COVID-19 RESPONSE PLAN for Assisted Living Facilities

Abstract

This document provides guidance to Assisted Living Facilities on Response Actions in the event of a COVID-19 exposure.
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1. Points of Contact for this Document

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## 2. Table of Changes

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| Version 4.4 | 2/23/22 | Updated information in Visitors section to current 26 TAC §553.2003 |
| Version 4.4 | 2/23/22 | Updated information in Residents to reflect current CDC guidance |
| Version 4.4 | 2/23/22 | Updated vaccination information to reflect new CDC terminology |
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| Version 4.4 | 4/12/22 | Deleted example of screening log and renumbered attachments |
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| Version 4.5 | 6/20/22 | Deleted obsolete links in the Resources and Links section. |
| Version 4.5 | 6/20/22 | Added ALF related sections of 26 TAC CHAPTER 570 RULES DURING A PUBLIC HEALTH EMERGENCY OR DISASTER |
| Version 4.5 | 6/20/22 | Deleted expired visitation rule at 26 TAC §553.2003 |
| Version 4.5 | 6/20/22 | Deleted PL 20-48 regarding rules for transferring a resident who is has COVID as the requirement is no longer in 26 TAC §553.2001. |
| Version 4.5 | 6/20/22 | Deleted expired rule TAC §553.2004 ALF COVID-19 Vaccination Data Reporting and Communication System Enrollment |
| Version 4.6 | 8/9/22 | Updated information in Purpose to reflect current guidance |
| Version 4.6 | 8/9/22 | Deleted Required Screening section. Screening no longer required |
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| Version 4.6 | 8/9/22 | Deleted dead end CDC link regarding PPE in Attachment 2 |
| Version 4.7 | 8/31/22 | Updated information in Visitors to reflect current guidance |
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| Version 4.7 | 8/31/22 | Updated information in Vaccines to reflect current guidance |
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3. Introduction

Purpose

This document provides assisted living facilities (ALFs) with response guidance during the COVID-19 pandemic. <added> This document is intended as a tool to assist providers in developing their facility-specific COVID-19 infection control and prevention policies and procedures. The emergency rules for ALF COVID-19 Response have expired and are no longer in use. Facilities must continue to follow all infection control and prevention requirements found in the ALF Licensure rules at 26 TAC, Chapter 553. <added>

Goals

- Rapid identification of COVID-19 situation in an ALF
- 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 COVID-19 event

Overview

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

This document provides LTC facilities with recommendations for 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. Visitors

Personal Visitors

**ALFs must allow all residents to have personal visitors.** The facility must ensure a comfortable and safe outdoor visitation area, considering outside air temperature and ventilation.

Visitors and residents are no longer required by HHSC rule to wear masks or face coverings or PPE.

All facilities must follow their infection control policies and procedures in **26 TAC §553.261(f)**. The policies and procedures related to infection control protocols must include how the facility wants to handle masks, physical distancing, PPE, transmission-based precautions and potential exposure or outbreaks in the facility.

**Vaccination Status**

An ALF can ask about a visitor’s COVID-19 vaccination status but must not require any visitor to provide documentation of their COVID-19 vaccination status as a condition of visitation or to enter the facility. A personal visitor may refuse to provide information about their vaccination status.
5. Infection Control

See Attachment 1: ALF COVID-19 Response Infographics & Flowcharts, for visual aids outlining ALF response activities. <added> The CDC has published guidance related to infection control. Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC <added> The CDC is currently reviewing this page to align with updated guidance. Facilities should check back frequently for updates from the CDC. <added> <deleted> Comply with all CDC guidance related to infection control. <deleted>

During an outbreak, the CDC recommends that facilities establish infection control zones to keep resident cohort groups separate from each other and to limit movement of staff between the separate zones.

- Cold Zones for COVID-19 negative residents
- Warm Zones for monitoring residents with unknown COVID-19 status
- Hot Zones for COVID-19 positive residents

An ALF should have spaces for staff to don and dispose of PPE used in a warm zone or hot zone, and wash hands or use hand sanitizer before entering a cold zone in the facility:

**PPE**

Staff must always wear proper PPE when caring for residents with COVID-19 or unknown COVID-19 status per 26 TAC §553.261(f).

