Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTSCR and DSHS
August 11, 2021

For more information:
Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161
COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
Today’s Webinar

Due to the increase in COVID-19 cases across the country, we will be extending today’s webinar to 2 hours.

The first part of today’s webinar will be dedicated to updates; the latter half will be a high-level overview of existing infection prevention and control guidance.

Due to the number of topics included in today’s webinar, we will likely have limited time for a live Q&A. Questions submitted will be followed up via email. Questions can also always be sent to LTCRPolicy@hhs.texas.gov.
Today’s Webinar

Per usual, today’s webinar will be recorded and the recording and slides will be posted to the Nursing Facility Provider Portal within a few business days of the webinar.

Additionally, we have included a handout with a list of resources that cover the infection prevention and control measures we are covering today.

Since today’s overview will be high-level, we encourage providers to review the resources in the provided handout for further details on any topics.
Agenda

- Updates
- Change in COVID-19 Resources
- Review: Indoor Visitation after a COVID-19 Outbreak
- Review: Infection Control Basics (disinfecting and sanitizing)
- COVID-19 guidance overview *(subtopics on next slide)*
Agenda (Cont.)

• COVID-19 guidance overview:
  • Quarantine Guidance
  • Staff Quarantine
  • Cohorting guidance
  • Staffing Plans
  • Staffing COVID-19 Cohorts
  • CMS Testing Requirements
  • PPE & Physical Distancing - Staff
  • Facemasks & Physical Distancing - Residents
  • Facemasks & Physical Distancing – Visitors
  • Hand Hygiene
Agenda (Cont.)

- DSHS Presentation: Common Findings from the Field
- Panelists Announcements
- Live Q&A (if time permits)
Updated FAQs

HHSC has updated the COVID-19 FAQs. Updates include:

• Additional clarification on topics related to quarantine or COVID-19 outbreaks for fully-vaccinated persons

• Clarification on staff CMS testing requirements to align with CMS’ April 2021 updates

• Guidance for staff on using when to use hand sanitizer/hand washing

COVID-19 FAQs can be found on the Nursing Facility Provider Portal in the COVID-19 Resources Section.
July Updates

Version 4.0

COVID-19 Response for Nursing Facilities
July Updates

Updates include:

• Staffing guidance for COVID-19 cohorts per CDC guidance and COVID-19 Response Emergency Rule June updates

• Guidance related to TB testing after COVID-19 vaccination

• Guidance to reflect CMS changes to COVID-19 testing requirements from April 2021

• Guidance to reflect CMS and CDC April 2021 updates for group activities

• Includes CMS’ COVID-19 vaccine requirements issued in May 2021
Ending Suspension of Certain Requirements

HHSC issued an alert on August 4\textsuperscript{th} announcing the end of suspensions of certain LTCR requirements.

The alert contains a list of the requirements suspensions that have ended or that are scheduled to end at a later date.

We are working to issue a provider letter with additional information.
Protocols in High COVID-19 Areas

Per CMS and state requirements, facilities must still allow the following to occur:

• Visitation (as allowed under the emergency visitation rule and outlined in PL 2021-20)
• Group Activities (for COVID-19 negative residents and residents recovered from COVID-19)
  • See the COVID-19 Response Plan for guidance
• Medical Appointments
• Outings
  • See the COVID-19 Response Plan for guidance
Federal COVID-19 Local Fiscal Recovery Funds are being distributed to cities and counties throughout Texas. HHSC encourages providers in need of COVID-19 resources to use the following resources:

- Contact your city, county, or regional advisory council to find out if resources or funds will be available for:
  - Healthcare staffing support*
  - Testing services*
  - Resident or Site assessment*
  - Disinfecting*

*Please note, these resources are no longer available through HHSC.

