require baseline TB screening and testing at the same time they are to receive an mRNA COVID-19 vaccine:

- Perform TB symptom screening on all health care personnel.
- If utilizing the IGRA, draw blood for this test prior to COVID-19 vaccination.
- If utilizing the TST, administer the test prior to COVID-19 vaccination.
- If the COVID-19 vaccine has been given and TB testing needs to be performed, defer the TST or IGRA until 4 weeks after COVID-19 vaccine 2-dose completion. If this is not possible, prioritization of test for TB infection needs to be weighed with the importance of receiving COVID-19 vaccination based on potential COVID-19 exposures and TB risk factors.
  - All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying the TST or IGRA with their providers.

For health care professionals who require TB testing for other reasons at the same time they are to receive an mRNA COVID-19 vaccine:

- Perform TB symptom screening
- Test for infection should be performed before or at the same time as the administration of the COVID-19 vaccine. If this is not possible,

prioritization of the test for TB infection needs to be weighed with the importance of receiving the COVID-19 vaccination, based on potential COVID-19 exposures and TB risk factors.

- Health care personnel with high-risk conditions for TB progression should be fully evaluated as soon as possible.
- Health care personnel without high-risk conditions for TB progression should proceed with contact tracing (i.e., symptom screening, chest imaging, specimen collection), but delay test for TB infection if prioritized for receiving the COVID-19 vaccine.
- All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying the TST or IGRA with their providers.

Documentation for health care personnel: Conduct the TB risk assessment and screening without delay and maintain documentation. If delaying TB testing, document the reason for the delay of testing.

Note: More information on signs and symptoms of TB may be found here. HHS and DSHS also have a TB Symptom Screening Form.]

[Shortened quarantine options for staff

The criteria for when an employee can return to work depends on whether the employee has symptoms of COVID-19 or has been diagnosed with COVID-19 and is in isolation, or whether the employee has been exposed to COVID-19 and requires quarantine.

Follow the CDC's Return to Work Criteria when an employee has confirmed or probable COVID-19 and requires isolation.

To determine whether an employee had potential exposure at work to someone with confirmed COVID-19 and must be excluded from work and quarantined, refer to the CDC's Potential Exposure at Work risk assessment tool. Exclusion from work and quarantine for 14 days are recommended for an employee who has had unprotected, prolonged close contact with a resident, visitor, or other staff member with confirmed COVID-19.

While the CDC has provided quarantine alternatives for the general public, the CDC, DSHS, and HHSC still recommend the 14-day quarantine period as the safest quarantine option with the least risk of viral transmission to others. Quarantine for 14 days is recommended for employees who have had a potential exposure to someone with confirmed COVID-19. However, facilities can use a shorter quarantine period for employees, as long as this alternative adheres to CDC guidance and is consistent with the local health authority's recommendations for quarantine duration.

The CDC's two alternatives are:

Alternative #1 - Quarantine can end after day 10 without testing if the person has experienced no symptoms as determined by daily monitoring.

Alternative #2 - Quarantine can end after day 7 if the person tests negative on a viral test (i.e., molecular or antigen test) and has experienced no symptoms as determined by daily monitoring. The test must occur on day 5 or later. Quarantine cannot be discontinued earlier than after day 7.

Both alternatives require that daily monitoring for fever and symptoms continue through day 14 after exposure.

Both alternatives raise the risk of being less effective than the 14-day quarantine as currently recommended. The specific risks are as follows:

- For alternative #1, the residual post-quarantine transmission risk is estimated to be about 1 percent with an upper limit of about 10 percent.
- For alternative #2, the residual post-quarantine transmission risk is estimated to be about 5 percent with an upper limit of about 12 percent.

The provider must determine what steps are necessary to protect the health and safety of the individual in quarantine, as well as the health and safety of other employees and residents. If an employee returns to work following a reduced quarantine period, facilities can require the employee to wear full PPE regardless of where the individual works in the facility, or limit work activities. Facilities can utilize other precautions or restrictions to minimize the risk of viral transmission.]

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.

[COVID-19 and Waste Disposal

The handling of general waste for residents with confirmed or suspected COVID-19 should be handled the same way it is handled for other residents without COVID-19. The CDC indicates that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. This means PPE,

trash, and food can be placed in regular trash, and linens can be handled with routine procedures, unless your facility has other COVID-19 policies and procedures for handling potentially infectious waste.

COVID-19 waste is not considered biohazard and does not need to be in red bags, per CDC and DSHS. Rather, it can be discarded as regular trash.

The following items are the only items that should be considered biohazard regulated waste and require biohazard disposal procedures:

- liquid or semi-liquid blood or other potentially infectious materials (OPIM);
- items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed;
- items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
- contaminated sharps; and
- pathological and microbiological wastes containing blood or OPIM.

OSHA's definition of Other Potentially Infectious Materials: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. Please see the CDC's Guidelines for Environmental Infection Control in Health-Care Facilities for more information.]

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) even if there are no new cases:

- 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
- PPE shortages;
- Resident beds and census;
- Access to COVID-19 testing while the resident is in the facility;
- Staffing shortages;
- Antigen test result information from NFs conducting antigen tests within their facility.

Failure to submit weekly NHSN reports could result in civil monetary penalties. See 42 CFR §483.80(g)(3).

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 HCW 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 HCW 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 HCW, to care for known or probable COVID-19 cases. These HCW 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 HCW 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 Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19.

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 14, 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 11, the "User Seal Check" infographic.

ATTACHMENT 4: Expansion of Visitation

NFs must allow limited indoor and outdoor personal visitation upon receiving an approval for general visitation from HHSC. An approval from HHSC is *not* required for a closed-window visit, end-of-life visit, essential caregiver visit, or salon services visit. If a NF fails to comply with the visitation requirements, HHSC can rescind the visitation designation and impose licensure remedies.

To allow limited outdoor visits and indoor visits with a plexiglass barrier or booth, a NF must meet the following criteria:

- Have separate areas, units, wings, halls, or buildings designated for COVID-19 positive, COVID-19 negative, and unknown COVID-19 status resident cohorts.
- Have separate, dedicated staff working exclusively in the separate areas, units, wings, halls, or buildings for residents who are COVID-19 positive, COVID-19 negative, or unknown COVID-19 status.
- Staff are designated to work with only one resident cohort, and the designation does not change from one day to another.
- Have no confirmed COVID-19 cases for at least 14 consecutive days in staff working in the area, unit, wing, hall, or building that accommodates residents who are COVID-19 negative.
- Have no facility-acquired COVID-19 confirmed cases for at least 14 consecutive days in residents in the COVID-19 negative area, unit, wing, hall, or building.
- For NFs with previous cases of COVID-19 in staff or residents in the area, unit, wing, hall, or a building that accommodates residents who are COVID-19 negative, HHSC LTCR will conduct a verification survey to confirm the following:
  - all staff and residents in the COVID-19 negative area, unit, wing, hall, or building have fully recovered;
  - the NF has adequate staffing to continue care for all residents and supervise visits permitted by this section; and
  - the NF is in compliance with infection control requirements and emergency rules related to COVID-19.
- A NF must provide instructional signage throughout the facility and proper visitor education regarding:
  - the signs and symptoms of COVID-19
  - infection control precautions
  - other applicable facility practices (e.g., use of facemask or other appropriate PPE, specified entries and exits, routes to designated visitation areas, hand hygiene).

LTCR Form 2197, COVID-19 Status Attestation Form

Each NF must submit a completed LTCR form 2197, COVID-19 Status Attestation Form, including a facility map indicating which areas, units, wings, halls, or buildings accommodate COVID-19 negative, COVID-19 positive, and unknown COVID-19 status residents, to the Regional Director in the LTCR Region where the facility is located. Facilities must submit Form 2197 whether they meet or do not meet criteria for expansion of general visitation (instruction for facilities not meeting visitation are listed below).

The attestation process helps ensure that all NFs are offering visitation and are moving forward with offering the required visitation at the highest level of visitation permitted in each NF. The attestation form is a consolidated way for each NF to submit the applicable information about the facility.

A facility with previous approval for Phase 1 visitation does not have to submit Form 2197 and a facility map, unless the previous visitation approval has been withdrawn, rescinded, or cancelled. However, the facility must comply with requirements to apply for plexiglass indoor visits.

Note: If, at any time after facility visitation designation is approved by HHSC, the area, unit, wing, hall, or building accommodating residents who are COVID-19 negative experiences an outbreak of COVID-19, the facility must notify the Regional Director in the LTCR Region where the facility is located that the area, unit, wing, hall, or building no longer meets visitation criteria, and all visitation, except closed window visits, end-of-life visits, and essential caregiver visits, must be cancelled until the area, unit, wing, hall, or building meets the criteria for an approved facility.

A NF that does not meet the criteria for expansion of reopening visitation designation must:

- Permit closed-window visits, end-of-life visits, and essential caregiver visits.
- Develop and implement a plan to meet the visitation designation criteria.
- Submit the plan to the Regional Director in the LTCR Region where the facility is located within five days of submitting the form or of receiving notification from HHSC that the NF was not approved for visitation designation.

A NF shall use the COVID-19 county positivity rate as additional information to determine how to facilitate indoor visitation. The COVID-19 county positivity rate can be found at COVID-19 Nursing Home Data | Data.CMS.gov. (A NF can use the county positivity rate provided by the county as long as the county positivity rate is updated at least weekly.)

- A NF located in a county with a positivity rate up to 10 percent must permit visitation.
- A NF located in a county with a positivity rate greater than 10 percent must limit visitation to outdoor visits, closed-window visits, end-of-life visits, and essential caregiver visits and must not permit indoor plexiglass visits.