Make necessary PPE available in areas where care is provided to residents with COVID-19 and residents with unknown COVID-19 status. 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.

**Cleaning and Disinfecting Recommendations**

Increase environmental cleaning. Clean and disinfect all frequently touched surfaces such as doorknobs/handles, elevator buttons, bathroom surfaces/fixtures, remote controls, and wheelchairs.

Make sure EPA-registered hospital-grade disinfectants are available. 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.

Provide supplies for recommended hand hygiene. Have alcohol-based hand sanitizer with 60–95 percent alcohol easily accessible. Make sure sinks are well-stocked with soap and paper towels for handwashing.

Review your infection control policies and procedures. Review your emergency
preparedness and response plan required by 26 TAC §553.275. Update as needed. Ensure that any emergency plans specific to hurricanes or other natural disasters account for COVID-19.

**Staff**

To encourage staff who are ill to stay home ALFs should enforce sick leave policies that do not penalize them with loss of status, wages, or benefits.

Require staff with symptoms of COVID-19 to report sick by phone or other virtual method consistent with facility policy.

If a staff member has a confirmed case the facility should follow the most current CDC return-to-work criteria based on the situation and the status of staffing (Conventional, Contingency or Crisis). CDC return to work criteria

Per CDC guidance, staff who have had a higher risk exposure may not need to be restricted from work. Review CDC HCP Guidance-Risk Assessment <added> (CDC is reviewing this page to align with updated guidance.) <added>and CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages recommendations for Healthcare Personnel During the COVID-29 Pandemic for possible exceptions and additional information.

Note: If a staff member 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.

**Residents**

Ask residents to report if they feel feverish or have symptoms of respiratory infection and coronavirus. If a resident has fever or symptoms, implement increased infection control measures.

**Leaving and returning**

Residents have the right to leave and return to the facility for any reason, and the facility cannot restrict residents from exercising this right. The facility has a responsibility to inform residents of the increased risk of contracting COVID-19 and the importance of safety precautions like avoiding crowds, washing hands often and maintaining physical distancing from others whenever possible, so that the resident is making an informed decision.

<deleted> A resident who is a new admission, readmission, or has spent one or more nights away from the ALF, regardless of the resident’s vaccination status, should be quarantined according to the most current CDC guidance on when to quarantine. If no symptoms develop during daily monitoring, quarantine can end after day 10. <deleted>
Any individual who has been exposed to COVID-19, regardless of the individual’s vaccination status, should watch for symptoms of COVID-19 for 14 days following an exposure. If, within that period, the individual experiences symptoms, the individual should isolate immediately and be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

<deleted> Keep in mind that quarantine does not mean a resident must remain in their room for the duration of the quarantine period. Quarantine is NOT isolation. https://www.cdc.gov/coronavirus/2019-ncov/easy-to-read/COVID-19-Quarantine-vs-Isolation.html<deleted>

Activities and Dining

Activities and dining should continue as in pre-COVID, but if there is an outbreak in the facility then activities and dining should be modified accordingly.

Memory Care Units and Alzheimer's Certified Units

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units and Alzheimer's certified units where numerous residents with cognitive impairment reside together. These residents can have a difficult time following recommended infection prevention practices.

Changes to resident routines, disruptions in daily schedules, use of unfamiliar equipment, or working with unfamiliar caregivers can lead to fear and anxiety, resulting in increased depression and behavioral changes such as agitation, aggression, or wandering.
6. Vaccines

Everyone six months old and older is eligible for a free COVID-19 vaccine in Texas.

**HHSC**

HHSC as a state agency **cannot require vaccinations**. A facility is a private business and should consult with their Legal and Human Resources area to address state and federal mandates regarding vaccines.