(cont. on next slide)
Change in COVID-19 Resources

- For mobile COVID-19 vaccination needs call 888-90-TEXAS to request a Mobile Vaccination Team to come out to your facility.
- Contact the Department of State Health Services:
  - To become a COVID-19 vaccinator
  - To request COVID-19 vaccine

LTC providers can now order COVID-19 therapeutics directly.
Change in COVID-19 Resources

- Reach out to the HHSC Long-term Care Regulation Regional Director in your region to request:
  - BinaxNow testing kits. See PL 2020-49 for details.
  - Healthcare-associated infection and epidemiological support
  - COVID-19 vaccine (providers should exhaust all other options before request)

See this August 10th alert for the associated hyperlinks.
COVID-19 Q&A

Panelist

Christine Riley, RN
Nurse III - Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation
Indoor visitation during an outbreak
Visitation Rules

There are four types of visitation addressed in the emergency visitation rules:

• Essential Caregiver Visits
• End-of-life visits
• Outdoor Visits
• Indoor Visits

References to ‘outdoor visits’ and ‘indoor visits’ refer to visitation with persons other than essential caregivers or those participating in end-of-life visitation. Essential caregiver and end-of-life visits can also occur outdoors and indoors.
Reminder: Visitation After an Outbreak

Even in the event in a COVID-19 outbreak in a NF, the following visit types must be still be permitted:

- Essential Caregiver Visits (for any COVID-19 status)
- End-of-life visits (for any COVID-19 status)
- Outdoor visits (for COVID-19 negative residents)

Indoor visits can still be permitted for COVID-19 negative residents if the COVID-19 outbreak is isolated to a single area (cont. on next slide)
Reminder: Visitation After an Outbreak

A NF that has a new **Facility-Acquired COVID-19 Infection** among the COVID-19 negative cohort can allow indoor visitation if the outbreak is isolated to a single area, meaning:

- The NF implements outbreak testing per CMS requirements in [QSO-20-38](#);
- The first round of testing shows no additional COVID-19 cases in other areas, units, wings, halls, or buildings that accommodate residents who are COVID-19 negative; **and**
- The area in which the new COVID-19 case occurred suspends indoor visitation until the criteria for discontinuing outbreak testing is met, per [QSO-20-38](#).
Reminder: Visitation After an Outbreak

The following scenarios do not affect a NF’s ability to allow indoor visitation:

• admitting COVID-19 positive residents
• a resident who was admitted to the facility less than 14 days ago becomes COVID-19 positive
• a staff member only working only with the COVID-19 positive cohort, or unknown COVID-19 cohort, becomes COVID-19 positive
COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
Encouraging Staff to be Vaccinated
As COVID-19 cases begin to rise in the state, HHSC is encouraging NFs to engage NF staff in getting the COVID-19 vaccine.

Per CMS data, only 19% of Texas NFs have more than 75% of staff fully-vaccinated.
NF Staff Vaccination

CMS requires NFs to provide education and information related to the COVID-19 vaccine to all unvaccinated residents and staff. (see CMS QSO-21-19 for more information)

NF Infection Preventionists and Medical Directors should engage staff to identify any vaccine hesitancy. The CDC has provided many resources to address specific concerns related to the vaccine.
NF Staff Vaccination – Resources

The CDC has issued the following education resources:

• **Preparing for COVID-19 Vaccination at Your Facility**

• **COVID-19 Vaccine Information for Specific Groups**

• **Vaccine Recipient Education** (contains many education materials including Myths and Facts about COVID-19 Vaccines)

NFs must provide the following information to all residents and staff as part of CMS vaccine education requirements: **COVID-19 Vaccine Emergency Use Authorization (EUA) Fact Sheets**
Can NFs require that staff receive the COVID-19 vaccine?

State rules do not prohibit a facility from making COVID-19 vaccination a condition of employment; that is a decision a facility should make in consultation with its legal counsel and human resources professionals.

The COVID-19 vaccine cannot be mandated through state or federal rules since the vaccines are approved through the FDA’s emergency use authorization (EUA). However, the EUA does not affect a business’s ability to require vaccination for employees.
Facilities are also permitted to implement incentives for staff receiving COVID-19 vaccination. Incentives can be an effective way to promote COVID-19 vaccination among staff.

Examples of companies’ incentives for staff receiving COVID-19:

• Kroger: One-time cash payments
• Chobani: Paid time off
• Target: Transportation to vaccine appointment, paid time off, and a one-time cash payment
Reminder: CMS Vaccine Requirements

NFs must submit weekly COVID-19 reports to NHSN.

NHSN reports are required each week, even if no vaccine activity has occurred.

See QSO-21-19 or the May 19th 2021 NF Provider Webinar (recording or slides) for more information.