Review the following documents for additional information:

- COVID-19 Response – Expansion of Reopening Visitation PL 20-44
- Expanded Visitation Emergency Rules for Nursing Facilities
- QSO-20-39-NH Nursing Home Visitation – COVID-19

Types of Visitation for Expansion of Reopening Visitation

A NF with a visitation designation must allow the following types of visits:

- Open window visits - a personal visit between a visitor and a resident during which the resident and personal visitor are separated by an open window. An open window visit is permitted for all residents who have COVID-19 negative status.
- Indoor visit with a plexiglass barrier or booth - a personal visit between a resident and one or more personal visitors, during which the resident and the visitor are both inside the facility but separated by a plexiglass barrier. The resident remains on one side of the barrier, and the visitor remains on the opposite side at all times. An indoor visit with a plexiglass barrier or booth is permitted for all residents who have COVID-19 negative status.
- Outdoor visits - a personal visit between a resident and one or more personal visitors that occurs in-person in a dedicated outdoor space. An outdoor visit is permitted for all residents who have a COVID-19 negative status.
- Vehicle parades - a personal visit between a resident and one or more personal visitors, during which the resident remains outdoors on the NF campus, and a visitor drives past in a vehicle. A vehicle parade visit is permitted for all residents who have COVID-19 negative status.

A NF must allow the following types of visits, which do not require a general visitation designation:

- Closed-window visits - a personal visit between a visitor and a resident during which the resident and visitor are separated by a closed window and the visitor does not enter the building. A closed window visit is permitted at all facilities and for all residents.

- End-of-life visits - a personal visit between a visitor and a resident who is actively dying. An end-of-life visit is permitted in all facilities and for all residents at the end of life.
- Essential caregiver visits - a personal visit between a resident and a designated essential caregiver. An essential caregiver visit is permitted in all facilities for all residents who have COVID-19 negative or unknown COVID-19 status.

All NFs may permit:

- Salon services visits - a personal visit between a resident and a salon services visitor. A salon services visit is permitted in all facilities for all residents who have COVID-19 negative status.

Conditions for Visits

The following requirements apply to all visitation allowed under Expansion of Reopening Visitation:

- 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.
- Visitation appointments must be scheduled to allow time for cleaning and sanitation of the visitation area between visits.
- Open window visits, vehicles parades, outdoor visits, and plexiglass indoor visits are permitted as can be accommodated by the NF only for residents who are COVID-19 negative.
- Closed-window visits and end-of-life visits are permitted for residents who are COVID-19 negative, COVID-19 positive, or unknown COVID-19 status as can be accommodated by the NF.
- Physical contact between residents and visitors is prohibited, except for essential caregiver and end-of-life visits.
- Visits are permitted where adequate space is available that meets criteria and when adequate staff are available to monitor visits. Essential caregiver visits and end-of-life visits can take place in the resident's room or other area of the facility separated from other residents. The NF must limit the movement of the visitor through the facility to ensure interaction with other residents is minimized.
- The visitor must wear a facemask or face covering over both the mouth and nose throughout the visit, except visitors participating in a vehicle parade or closed window visit.
- The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.
- For general visitation, NF must ensure physical 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 to ensure physical distancing is maintained.
- Essential caregivers do *not* have to maintain physical distancing between themselves and the resident they are visiting but must maintain physical distancing between themselves and all other residents, staff, and other visitors.
- The NF must 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.
- Cleaning and disinfecting of the visitation area, furniture, and all other items must be performed, per CDC guidance, before and after each visit.
- The NF must ensure a comfortable and safe outdoor visiting area for outdoor visits, open window visits, and vehicle parades (i.e., considering outside air temperatures and ventilation).
- For outdoor visits, the NF must designate an outdoor area for visitation that is separated from residents and limits the ability of the visitor to interact with residents.
- A NF must provide hand-washing stations or hand sanitizer to the visitor and resident before and after visits, except visitors participating in a vehicle parade or closed-window visit.
- The visitor and the resident must practice hand hygiene before and after the visit, except visitors participating in a vehicle parade or closed-window visit.

The following requirements apply to vehicle parades:

- Visitors must remain in the vehicles throughout the parade.
- The NF must ensure physical distancing of at least six feet is maintained between residents throughout the parade.
- The NF must ensure residents are not closer than 10 feet to the vehicles for safety reasons.
- The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.

The following requirements apply to indoor visits with a plexiglass barrier or booth:

- The plexiglass barrier or booth must be installed in an area of the facility where it does not impede a means of egress, does not impede or interfere with any fire safety equipment or system, and does not offer access to the rest of the facility or contact between the visitors and other residents.

Note: A plexiglass barrier or booth does not have to be three-sided or a specific size. It can be any configuration that provides a physical barrier to aid in infection control measures.

- Prior to using the booth or barrier, the facility must submit a photo of the plexiglass visitation barrier or booth and its location in the facility to the Life

Safety Code Program Manager in the LTCR Region in which the facility is located and must receive approval from HHSC.
- The visit must be supervised by facility staff for the duration of the visit.
- The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.
- The visitor must wear a facemask or face covering over both the mouth and nose throughout the visit.
- The facility shall limit the number of visitors and residents in the visitation area as needed.

Essential Caregiver Visits

A NF must allow essential caregivers to enter the NF if they pass screening. Essential caregiver visits must meet the following criteria:

- Each resident who is COVID-19 negative or has unknown COVID-19 status can designate up to two essential caregiver visitors (family members or other outside caregivers who are at least 18 years old).
- Only one essential caregiver can visit at a time.
- Each visit is limited to two hours, unless the NF determines that it can accommodate a shorter or longer visit and adjusts the duration of the visit accordingly.
- The visit can occur:
  - outdoors
  - in the resident's bedroom
  - in another area in the facility that limits visitor movement through the facility and interaction with other residents
- Essential caregivers must maintain physical distancing between themselves and all other residents and staff. Physical distancing is not required between the essential caregiver and the resident they are visiting.
- The resident must wear a facemask or face covering over both the mouth and nose, if tolerated, throughout the visit.
- The NF must develop and enforce essential caregiver visitation policies and procedures which include:
- A testing strategy for designated essential caregivers.

Note: CDC guidance does not recommend testing those who previously tested positive for COVID-19 and have met Discontinuation of Transmission-Based Precautions for 90 days from symptom onset, or from the first COVID-19 positive test for those who were asymptomatic. For essential caregivers who meet these criteria, nursing facilities must document why they were not tested prior to their first visit, per the NF testing strategy for essential caregivers. Documentation should include when the essential caregiver was diagnosed or first had symptoms, the reason why the test was not preformed (refer to CDC guidance), and the results of the essential

caregiver's screening before entry. After 90 days from the date of the first positive test (asymptomatic) or the date of symptom onset (symptomatic cases), testing of the essential caregiver should resume per the NF testing strategy.

- A written agreement that essential caregivers understand and agree to the applicable policies, procedures, and requirements.
- Wearing a facemask and any other appropriate PPE recommended by CDC guidance and the policy while in the NF.
- Each designated essential caregiver is trained on:
  - proper PPE usage
  - infection control measures
  - hand hygiene
  - cough and sneeze etiquette
- Using only designated entrances and exits as directed.
- Limiting visitation to:
  - outdoor visitation area
  - resident's bedroom
  - other area of the facility that limits the visitor's movement through the facility and interaction with other residents
- NF staff must escort the essential caregiver from the facility entrance to the designated visitation area at the start of each shift.
- NF staff must escort the essential caregiver from the designated visitation area to the facility exit at the end of each visit.
- NF staff do not need to monitor the essential caregiver visit itself.

The NF must also:

- Inform the essential caregiver visitor of applicable policies, procedures, and requirements.
- Approve the visitor's facemask and any other appropriate PPE recommended by the CDC guidance and the facility's policy or provide an approved facemask and other appropriate PPE.
- Maintain documentation of the essential caregiver visitor's agreement to follow the applicable policies, procedures, and requirements.
- Document the identity of each essential caregiver in the resident's records and verify the identity of the essential caregiver by creating an essential caregiver visitor badge.
- Maintain a record of each essential caregiver visit, including:
  - the date and time of the arrival and departure of the essential caregiver visitor
  - the name of the essential caregiver visitor
  - the name of the resident being visited
  - attestation that the identity of the essential caregiver visitor was confirmed.

- Prevent visitation by the essential caregiver if the resident has an active COVID-19 infection.

The essential caregiver must:

- Wear a facemask over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the NF.
- Have a negative COVID-19 test no more than 14 days before the first essential caregiver visit, unless the NF chooses to perform a rapid test prior to entry into the NF.
- Sign an agreement to leave the facility at the appointed time unless otherwise approved by the facility.
- Self-monitor for signs and symptoms of COVID-19.
- Not participate in visits if the designated essential caregiver has signs and symptoms of COVID-19, active COVID-19 infection, or other communicable diseases.
- Not participate in visits if the resident has an active COVID-19 infection.

Note: The facility can cancel the essential caregiver visit if the essential caregiver fails to comply with the facility's policy regarding essential caregiver visits or applicable requirements listed above.

Salon Services Visits

A facility can allow a salon services visitor to enter the facility to provide barber or beautician services to a COVID-19 negative resident only if:

- The salon services visitor passes screening.
- The salon services visitor agrees to comply with the most current version of the Minimum Standard Health Protocols – Checklist for Cosmetology Salons/Hair Salons located at https://open.texas.gov/

The following requirements apply to salon services visits:

- Each visit is limited to two hours, unless the NF determines that it can accommodate a shorter or longer visit and adjusts the duration of the visit accordingly.
- The visit can occur:
  - outdoors
  - in the resident's bedroom
  - in another area in the facility that limits visitor movement through the facility and interaction with other resident

- Salon services visitors must maintain physical distancing between themselves and all other residents and staff. Physical distancing is not required between the salon service visitor and the resident they are visiting.
- The resident must wear a facemask or face covering over both the mouth and nose, if tolerated, throughout the visit.
- The NF must develop and enforce salon services visitation policies and procedures, which include:
  - a testing strategy for salon services visitors
  - a written agreement that the salon services visitor understands and agrees to follow the applicable policies, procedures, and requirements
  - training each salon services visitor on:
    - proper PPE usage
    - infection control measures
    - hand hygiene
    - cough and sneeze etiquette
- The salon services visitor must wear a facemask and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the NF.
- Salon services visitors must use only designated entrances and exits as directed.
- Visitation must be limited to the area designated by the facility.
- Facility staff must escort the salon services visitor from the facility entrance to the designated visitation area at the start of each visit.
- Facility staff must escort the salon services visitor from the designated visitation area to the facility exit at the end of each visit.