**Find a Vaccine**

There are many ways to get fully vaccinated in Texas. For the most current vaccination resources visit [DSHS COVID-19 Vaccine Information](https://www.dshs.texas.gov/covid-19/

**Local Pharmacies**

Check your local pharmacy’s website to see if vaccine appointments are available. You can also check [CDC’s Federal Retail Pharmacy Program website](https://www.cdc.gov/vaccines/retail-pharmacy-program.html).

**Texas Public Health Vaccine Scheduler**

The Texas Vaccine Scheduler helps Texans get scheduled for a COVID-19 vaccine at clinics hosted by participating Texas public health entities.

Register online at [GetTheVaccine.dshs.texas.gov](https://www.getthevaccine.dshs.texas.gov). You will be notified by email or text when and where to get the vaccine. If there’s not an available clinic near you, you will be directed to other places to get your vaccine.

Call (833) 832-7067 if you don’t have internet or need help signing up. Call center support is available Monday–Friday from 8am–6pm and Saturday from 8am–5pm. Spanish language and other translators are available to help callers.

**Find Vaccine by Phone**

Americans can now text their ZIP code to GETVAX (438829) in English or VACUNA (822862) in Spanish to immediately receive addresses of nearby available vaccination centers.

**Additional Primary Shot for Moderately or Severely Immunocompromised People**

The CDC recommends that some people with moderately to severely compromised immune systems should receive an additional dose of mRNA COVID-19 vaccine at least 28 days after their second dose of the Pfizer or Moderna vaccine.

See the CDC guidance on [additional primary shots](https://www.cdc.gov/vaccines/live-vaccines/covid-19/recommendations.html) for full details about who should receive an additional primary shot. People should talk to their healthcare provider about their medical condition, and whether getting an additional primary shot is appropriate for them.
Booster Shot
COVID-19 Vaccine booster shots are available for everyone aged five years and older. See the CDC booster shot page for full current information about booster shots. People should talk to their healthcare provider about their medical condition, and whether getting a booster shot is appropriate for them.

Up to date
According to the CDC, you are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

Residents
Vaccination is voluntary. You cannot require residents to be vaccinated. A resident or the resident's legally authorized representative has the right to refuse the resident's vaccination.

Staff
An ALF that wishes to impose a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.

Side Effects & Allergic Reactions
Mild side effects are normal signs your body is building protection, and they usually go away after a few days. To be safe, your provider will have you wait on-site for 15-30 minutes after your shot.

People who have received the Johnson & Johnson vaccine who develop severe headache, abdominal pain, leg pain or shortness of breath within three weeks after vaccination should contact their healthcare provider.

ALFs are required to report any adverse reactions to COVID-19 vaccines to: Vaccine Adverse Event Reporting System (VAERS) (hhs.gov) (VAERS).

V-safe: Register with CDC's V-safe After Vaccination Health Checker on your smartphone to report any side effects after getting the COVID-19 vaccine. You’ll also get reminders for your second vaccine dose.

How to Become a Vaccine Provider
To become a COVID-19 vaccine provider, you must register through EnrollTexasIZ.dhs.texas.gov. Only providers registered through this site can receive and administer COVID-19 vaccine in Texas.
7. Outbreaks

An outbreak of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff who have been present in the facility in the last 14 days.

Outbreak Testing
Testing is not mandated for ALF residents or staff.

The CDC recommends testing all individuals with symptoms whenever a COVID-19 outbreak occurs in a community where older adults or individuals with disabilities reside.

Care for Residents who have COVID-19
An ALF can provide care to resident(s) with COVID-19 if:

- the resident is asymptomatic or has mild to moderate symptoms that do not require hospitalization or a higher level of care than the ALF can provide;
- the ALF can isolate the resident in their own separate living quarters or in a separate, well-ventilated area that provides meaningful separation between the resident and the rest of the facility (a curtain or a moveable screen does not provide meaningful separation); and
- the ALF has sufficient staff capable of providing the level of care required without sacrificing the care of other residents in the facility.

To prevent transmission, ALFs can use separate staffing teams for COVID-19-positive residents whenever possible.