Please note that licensed-only NFs and NFs not reporting to NHSN are still required to submit COVID-19 vaccine reports to HHSC as described in PL 2021-01.
COVID-19 Q&A

Panelist

Christine Riley, RN
Nurse III - Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation
Infection Control Basics
Infection Control

Disinfectants

Facility providers must:

• Be aware of guidance and regulations from the Environmental Protection Agency (EPA) and Centers for Disease Control (CDC) on cleaning and disinfecting; and

• Use all disinfectants and cleaning products according to manufacturer’s guidelines.
Infection Control

Per CDC, COVID-19 is spread in three main ways:

• Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.

• Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.

• Touching eyes, nose, or mouth with hands that have the virus on them.
Infection Control

To protect yourself and others against COVID-19, practice:

• source control (use of face masks, face coverings, N95 respirators),
• frequent hand hygiene, and
• frequent cleaning and disinfection of high-touch surfaces

See the CDC’s How to Protect Yourself & Others and CMS’ Core Principles of COVID-19 Infection Prevention in QSO 20-39
Infection Control

• There is no evidence to suggest that spraying people with disinfectant eliminates or reduces their chance of spreading COVID-19.

• Current research indicates that spraying people with disinfectant is likely to cause more harm than good.
Infection Control

FAQs and Resources on Disinfectants:

From the CDC’s *Cleaning Your Home: When Someone is Sick: Disinfect Safely*

- Do not eat, drink, breathe, or inject cleaning and disinfection products into your body or apply directly to your skin as they can cause serious harm.
- Do not wipe or bathe people or pets with any surface cleaning and disinfection products.
FAQs and Resources on Disinfectants:

From the [EPA’s FAQs on Disinfectants and COVID-19](#):

**Can disinfectant products be used on people?**

The products included in EPA's list of disinfectants for use against COVID-19 are for use on surfaces, not humans. Please see [this press release](#) for more information. [Read our infographic on how to use EPA-registered disinfectants](#).
Can sanitizing tunnels be used at facility entrances or exits to prevent the spread of COVID-19?

CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. In addition, chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
COVID-19 Q&A

Panelist

Bijendra Bhandari
Infection Prevention Policy Specialist
Policy & Rules
Long-term Care Regulation
Reminders: COVID-19 Protocols
# Reminder: Isolation vs. Quarantine

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<thead>
<tr>
<th>Who is it for?</th>
<th>Quarantine</th>
<th>Isolation</th>
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<tr>
<td>Unknown COVID-19</td>
<td></td>
<td>COVID-19 Positive</td>
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<tr>
<th>Timeframe</th>
<th>Quadrant</th>
<th>Quadrant</th>
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<tr>
<td>Per CDC’s When to Quarantine</td>
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<td>Per CDC’s Discontinuation of Transmission-Based Precautions</td>
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</table>
COVID-19 Reminders: Quarantine Guidance

Per the COVID-19 Response Emergency Rule NFs are still required to cohort residents by COVID-19 status, which includes:

- COVID-19 negative
- Unknown COVID-19 status (Quarantine)
- COVID-19 Positive (Isolation)

Residents identified as having Unknown COVID-19 status must be quarantined per CDC guidance. Per CDC guidance some residents may not need to be quarantined, depending on certain factors.

(cont. on next slide)
COVID-19 Reminders: Quarantine Guidance

Unknown COVID-19 status is defined as a resident who:

- Is newly admitted or readmitted
- Has left the facility overnight
- Has had known exposure or close contact with a person who is COVID-19 positive
- Is exhibiting symptoms of COVID-19 while awaiting test results

Per CDC guidance, depending on certain factors, quarantine might not be recommended. (cont. on next slide)
COVID-19 Reminders: Quarantine Guidance

NFs will have to determine whether the resident is **fully-vaccinated** or recovered from COVID-19 in the past 90 days (**Recovered**).

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Vaccinated or Recovered</th>
<th>Unvaccinated</th>
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</thead>
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<tr>
<td>Newly Admitted/Readmitted</td>
<td>No Quarantine</td>
<td>Quarantine</td>
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<tr>
<td>Gone Overnight</td>
<td>No Quarantine</td>
<td>Quarantine</td>
</tr>
<tr>
<td>Known Exposure or close contact</td>
<td>Quarantine</td>
<td>Quarantine</td>
</tr>
<tr>
<td>Symptomatic while Awaiting Test Results</td>
<td>Quarantine</td>
<td>Quarantine</td>
</tr>
</tbody>
</table>
COVID-19 Reminders: Quarantine Guidance

Per CDC guidance, NFs cannot use COVID-19 testing as a basis for quarantine decisions.