The NF must:

- Inform the salon services visitor of applicable policies, procedures, and requirements.
- Approve the visitor's facemask or provide an approved facemask.
- Maintain documentation of the salon services visitor's agreement to follow the applicable policies, procedures, and requirements.
- Maintain documentation of the salon services visitor's training.
- Maintain documentation of the date of last COVID-19 test as reported by the salon services visitor.
- Document the identity of each salon services visitor in the facility's records.
- Verify the identity of the salon services visitor by creating a salon services visitor badge.
- Prevent visitation by the salon services visitor if the resident has an active COVID-19 infection.
- Maintain a record of each salon services visit, including:
  - the date and time of the arrival and departure of the salon services visitor
  - the name of the salon services visitor.

- the name of the resident being visited.
- attestation that the identity of the salon services visitor was confirmed.

The salon services visitor must:

- Wear a facemask over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the NF.
- Have a negative COVID-19 test result from a test performed no more than 14 days before the first salon services visit, unless the NF chooses to perform a rapid test prior to entry in the NF.
- Sign an agreement to leave the facility at the appointed time, unless otherwise approved by the facility.
- Self-monitor for signs and symptoms of COVID-19.
- Not participate in visits if the salon services visitor has signs and symptoms of COVID-19, active COVID-19 infection, or other communicable diseases.
- Not participate in visits if the resident has an active COVID-19 infection.

Note: The facility can cancel the salon services visit if the salon services visitor fails to comply with the facility's policy regarding salon services visits or applicable requirements listed above.

Screening Visitors

Screen all visitors prior to allowing them to enter, except emergency services personnel entering the facility or facility campus in an emergency. Personal visitors participating in a vehicle parade or closed window visit do not need to be screened.

Note: in consideration of outdoor conditions, a NF can screen visitors just inside the facility entrance. However, visitors must not be permitted to access any other part of the facility if they do not pass screening.

Visitor screenings must be documented in a log kept at the entrance of the facility and must include:

- name of each person screened
- date and time of screening
- results of the screening

The visitor screening log might contain protected health information and must be protected in accordance with applicable state and federal law.

Visitors who meet any of the following screening criteria must leave the NF campus and reschedule a visit:

- fever defined as a temperature of 100.4 Fahrenheit and above

- signs or symptoms of COVID-19, 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
- any other signs and symptoms as outlined by the CDC in Symptoms of COVID-19 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, unless the person is seeking entry to provide critical assistance (see note below for guidance)
- has a positive COVID-19 test result from a test performed in the last 10 days

Note: the intent of this rule is to ensure providers of essential service are not excluded simply because they might have provided care or been in contact with someone who has COVID-19. "Providers of essential services" is a broad category of people and includes service providers, such as visiting physicians, hospice, dentists, or NF staff.

The main difference between providers of essential services and potentially the essential caregiver visitor is that the service providers must follow infection control protocols in their interactions with someone who has COVID-19 positive or unknown COVID-19 status. Meaning they are wearing all appropriate PPE; following established infection control protocols, including proper hand hygiene, symptom monitoring and other procedures, which includes exclusion from work if they have had close contact as defined by the CDC. Close contact is exposure for 15 minutes or more, or any duration of time during aerosol-generating procedure, while staff was not wearing all necessary PPE. CDC guidance defines close contact as:

- Being within 6 feet of someone who has COVID-19 for a total of 15 minutes or more;
- Providing care at home to someone who is sick with COVID-19;
- Having direct physical contact with the person (hugged or kissed them);
- Sharing eating or drinking utensils; or
- The person sneezed, coughed, or somehow got respiratory droplets on you.

By comparison, an essential caregiver visitor who, for example, had been caring for someone with COVID-19 at home is not necessarily following all procedures and protocols. However, an essential caregiver visitor who works as a nurse in a hospital and cares for patients with COVID-19 – but follows all of the protocols and procedures – could reasonably be allowed to enter the NF after passing the screening. The rationale is they are following the same infection control procedures as the providers of essential services, which includes NF staff.

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. CLIA – Clinical Laboratory Improvement Amendments
6. CMS – The Centers for Medicare and Medicaid Services
7. CNA – Certified nursing aide
8. DSHS – Texas Department of State Health Services
9. EMS – Emergency medical services
10. EPA – Environmental Protection Agency
11. EUA – Emergency Use Authorization
12. FDA – Food and Drug Administration
13. HA – Health authority
14. HAI – Health care associated infection
15. HCW – Healthcare worker
16. HHSC – Texas Health and Human Service Commission
17. ICAR – Infection control assessment and response tool
18. IPC – Infection prevention and control
19. LHA – Local health authority
20. LHD – Local health department
21. LSC – Life safety code
22. LTC – Long-term care
23. LTCF – Long-term care facility
24. LTCR – Long-term Care Regulation
25. LVN – Licensed vocational nurse
26. MDS – Minimum data set
27. NHSN National Healthcare Safety Network
28. NIOSH – The National Institute for Occupational Safety and Health
29. NF – Nursing facility
30. OSHA – Occupational Safety and Health Administration
31. PASRR – Pre-admission screening and resident review
32. POC – Point-of-care, relating to COVID-19 testing
33. PPE – Personal protective equipment
34. QAPI – Quality Assurance and Performance Improvement
35. RA-QRF – Rapid Assessment Quick Response Force
36. RN – Registered nurse
37. SME – Subject matter expert
38. SNF – Skilled nursing facility
39. TCAT – Texas COVID-19 Assistance Team

40. TDEM - Texas Division of Emergency Management

Attachment 5: Activities, Dining, and Volunteers

Facilities can offer facility coordinated group activities and communal dining services, as well as allow volunteers to enter the facility. However, volunteers must adhere to all infection control principles, screening requirements, and testing requirements where applicable, in accordance with the emergency rules. Additionally, facilities must assist residents in making an informed decision to leave the facility.

Infection Control and Prevention Principles

The CDC, CMS, and HHSC outline principles of COVID-19 infection control and prevention. These guidelines apply to all group activities, communal dining, and anyone who enters the facility as a staff member, visitor, volunteer, or provider of an essential service. These infection prevention and control measures include the following:

- All persons who enter the facility are screened for signs and symptoms of COVID-19;
- Frequent hand hygiene (use of alcohol-based hand rub is preferred when hands are not visibly dirty);
- Use of face covering or facemask (facemask necessary for all visitors; resident can wear a facemask or cloth facial covering as tolerated);
- Maintenance of physical distancing of at least 6 feet per program guidance and as applicable for the task or situation;
- Instructional signage posted throughout the facility with specified entries, exits, and routes to designated areas, including spaces for visitation, along with specific parts of the facility dedicated to resident cohorts based on their COVID-19 status (positive, negative, or unknown);
- Frequent cleaning and disinfection of shared areas;
- Education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices;
- Appropriate use of personal protective equipment (PPE);
- Effective cohorting of residents within separate areas based on COVID-19 status (negative, positive, and unknown); and
- Designated staff for each COVID-19 status cohort.

Facilities must operationalize Infection Control and Prevention Principles and should consider all available resources when planning group activities or using volunteers.

Screening

Each provider must screen all residents, staff, and anyone else who enters the facility for the following criteria, before entering the facility:

- fever defined as a temperature of 100.4 Fahrenheit and above;
- 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 previous 14 days, unless to provide critical assistance, with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness; and
- has a positive COVID-19 test result from a test performed in the previous 10 days.

Anyone who does not pass screening must immediately leave the facility campus.

Facility Coordinated Group Activities

Facility coordinated group activities, including holiday-related group activities, are limited to residents who are COVID-19 negative and residents who have recovered from COVID-19 according to the CDC's criteria for the discontinuation of transmission based precautions. Residents with an active COVID-19 infection and residents with unknown COVID-19 status must be excluded from group activities.

Facilities can us volunteers and contract with other persons or entities ("activity contractors") to host or assist with facility-coordinated group activities, including holiday-related group activities. Volunteers and activity contractors entering the facility must adhere to all Infection Control and Prevention Principles.

Governor Abbott's Executive Order No. GA-30 limits the number of people allowed for group activities to 10. For long-term care facilities, this limit applies to the people providing a group activity (volunteers and activity contractors), not the number of residents attending the activity. Additionally, the limit does not apply to religious services held at a facility However, infection control and prevention principles must be followed in all cases, including maintaining social distancing.

While the 10-person limit does not apply to facility residents, the facility must limit the number of residents participating in any given activity to allow for physical distancing between all activity participants, adherence to the infection control guidelines, and ensuring the safety of the residents. The facility also can limit the number of people participating in an activity based on the overall number of COVID-19 infections in the facility.

The facility must limit participation in group activities to residents and those individuals who entered into an agreement with the facility to host or otherwise assist

in that facility-coordinated activity (volunteers and activity contractors). Resident visitors, including essential caregivers, cannot participate in group activities unless they are hosting or assisting in the specific facility-coordinated activity as a volunteer. Visitors, including essential caregivers, hosting or assisting a facility coordinated activity would be considered a volunteer and would have to meet the requirements for volunteers described in this document.

Dining

Communal Dining - Residents can participate in communal dining. Communal dining is limited to residents who are COVID-19 negative and to residents who have recovered from COVID-19 according to the CDC's criteria for the discontinuation of transmission based precautions. The Infection Control and Prevention Principles, including physical distancing of at least 6 feet between residents, still apply. The number of residents permitted for any dining activity or in any dining space will depend on the specifics of the facility and the space available to allow for physical distancing between all residents. Facilities can consider additional limitations on dining based on the number of COVID-19 infections in the facility.