Transferring Residents who have COVID-19
If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the facility should:

- Transfer the resident to an alternate facility that has agreed to accept and care for the facility’s COVID-19 positive residents until they are fully recovered;
- Assist the resident and family members to transfer the resident to the alternate facility;
- Follow applicable infection control protocols to isolate the resident in an area that is separate from other residents until the resident is transferred; and
- Assist the resident to return to the facility once the resident is fully recovered from COVID.
8. Therapeutics

Governor Abbott, Texas Division of Emergency Management (TDEM), and DSHS have established and expanded antibody infusion centers in communities across the state. COVID-19 antibody infusion treatment can prevent a patient’s condition from worsening and requiring hospital care.

The treatment is free and available to Texans who test positive for COVID-19 and have a referral from a doctor. Texans can visit meds.tdem.texas.gov to find a therapeutic provider.

Providers with questions about monoclonal antibodies or ordering can email therapeutics@dshs.texas.gov or call Provider Support at 833-832-7068, option 0.
9. Reporting Communicable Diseases

ALFs are required to report communicable diseases, including all confirmed cases of COVID-19, to the local health authority with jurisdiction over their facility. This is in accordance with the Communicable Disease and Prevention Act, Texas Health and Safety Code, Chapter 81. It is also specified in Title 25 of the Texas Administrative Code, Chapter 97.

Find contact information for your local/regional health department here: https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/
## 10. Resources and Links

### List of Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tr>
<td>ALF</td>
<td>Assisted living facility</td>
</tr>
<tr>
<td>CDC</td>
<td>The Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>DSHS</td>
<td>Texas Department of State Health Services</td>
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<tr>
<td>EMS</td>
<td>Emergency medical services</td>
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<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
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<tr>
<td>HA</td>
<td>Health authority</td>
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<tr>
<td>HCP</td>
<td>Healthcare personnel</td>
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<tr>
<td>HHSC</td>
<td>Texas Health and Human Service Commission</td>
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<tr>
<td>LHA</td>
<td>Local health authority</td>
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<tr>
<td>LHD</td>
<td>Local health department</td>
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<tr>
<td>LTC</td>
<td>Long-term care</td>
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<tr>
<td>LTCF</td>
<td>Long-term care facility</td>
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<td>LTCR</td>
<td>Long-term Care Regulation</td>
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<tr>
<td>LVN</td>
<td>Licensed vocational nurse</td>
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<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
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<tr>
<td>POC</td>
<td>Point of Contact</td>
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<tr>
<td>PPE</td>
<td>Personal protective equipment</td>
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<tr>
<td>RN</td>
<td>Registered nurse</td>
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<tr>
<td>SME</td>
<td>Subject matter expert</td>
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<tr>
<td>TCAT</td>
<td>Texas COVID-19 Assistance Team</td>
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<tr>
<td>TDEM</td>
<td>Texas Division of Emergency Management</td>
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Links (in alphabetical order)

- Cleaning and Disinfecting Your Facility
- Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities
- DSHS: Coronavirus Disease 2019 (COVID-19)
- COVID-19: Facemasks & Respirators Questions and Answers
- FEMA: COVID-19 Pandemic Operational Guidance All-Hazards
- COVID-19 Testing Locations
- COVID-19 Travel Recommendations by Destination
- Difference Between Isolation and Quarantine
- Donning and Doffing PPE Graphic
- Executive Orders by Governor Greg Abbott
- Healthcare Workers: Information on COVID-19
- Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities
- List N: Disinfectants for Use Against SARS-CoV-2
- Local Health Entities
- OSHA Respiratory Protection Standard (29 CFR §1910.134)
- PPE Burn Rate Calculator
- Proper N95 Respirator Use for Respiratory Protection Preparedness
- Public Health Regions
- Regional Advisory Councils
- State of Texas Assistance Request (STAR)
- Stress and Coping
- Symptoms of Coronavirus
- TDEM
- Texas Local Public Health Organizations HHS (Federal)
- Therapeutics TDEM.texas.gov
- TULIP
- Vaccine Adverse Event Reporting System (VAERS) HHSC (Texas)
Attachment 1: Recommended Facility Activities for ALF COVID-19 Response

What can you do to identify a COVID-19 situation, help prevent the spread within the facility, and care for infected residents?