Residents who meet the criteria for being quarantined must be quarantined even if the resident has a recent COVID-19 negative test result.

NFs also should not quarantine residents who do not need to be quarantined per CDC guidance. Doing so could be considered unnecessary isolation of a resident.
COVID-19 Reminders: Quarantine Guidance

For residents who require quarantine:
The CDC still endorses the 14-day quarantine period, but has also provided alternate options:

- 10-day quarantine, without testing
- 7-day quarantine, with a negative COVID-19 test result on or after day 5

COVID-19 Reminders: Staff Quarantine

A staff member who has had unprotected exposure* or close contact with a person who is COVID-19 positive, or who is exhibiting symptoms of COVID-19 while awaiting test results is generally required to quarantine. There are some exceptions.

*See Potential Exposure at Work to assess risk exposure.

(Cont. on next slide)
COVID-19 Reminders: Staff Quarantine

According to recent CDC guidance, fully vaccinated asymptomatic healthcare personnel (HCP) with higher risk exposures may be exempt from quarantine. CDC recommends HCP with higher risk exposures have a series of two viral tests for COVID-19 infection immediately and 5-7 days after exposure.

If HCP experience symptoms of COVID-19, they should be tested immediately, regardless of their vaccination status.

HCP who have traveled should continue to follow CDC travel recommendations and requirements.
COVID-19 Reminders: Cohorting Guidance

The COVID-19 Response Emergency Rule requires NFs to have:

• cohorting plans that include designated space for COVID-19 negative residents, COVID-19 positive residents, and residents with unknown COVID-19 status

• spaces for staff to don and doff PPE that minimize the movement of staff through other areas of the facility

NFs are still required to cohort residents based on COVID-19 status.
COVID-19 Reminders: Cohort Guidance

Creating separate spaces for unknown COVID-19 or COVID-19 positive residents can vary depending on the number of residents and the layout of the facility.

The key is to try to create **meaningful separation** between residents of each COVID-19 cohort.

There is no “black and white” approach to cohorting. There are many variables to consider. The key is to follow core infection prevention and control measures.
COVID-19 Reminders: Cohorting Guidance

Meaningful Separation of different COVID-19 cohorts (cohort areas) can include:

• Separate wings/hallways for different COVID-19 cohorts
• Having a hallway with different cohort areas separated by fire doors or empty rooms
• Having a single resident in quarantine/isolation in a private room on the end of a hallway
• Having residents quarantine in private rooms, with donning/doffing stations outside the residents’ rooms
COVID-19 Reminders: Staffing Plans

NF staff must be aware of what to do in the event of any sort of emergency, including an outbreak of flu or COVID-19.

NFs are always required to provide services to residents before, during, and after an emergency. The emergency plan must include:

• Planning for staff shortages.
• A back-up plan to ensure operations and care of resident or clients continue.
COVID-19 Reminders: Staffing Plans

The CDC provides Strategies to Mitigate Healthcare Personnel Staffing Shortages.

Certain hiring and recruitment resources are also available that may be of interest to NFs:

- maturecaregivers.com
- retirementjobs.com

NFs facing staffing shortages, after exhausting all other mitigation strategies, should contact their local entities to identify any resources available.
COVID-19 Reminders: Staffing

Per CDC guidance, NFs should have separate staff dedicated to caring for COVID-19 positive residents.

If possible, the staff should avoid working in both the COVID-19 positive area and other COVID-19 cohort areas during the same shift.

The CDC recommends implementing other staffing mitigation strategies before sharing staff between COVID-19 positive cohorts and other cohorts.
COVID-19 Reminders: Staffing

NFs may share staff between unknown COVID-19 cohorts and negative COVID-19 cohorts if necessary.

NFs working with unknown COVID-19 status cohorts should continue following all appropriate infection prevention and control measures, including wearing full PPE with proper donning and doffing, and proper hand hygiene.
COVID-19 Reminders: Staffing

Non-direct care staff, such as dietary or environmental staff, may enter unknown COVID-19 status cohort areas.

Non-direct care staff entering the unknown COVID-19 status cohort area should wear all appropriate PPE.

CDC recommends non-direct care staff be excluded from COVID-19 positive cohort areas to the extent possible.
HHSC has created a Testing Flow Chart that summarizes the CMS COVID-19 testing requirements for providers, as outlined in CMS QSO-20-38-NH.