Food delivered by essential caregiver visitors - An essential caregiver can personally bring outside food and drink to a resident during a visit. Essential caregivers are not required to maintain a distance of 6 feet between themselves and the resident they are visiting. A resident can eat or drink during an essential caregiver visit. However, essential caregivers cannot eat or drink during the visit with a resident because they are required to wear a facemask over their nose and mouth throughout the entire visit.

Food delivered by other visitors - Visitors other than essential caregivers can bring outside food and drink for a resident during a visit but must drop off the meal or food item in a designated delivery area, as determined by the facility. A resident can eat or drink during a visit. However, a visitor cannot eat or drink during the visit because visitors must wear a facemask over their nose and mouth throughout the entire visit.

Food delivered by other persons - A resident can receive outside meals or food items delivered by persons other than a visitor. Facilities must designate an outside area for food and other items to be delivered. Facility staff must bring the delivered food from the designated outside area to the resident. Facilities should refer to CDC guidance for handling deliveries.

Volunteers

Facilities can use volunteers to provide supplemental tasks to the facility (e.g. monitoring visits between residents and family members, escorting essential

caregivers, assisting with cleaning and sanitizing). Volunteers who enter a facility to provide supplemental tasks must receive training on infection prevention and control standards and all other training provided to volunteers prior to the COVID-19 public health emergency (such as identifying and preventing abuse, neglect, and exploitation). The facility can use people who volunteered at the facility before the COVID-19 public health emergency, but the facility must provide training on COVID-19 infection prevention and control standards. The facility cannot rely on volunteers in lieu of paid staff to fill required staff positions or perform direct care services.

Facilities also can use volunteers to host or assist with facility coordinated group activities (e.g., high school choir, bingo with residents, book club). Volunteers who only enter a facility to host or assist with facility coordinated group activities must receive training on infection prevention and control standards.

Volunteers must pass all screening requirements, as outlined above, and must be overseen by facility staff. Volunteers must also adhere to the same PPE requirements as staff.

Facilities should execute a written agreement with all volunteers documenting training requirements and facility policies regarding infection prevention and control standards.

Testing for COVID-19

Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities under this arrangement, are considered "staff" for CMS testing requirement purposes. NFs must adhere to CMS testing requirements for routine staff testing for COVID-19, as detailed in QSO 20-38. NF staff must be tested according to the minimum testing frequency, based on the county positivity rate. Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities under this arrangement, do not necessarily have to be tested by the facility, but they must provide the facility with documentation that the required testing was completed during the timeframe that corresponds to the facility's testing frequency.

Similarly, if a volunteer, or other individual performing supplemental tasks or facility-coordinated activities under this arrangement, becomes COVID-19 positive within 14 days of visiting the facility, the facility must implement outbreak testing as detailed in QSO 20-38. In the case of an outbreak (any new case that arises in the facility), all residents and staff must be tested, and all residents and staff who test negative should be retested every 3 to 7 days until testing identifies no new cases of COVID-19 infection among residents or staff for a period of at least 14 days after the most recent positive result.

Unless the resident is symptomatic, routine testing of residents is not recommended unless the resident routinely leaves the facility. NFs must screen residents at least three times a day, with screening occurring at least once per shift.

CMS testing requirements do not apply to visitors who enter the facilities, including essential caregivers. Essential caregivers and salon services providers must adhere to the testing requirements described in the NF Expansion of Reopening Visitation Emergency Rule.

Residents Who Leave a Facility

Residents have the right to make an informed decision to leave the facility to go out into the community, whether it be to go to a family activity, a doctor's appointment, or a store. Facilities must educate the resident on the risks associated with different activities. If a resident makes an informed decision to leave the facility, the facility must educate the resident (and resident's family if possible) about infection control and prevention procedures, including:

- wearing a facemask or face covering, if tolerated for the resident;
- performing hand hygiene;
- cough and sneeze etiquette;
- physical distancing (maintaining at least 6 feet of distance between themselves and others);
- being aware of others who might have COVID-19 or are confirmed to have COVID-19; and
- reporting any contact with another person who potentially has COVID-19 or is confirmed to have COVID-19 to the facility.

For residents who leave a facility to go into the community, the facility will have to determine whether the resident meets any of the criteria for "unknown COVID-19 status," which includes:

- spending one or more nights away from the facility;
- having exposure or close contact with a person who is COVID-19 positive; and
- having exposure or close contact with a person who is exhibiting symptoms of COVID-19 while awaiting test results.

If the resident meets any of these criteria, the resident will need to be placed in quarantine upon return to the facility per CDC guidance.

A resident who leaves the facility, is not gone overnight, and did not have contact with others who might have COVID-19 or are confirmed to have COVID-19, does not

have to be quarantined upon returning to the facility. This is regardless of a resident's means of transportation.

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

Considerations for Use of COVID-19 Antigen Testing in Nursing Homes

COVID-19 Testing Resources for Nursing Homes

Criteria for Return to Work for Healthcare Personnel with COVID-19 Infection (Interim Guidance)

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

Doffing PPE: Disinfect Your Shoes

Duration of Isolation & Precautions for Adults – End of Isolation Criteria

[Guidelines for Environmental Infection Control in Health-Care Facilities]

Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 - updated 11/20/2020

[Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States] -updated 01/06/2021

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Interim Infection Prevention and Control Recommendations for Residents with Suspected or Confirmed 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 11/06/2020

Infographics:

- COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel
- Facemask Do's and Don'ts for Healthcare Personnel
- How to Safely Remove Personal Protective Equipment Example 1
- How to Safely Remove Personal Protective Equipment Example 2
- Respirator On / Respirator Off
- Sequence for Putting On PPE
- Use Personal Protective Equipment (PPE) When Caring for Residents with Confirmed or Suspected COVID-19

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 COVID-19 Testing in Nursing Home

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

Responding to COVID-19 in Nursing Home

[Running Essential Errands] -updated 12/31/2020

Strategies to Optimize the Supply of PPE and Equipment -updated 07/16/2020

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 COVID-19

Testing Guidelines for Nursing Homes - updated 10/16/2020

[Tuberculosis (TB) Signs & Symptoms]

When to Quarantine

CMS

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

Frequently Asked Questions: COVID-19 Testing at Skilled Nursing Facilities/Nursing Homes

Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities: CMS Flexibilities to Fight COVID-19

QSO 20-14 Guidance for Infection Control and Prevention of 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

QSO 20-30 Nursing Home Reopening Recommendations for State and Local Officials

QSO 20-34-NH Changes to Staffing Information and Quality Measures Posted on the Nursing Home Compare Website and Five Star Quality Rating System due to the COVID-19 Public Health Emergency

QSO 20-38-NH Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool

QSO 20-39-NH Nursing Home Visitation – COVID-19

DSHS

Complying with Governor's Order to Report COVID-19 Lab Test Results in Texas

DSHS COVID-19

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 COVID-19

FDA

Individual EUAs for Molecular Diagnostic Tests for COVID-19

HHS

The Difference Between Isolation and Quarantine

HHSC

CII – Reporting to HHSC

COVID-19 Response – Expansion of Reopening Visitation PL 20-44

Expansion of Reopening Visitation Emergency Rules for Nursing Facilities

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

Infection Control Basics and Personal Protective Equipment (PPE) Training for Essential Caregivers

LTCR Regional Contact Information

NF COVID-19 Mitigation and Response Emergency Rules

[TB Symptom Screening Form]

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

[Definition of Terms – Other Potentially Infectious Materials]

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 6: CMS-mandated Testing

CMS issued QSO 20-38-NH announcing the publication of a new rule for COVID-19 testing requirements.

Testing requirements are organized into three categories:

- Testing based on triggers
  - any staff with signs or symptoms of COVID-19 must be tested and restricted from work
  - residents with signs or symptoms of COVID-19 must be tested
- Testing due to an outbreak
  - an 'outbreak' occurs when a staff member or any resident tests positive for COVID-19
  - this does not include residents who were admitted with COVID-19
  - after an outbreak all staff and residents should be tested
  - staff and residents who initially test negative should be retested every 3 to 7 days until no new cases are identified for at least 14 days from first positive result
- Routine testing:

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5% (green)	Once a month
Medium	5% -10% (yellow)	Once a week*
High	>10% (red)	Twice a week*

Facilities should refer to the county positivity rate in the previous week and monitor their county positivity rate every other week. CMS publishes the county positivity rates at: Nursing Facility Data, under the COVID-19 Testing section.

POC testing kits are sufficient for all CMS testing requirements. Facilities that do not have the ability to conduct POC testing must have arrangements with a laboratory that can quickly perform large amounts of tests. Results must be received within 48 hours of testing. Facilities unable to arrange with a laboratory that meets the above requirements should document all actions to arrange testing.

CMS QSO 20-37 informed NFs that any NF that performs or analyzes every test intended to detect or diagnose COVID-19 must report all results for everyone tested.

Antigen Testing

It is important to note the following for a NF that uses antigen testing to meet the CMS-mandated testing requirements. 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.

Antigen tests received by NFs become their property and can be used following the conditions of EUA for the test. Information on NFs that will receive tests, how they will be distributed, when they will be distributed, information on training, and further information on CLIA waivers and testing can be found on the Frequently Asked Questions: COVID-19 Testing at SNF/NF.

For facilities receiving POC Antigen Test Kits from US HHS:

- Facilities will need to be CLIA certified or receive a waiver with Form CMS-116 to your regional CLIA licensing group
- CLIA regulations for testing apply
- Facilities are required to report each test result--positive, negative, or otherwise
- Per CMS, facilities are required to report test results

Per CMS updated requirements, all NFs conducting antigen tests within their facility, must report antigen test result information through NHSN. Governor Abbott's Executive Order GA-10 requires all facilities to report testing result information to DSHS and local health departments. NFs reporting test result information to NSHN will no longer have to report to DSHS.