**Prepare before a positive case (actions focused on response)**

- Review/create a COVID-19 plan for residents
- Determine/review who is responsible for specific functions under the facility plans
- Develop a communication plan (external and internal)
- Evaluate supplies/resources including PPE
- Determine what community sources are available for COVID testing and how residents, staff and visitors, if applicable, can be tested (a “testing plan”)
- Evaluate supply chains and other resources for essential materials including PPE

**Immediately 0-24 Hours Reaction to an outbreak**

- Activate resident isolation/facility cohort plan, including establishing a unit, wing, or group of rooms for any COVID-19 positive residents
- Supply PPE to care for COVID-19 positive residents
- Screen residents for signs and symptoms
- Screen staff for signs and symptoms
- Clean and disinfect the facility
- Determine if HCP are providing services in other ALFs
- Establish contact with receiving agencies (hospitals, other ALFs)
- Identify lead at facility and determine stakeholders involved external to facility
- Engage with community partners (public health, health care, organizational leadership, local/state administrators)
- Activate all communication plans
- Maintain resident care
- Work with the local health department/authority or DSHS to activate a testing strategy
**Extended 24-72 Hours Protect**

- Supply PPE for HCP and staff
- Screen residents for signs and symptoms
- Screen staff for signs and symptoms
- Activate resident transport (resident out/in) protocols
- Establish contact with transporting/receiving agencies (hospitals, other ALFs)
- Continue engagement with community partners
- Maintain resident care

**Long-Term 72 Hours+ Transition**

- Screen residents for signs and symptoms
- Screen staff for signs and symptoms
- Continue decontamination procedures
- Establish contact with transporting/receiving agencies (hospitals, other ALFs)
- Maintain resident care
Attachment 2: Use of PPE in ALFs

PPE for COVID-19 positive residents

Staff should:
• Follow standard precautions.
• Use an N95 facemask or respirator (if available and if they have been trained and appropriately fit tested) rather than a cloth face covering or facemask.
• Use eye protection.
• Use nonsterile, disposable gloves and isolation gowns, which are used for routine care in healthcare settings.

CDC: Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)
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 elastic 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
**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 goggles 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**
How to Wear a Medical Mask Safely

Dos

- 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 reach of others
- Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least a 6-foot distance from others and wash your hands frequently and thoroughly, even while wearing a mask.
HOW TO WEAR A MEDICAL MASK SAFELY

**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
Reusing Facemasks
To extend your supplies of PPE, staff may need to reuse facemasks in accordance with CDC guidelines.

- Don’t touch! If you touch or adjust the mask, wash/sanitize your hands.
- Handle with Care! Fold so that the outside surfaces touch; store in paper bag between uses.
- Toss it! Discard when soiled, damaged or hard to breathe through.
- Leave! Go outside the resident’s room to remove PPE.
Attachment 3 COVID-19 Rules and Provider Letters for ALFs

26 TAC §553.570 LTC Rules during Public Health Emergency ALF Sections

26 TAC Chapter 570 Texas Administrative Code (state.tx.us)

Long-Term Care Regulation Provider Letter PL 20-50

Influenza (Flu) Vaccine Guidance During COVID-19
Date Issued: November 17, 2020


Long-Term Care Regulation Provider Letter PL 20-49
Process to Request Free COVID-19 Point of Care Antigen Test Kits Date Revised: November 23, 2020

Provider Letter 2020-49 (Revised) - Process to Request Free COVID-19 Point of Care Antigen Test Kits (texas.gov)

LTCR Form 2198, Attestation for Free Test Kits

Long-Term Care Regulation Provider Letter PL 20-46

PL 20-46 (Revised): Reporting Guidance for Long-Term Care Providers – Point-of-Care Antigen Testing (texas.gov)