The Testing Flow Chart can be found on the Nursing Facility Provider Portal in the COVID-19 Resources section.
**COVID-19 Reminders: Staff PPE**

Staff PPE usage breaks down into three categories

<table>
<thead>
<tr>
<th>Facemask/PPE</th>
<th>Situation</th>
</tr>
</thead>
</table>
| Full PPE (N95 respirator, gown, gloves, face shield/goggles) | When providing care in the:  
  • COVID-19 positive cohort  
  • Unknown COVID-19 cohort                   |
| Facemask                                         | When in all other areas of the building.*                                   |
| No facemask                                      | *Fully-vaccinated staff may remove their mask while on break.  
  *Staff participating in in-person meetings where all members are fully-vaccinated may remove their facemask. |
COVID-19 Reminders: Staff Physical Distance

Staff members should maintain physical distancing:

• Between themselves and visitors
• Between themselves and other staff when either staff member is not fully-vaccinated.

Staff members participating in an in-person meeting where all members are fully-vaccinated do not need to maintain physical distancing.
COVID-19 Reminders: Facemasks - Residents

Per CDC guidance, residents should wear a facemask when outside of their rooms, if tolerated.

However, residents do not need to wear a facemask when:

• Eating or drinking
• Participating in group activities or communal dining, unless unvaccinated residents are present
• Participating in a personal visit where the visitor and resident are both fully-vaccinated, in a private visitation area.
COVID-19 Reminders: Physical Distancing

Residents should maintain physical distancing of at least 6 feet, except as permitted in the following situations:

• A fully-vaccinated resident does not need to maintain physical distancing between themselves and other fully-vaccinated residents.

• A fully-vaccinated resident does not need to maintain physical distancing between themselves and fully-vaccinated personal visitors.

• A resident does not need to maintain physical distancing between themselves and essential caregivers/end-of-life visitors.
COVID-19 Reminders: Visitor Facemasks

Per CMS and the CDC, all visitors must wear a facemask or face covering during:

• A personal visit if either the visitor or resident is not fully-vaccinated
• Walking to and from the private indoor or outdoor visitation area
• A personal visit not conducted in a private indoor or outdoor visitation area

If both the visitor and resident are fully-vaccinated, both may remove their facemask or face covering during a visit in a private visitation area.
COVID-19 Reminders: Hand Hygiene


The CDC also states that ABHR are the preferred method for cleaning hands in most clinical settings. However, healthcare personnel should wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.
COVID-19 Reminders: Hand Hygiene

Ideally, the facility will have an adequate supply of ABHR dispensers AND soap and water at handwashing stations throughout the facility. This ensures that there are a couple options to sanitize hands in all parts of the facility at all times.

See the CDC’s [Hand Hygiene in Healthcare Settings](https://www.cdc.gov/handhygiene/) for more information and specific scenarios where ABHR or soap and water may be more appropriate.
Common Findings in the Field

Panelists

Annie Nutt
Healthcare-Associated Infections Epidemiologist
DSHS

Amanda Barton
Infection Control Practitioner
DSHS
State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412
• Statewide email: ltc.ombudsman@hhs.texas.gov

State Ombudsman: Patty Ducayet, 512-438-4356 (or) Patricia.Ducayet@hhs.texas.gov

Bi-Weekly Facebook Live Q&A for Families of LTC Residents: Every other Wednesday (on weeks with no NF Provider webinar), 12:15 to 12:45
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

• Available through the CMS Quality, Safety & Education Portal (QSEP).

• Can be completed on a cell phone

• Frontline nursing home staff modules:
  Module 1: Hand Hygiene and PPE
  Module 2: Screening and Surveillance
  Module 3: Cleaning the Nursing Home
  Module 4: Cohorting
  Module 5: Caring for Residents with Dementia in a Pandemic

• 3 hours total training time

• Management staff modules:
  Module 1: Hand Hygiene and PPE
  Module 2: Screening and Surveillance
  Module 3: Cleaning the Nursing Home
  Module 4: Cohorting
  Module 5: Caring for Residents with Dementia in a Pandemic
  Module 6: Basic Infection Control
  Module 7: Emergency Preparedness and Surge Capacity
  Module 8: Addressing Emotional Health of Residents and Staff
  Module 9: Telehealth for Nursing Homes
  Module 10: Getting Your Vaccine Delivery System Ready

• 4 hours total training time
New QSEP Resources

• **User Guide: CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management**

• **QSEP Training User Guide - Spanish Translation**

• **CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management Kudos Kit**
NEW TMF Tools & Videos

• Vaccine Process Review

• Quality Measure Video: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

• Quality Measure Video: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)

• Vaccine Hesitancy Video: Concerns with Fertility and Pregnancy
NHSN Webinar Series

• NHSN Fast Facts Part I Webinar – earlier today.