The FDA has approved certain EUA saliva tests. A table with information about authorized COVID-19 molecular diagnostic tests can be found under the table of Individual EUAs for Molecular Diagnostic Tests for COVID-19 on the FDA webpage. The table lists EUAs issued for each individual test with certain conditions of authorization required of the manufacturer and authorized laboratories. For guidance on confirmatory testing, please see the CDC's guidance: Considerations for Use of COVID-19 Antigen Testing in Nursing Homes.

NFs facing issues with registering through DSHS must keep all testing result documentation until the facility is able to submit reports. Once the NF successfully registers with the DSHS reporting system (or alternative method created by DSHS), the NF will then submit all previous testing result data. If POC testing does not provide complete lab report information, NFs should provide what information they do have.

Reporting to DSHS can be completed using one of the following methods:

- Directly into NEDSS
- Faxed to DSHS regional office

- Faxed to DSHS central office

Reporting to DSHS can be completed using one of the following methods:

- Fax
- Other method indicated by LHD (Contact LHD to determine requirements)

Note: Beginning November 14, 2020, NFs that are submitting COVID-19 laboratory data into NHSN should discontinue their direct reporting to DSHS NEDSS. Reporting through NSHN will fulfill the state reporting requirement for facilities actively entering data in NSHN. Facilities must continue to comply with their local health authority directive for reporting. Any facilities not reporting to NHSN must continue to report to DSHS NEDSS.

NFs may contact COVID-19ELR@dshs.texas.gov with any questions related to registration or reporting through DSHS.

[**Testing of asymptomatic residents or HCW in NF as part of an outbreak response or those who are known close contacts of persons with COVID-19**

If an antigen test is positive, perform confirmatory PCR test.

- Residents should be placed in transmission-based precautions in a single room or, if single rooms are not available, remain in their current room pending results of confirmatory testing. They should **not** be transferred to a COVID-19 unit or placed in another shared room with new roommates. Health care workers (HCW) should be excluded from work.
- If confirmatory PCR test is positive, then resident should transfer to COVID-19 unit. HCW should remain excluded from work until they meet return to work criteria.

If an antigen test is presumptive negative OR if the antigen test is positive but the confirmatory PCR test (performed within 2 days) is negative:

- In facilities experiencing an outbreak, residents should be placed on appropriate transmission-based precautions for facilities with an outbreak. HCW can be allowed to continue to work with continued symptom monitoring. The facility should continue serial viral testing (antigen or PCR test) every 3-7 days until no new cases are identified for 14 days.
- If a person is a known close contact of a person with confirmed COVID-19, residents should remain in quarantine for 14 days from exposure, and HCW should follow risk assessment guidance. Alternatives to the 14-day quarantine period are described in the Options to Reduce Quarantine for Contacts of Persons with COVID-19 Infection Using Symptom Monitoring

and Diagnostic Testing. Health care facilities could consider reducing the quarantine period as a measure to mitigate staffing shortages, space limitations, or PPE supply shortages; however, these alternatives are not a preferred option because of the special nature of health care settings (e.g., residents at risk for severe illness, critical nature of health care personnel, challenges with social distancing). See guidance on use of antigen testing for this purpose and when a negative antigen test can be used to determine that a person is not infected with COVID-19.

Note: asymptomatic people who have recovered from COVID-19 infection in the past 90 days and live or work in a NF performing facility-wide testing should not be tested for COVID-19 unless they develop symptoms and their medical provider recommends testing.]

ATTACHMENT 7: Comprehensive Mitigation Plan

Comprehensive Mitigation Plan - NF Without COVID-19 Positive Cases

1. Keep COVID-19 from entering your facility:
   a. Restrict visitors in accordance with the Expansion of Reopening Visitation rules.
   b. Implement universal use of source control for everyone in the facility.
   c. Actively screen anyone entering the building.
   d. Cancel all group activities for COVID-19 positive residents and those with unknown COVID-19 status, per CMS guidance.
   e. 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:
      i. 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.
      ii. Maintain physical distancing of at least 6 feet between each resident.
      iii. Staff and residents perform appropriate hand hygiene before and after each activity.
      iv. Staff wear facemasks and residents wear facemasks or face coverings.
      v. Do not use shared items.
      vi. 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 HCW) 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.
ii. Enforce physical 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 HCW 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

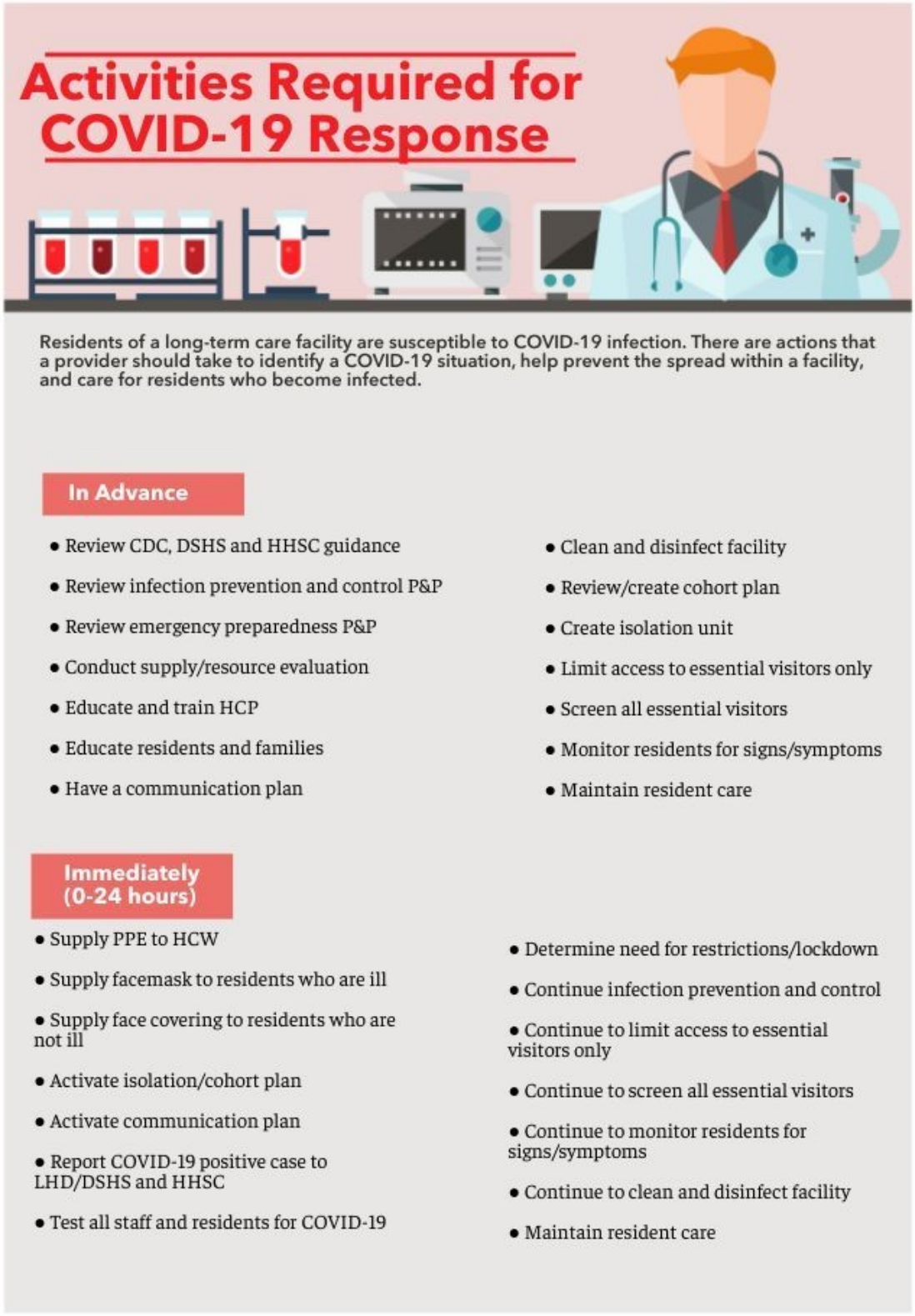
Determine exactly what level of infection exists at the NF and implement a comprehensive mitigation plan. Work with LHD or DSHS to ensure that test kits are available, and that testing is conducted quickly and efficiently. After the first positive test of a NF staff member or resident, test all residents 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 8: Infographic - Facility Actions for COVID-19 Response



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 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.

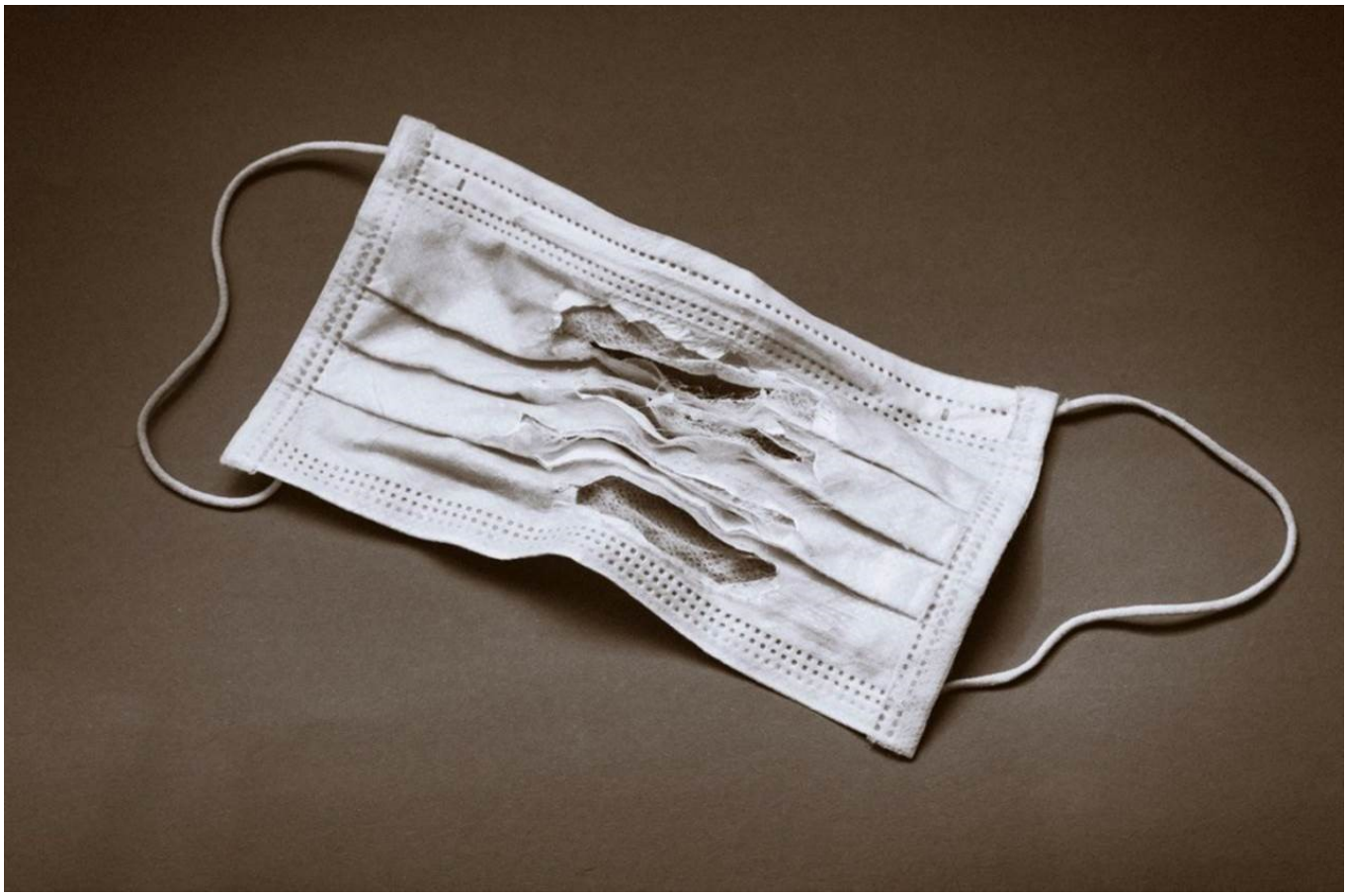
- Staff should take care not to touch their facemask.
- If staff touch or adjust their facemask, they must immediately perform hand hygiene.

- 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

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator

Acceptable Alternative PPE – Use Facemask

CDC

www.cdc.gov/coronavirus

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
   - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Put on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

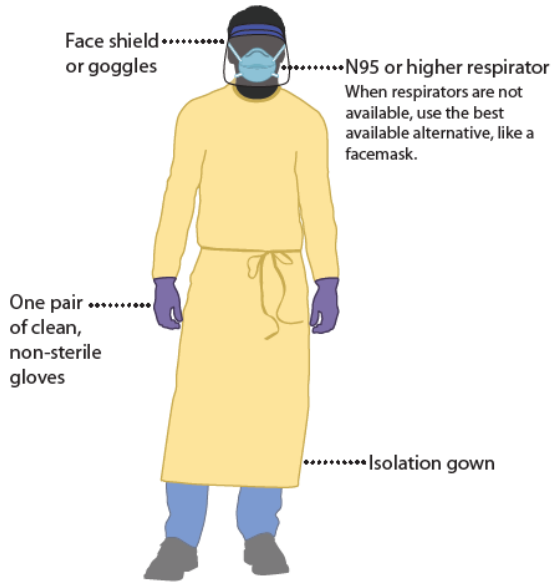
1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).*** Do not touch the front of the respirator or facemask.
   - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

www.cdc.gov/coronavirus

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask

CDC

CS 315888-C 03/23/2020

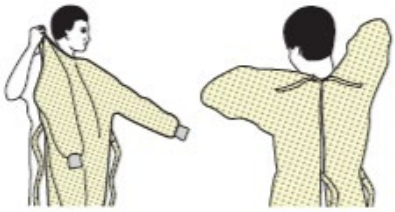
cdc.gov/COVID19

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

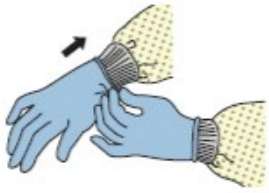
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

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

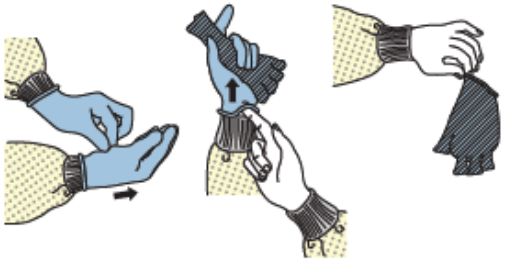
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

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

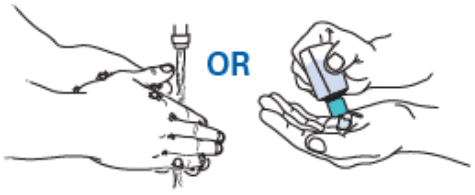
3. GOWN

- 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

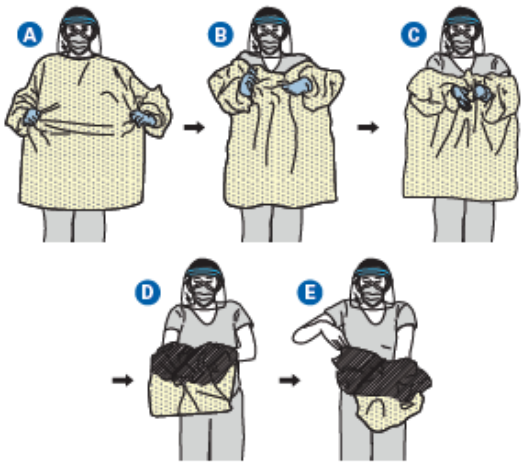
CS250672-E

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



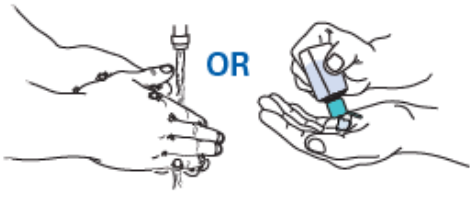
2. GOGGLES OR FACE SHIELD

- 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

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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. 2010-133. https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf
3. Viscusi 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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Facemask Do's and Don'ts

For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.

DO secure the elastic bands around your ears.

DO secure the ties at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:

DON'T wear your facemask under your nose or mouth.

DON'T allow a strap to hang down. DON'T cross the straps.

DON'T touch or adjust your facemask without cleaning your hands before and after.

DON'T wear your facemask on your head.

DON'T wear your facemask around your neck.

DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.

DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.

DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html.

cdc.gov/coronavirus

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Respirator On / Respirator Off

When you put on a disposable respirator

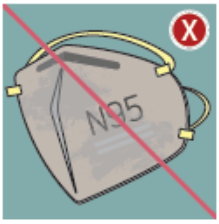
Position your respirator correctly and check the seal to protect yourself from COVID-19.

Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.

Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

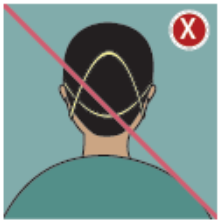
Place both hands over the respirator, take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.

Select other PPE items that do not interfere with the fit or performance of your respirator.



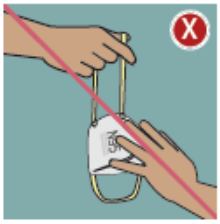
Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.

Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.



Do not crisscross the straps.

Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.



Do not touch the front of the respirator during or after use! It may be contaminated.

When you take off a disposable respirator

Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.

Discard in a waste container.

Clean your hands with alcohol-based hand sanitizer or soap and water.

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

Additional information is available about how to safely put on and remove personal protective equipment, including respirators:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

cdc.gov/coronavirus

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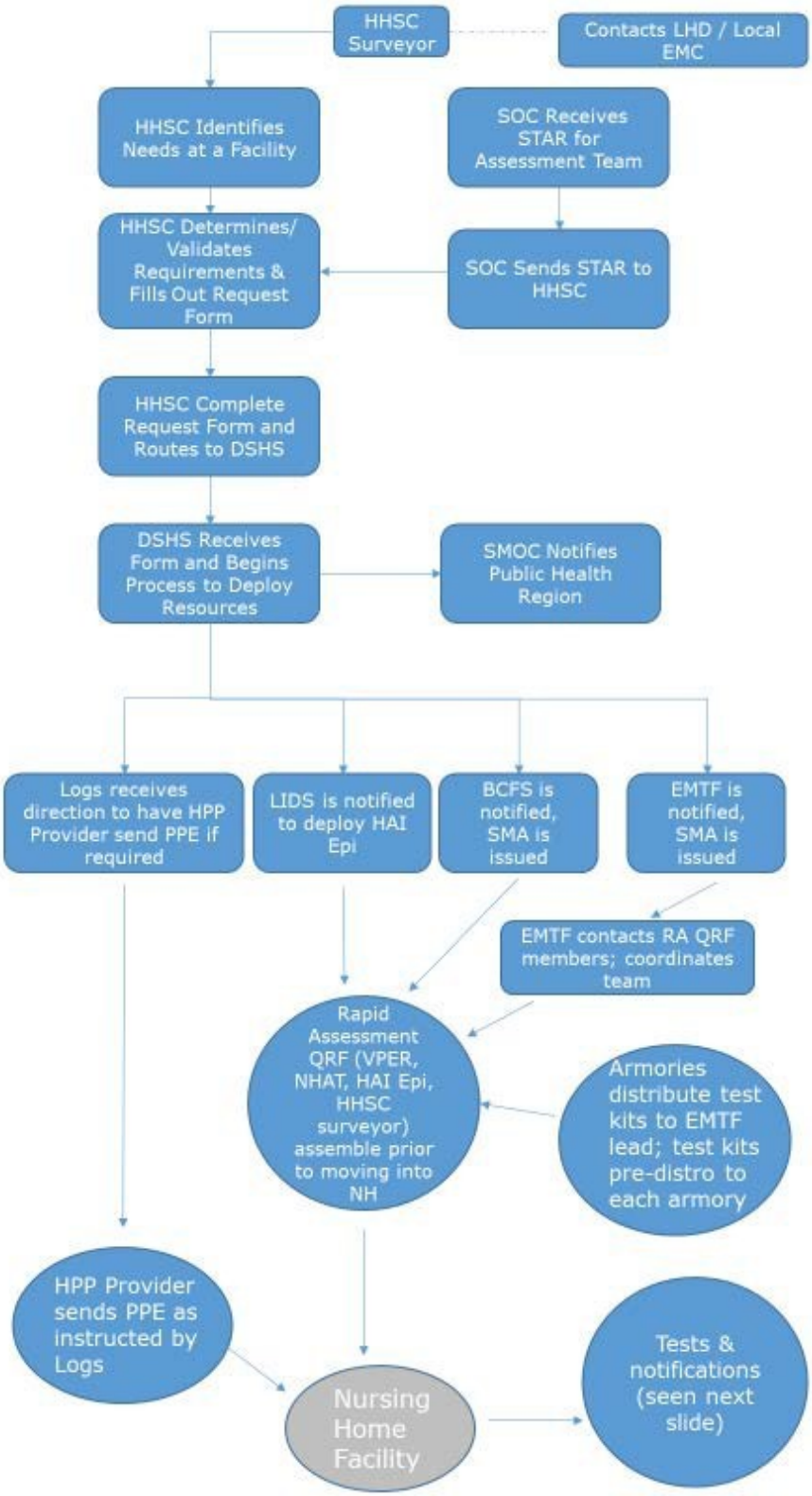
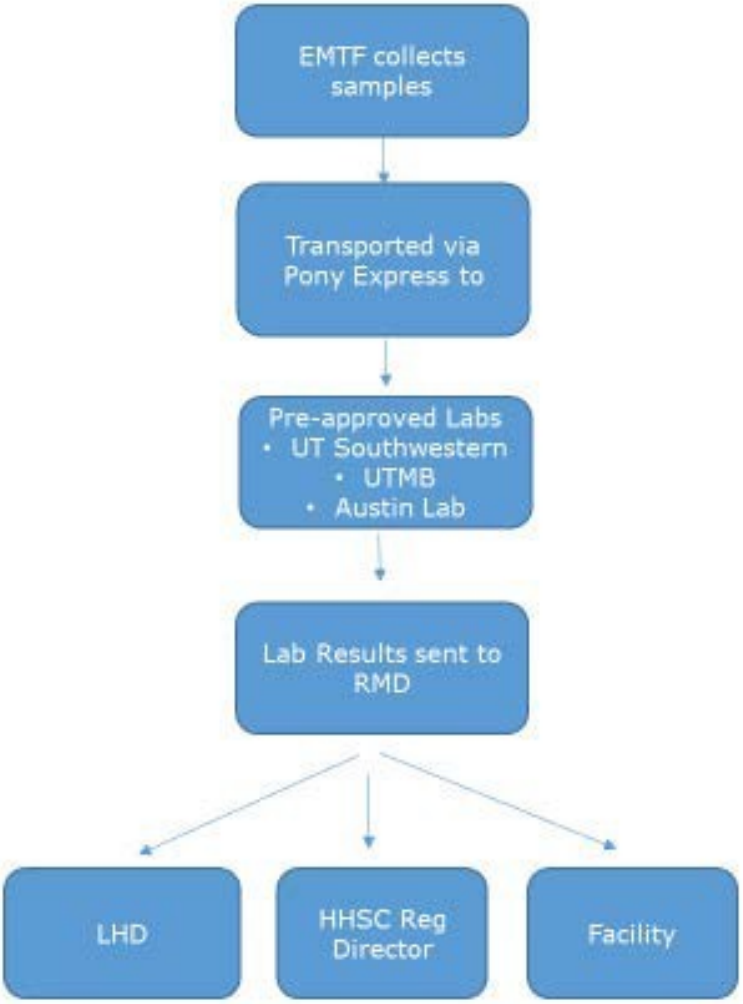
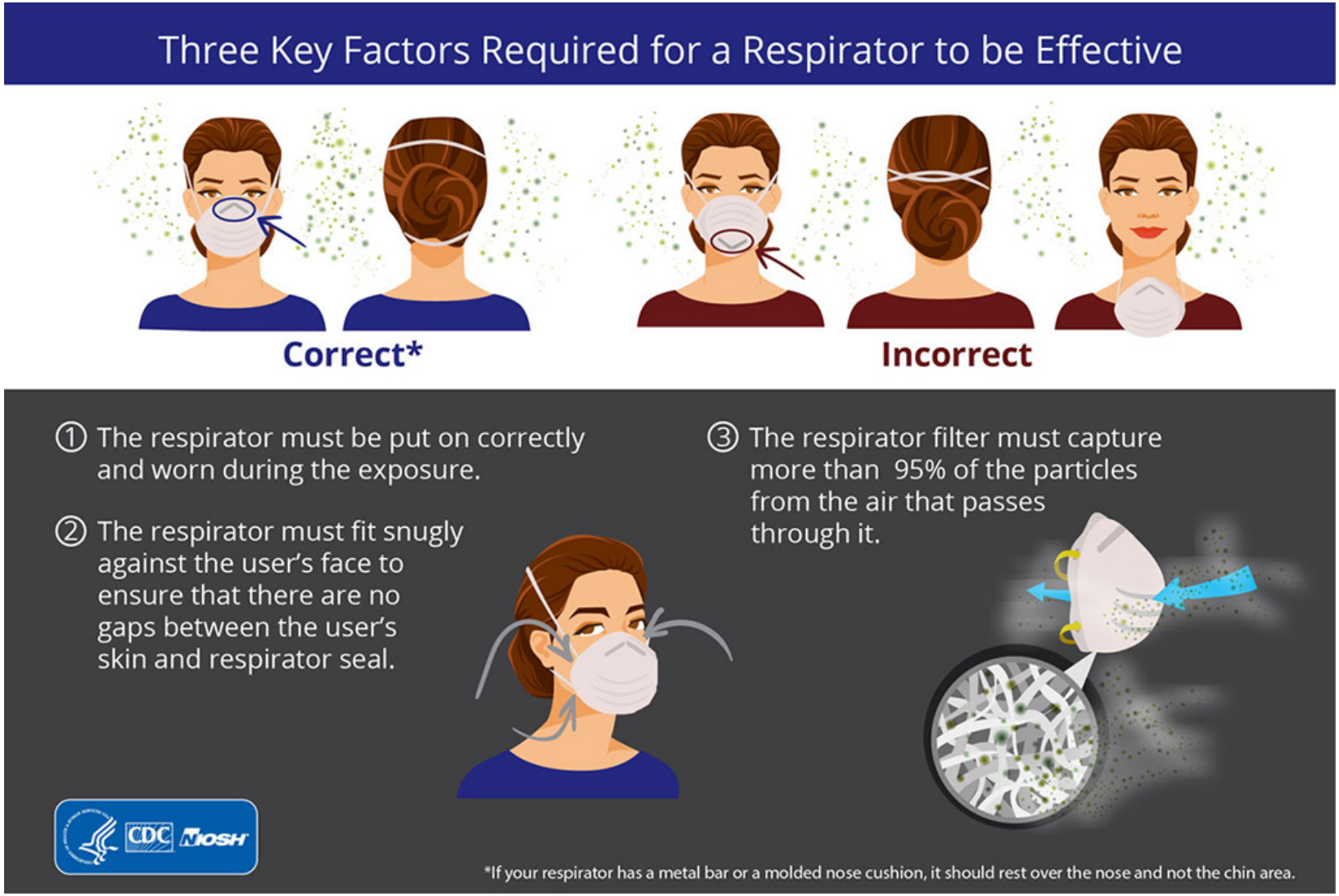
ATTACHMENT 12: RA-QRF Deployment Process



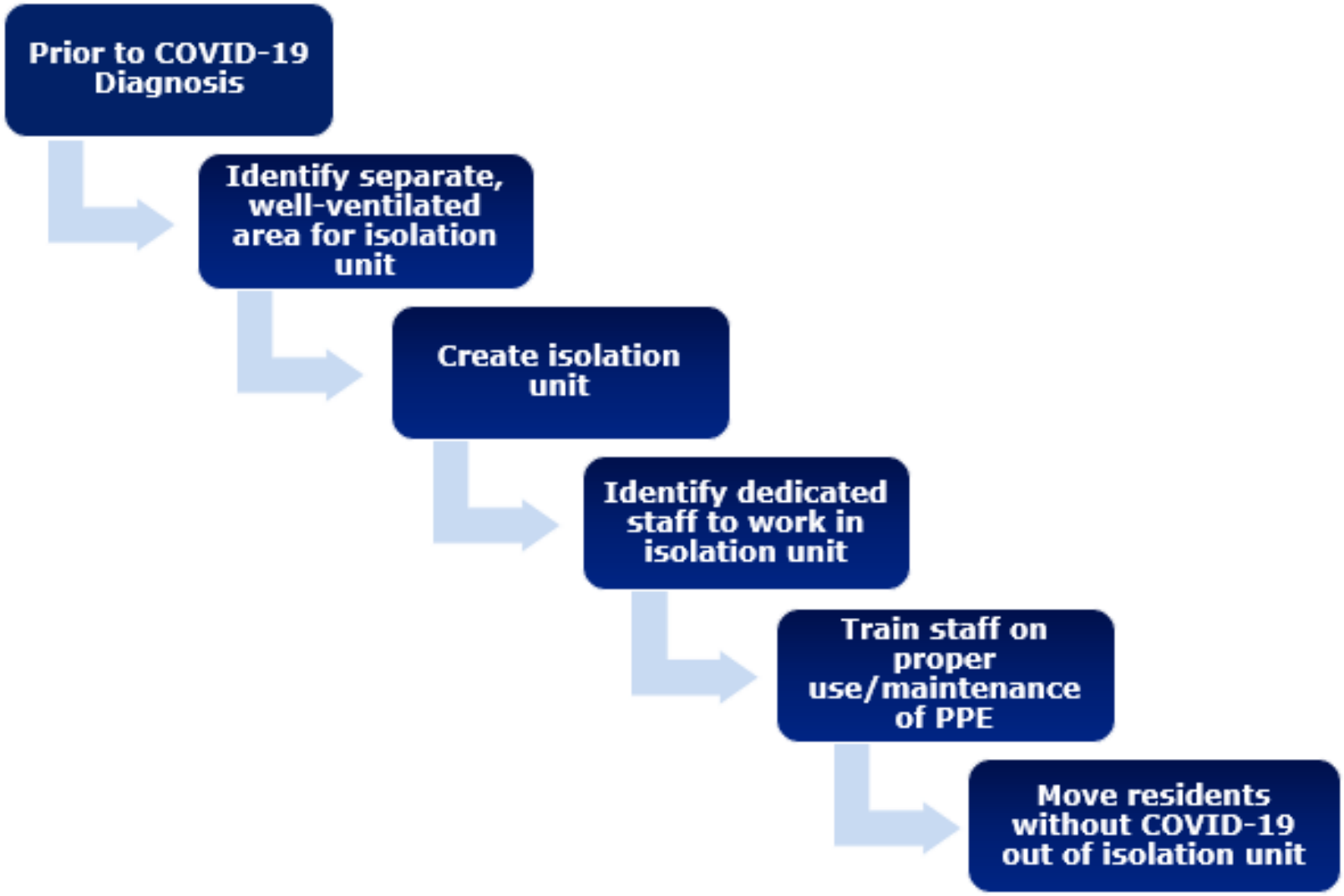
ATTACHMENT 13: RA-QRF Testing and Notification

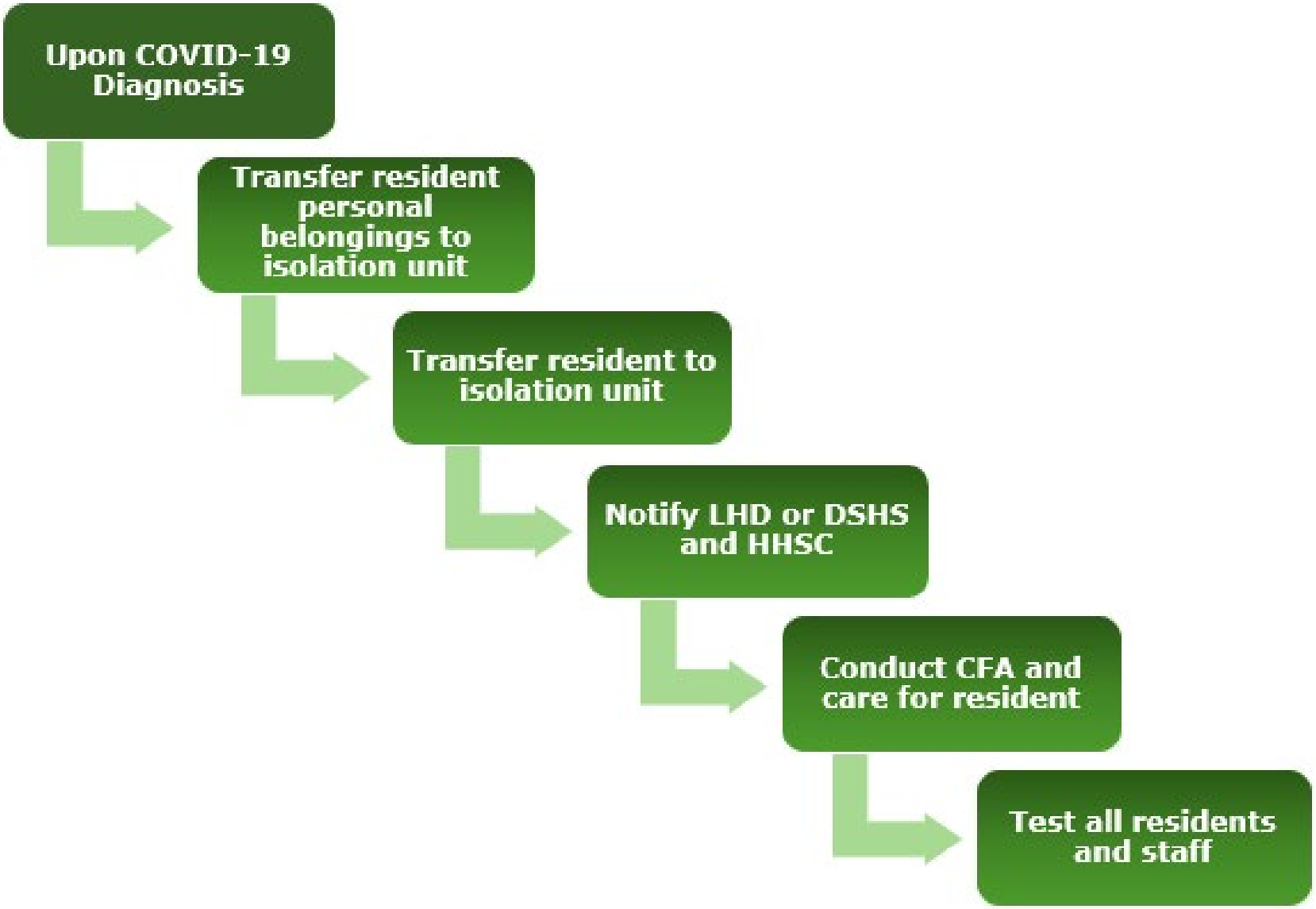


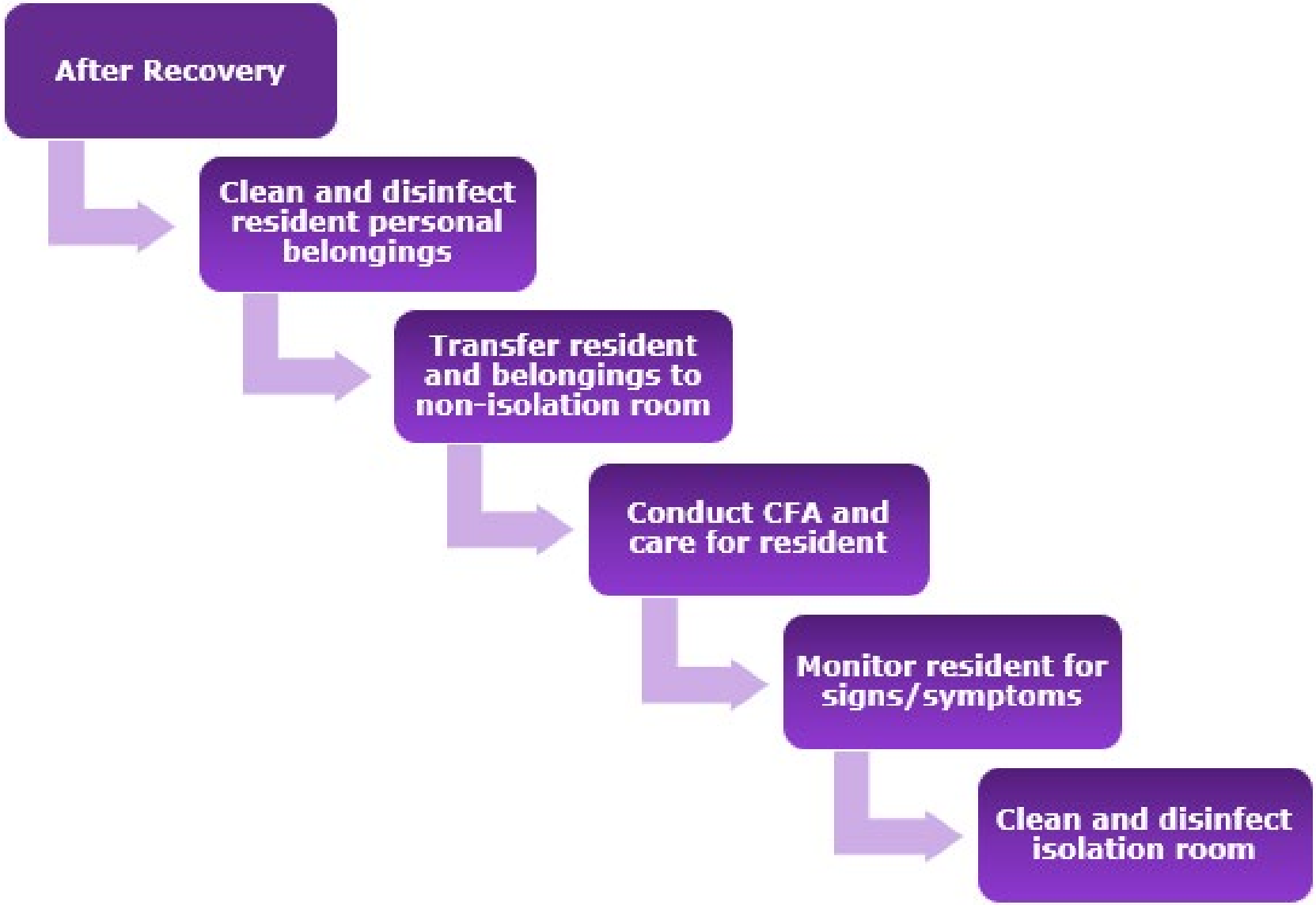
ATTACHMENT 14: Three Key Factors Required for a Respirator to be Effective - Infographic



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