• NHSN Fast Facts Part II Webinar
  Aug. 18, 2021
  1:30 – 2 p.m.
  Register for the Fast Facts Part II webinar

• NHSN Data Reports
  Aug. 19, 2021
  1:30 – 2:30 p.m.
  Register for the Data Reports webinar
NHSN RESOURCES

- TMF NHSN resources: NHSN Resources

- Join the website: https://tmfnetworks.org
Reach out to us at: nhnetwork@tmf.org to submit requests for assistance with NHSN reporting problems or quality improvement assistance.
COVID-19 Q&A

Panelist

Bijendra Bhandari
Infection Prevention Policy Specialist
Policy & Rules
Long-term Care Regulation

• Question from last week
• Reminders
Q&A

Are MCO Service Coordinators allowed to enter the NF for in-person visits?

Yes, MCO Service Coordinators must be permitted to enter a NF for an in-person visit, so long as the service coordinator passes screening upon entering. MCO would considered a provider of essential service but can also be personal visitor under the Expansion of Reopening Visitation Emergency Rule. The service coordinator should adhere to core infection prevention and control measures (PPE, hand hygiene, physical distancing, etc.).
Reminders

GovDelivery Alerts
Don’t forget to sign up for GovDelivery alerts https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new.
Select “Nursing Facility Resources” as a topic option to receive webinar updates.

CMS/CDC COVID-19 Training
CMS is offering free online training for nursing facilities related to COVID-19.
Click here to view currently available pre-recorded trainings.
Facilities also have access to the CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management.
Questions?

For more information:
Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161
Thank you!

For more information:
Email: LTCRPolicy@hhs.Texas.gov
Phone: 512-438-3161
Begin Handouts
# Infection Prevention and Control Guidance and Resources

Available for Nursing Facilities

This list contains guidance and resources available to nursing facilities regarding infection prevention and control measures. Each resource also identifies where the resources can be found. Facilities are encouraged to review these resources for further information on the related topics. Questions can also be sent to LTCRPolicy@hhs.texas.gov

## General Infection Control / Comprehensive COVID-19 Guidance

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<td>COVID-19 Emergency Response Rules</td>
<td>HHSC NF Provider Portal (COVID-19 Resources)</td>
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<tr>
<td>HHSC COVID-19 Response Plan</td>
<td>HHSC NF Provider Portal (COVID-19 Resources)</td>
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<td>HHSC COVID-19 FAQ</td>
<td>HHSC NF Provider Portal (COVID-19 Resources)</td>
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<tr>
<td>List of CDC COVID-19 Guidance for Nursing Facilities</td>
<td>CDC Nursing Home webpage</td>
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<tr>
<td>CDC COVID-19 Infection Control Guidance</td>
<td>Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes</td>
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## Testing

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<td>CMS Testing Requirements</td>
<td>CMS QSO-20-38-NH</td>
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<td>HHSC Visual Aid: CMS Testing Requirements</td>
<td>HHSC NF Provider Portal (COVID-19 Resources)</td>
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<tr>
<td>HHSC COVID-19 Testing FAQ</td>
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<tr>
<td>COVID-19 Antigen Test Follow Up Guidance</td>
<td>Considerations for Interpretations of Antigen tests in Long-Term Care Facilities Visual Aid</td>
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## Visitation

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<tr>
<td>COVID-19 Visitation Emergency Rules</td>
<td>HHSC NF Provider Portal (COVID-19 Resources)</td>
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<tr>
<td>HHSC COVID-19 Response - Expansion of Reopening Visitation (Provider Letter 2021-20)</td>
<td>HHSC NF Provider Portal (Provider Communications link)</td>
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<tr>
<td>CMS Visitation and Group Activity Guidance</td>
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## Vaccination

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<tr>
<td><strong>CDC Guidance for Fully Vaccinated Staff and Residents</strong></td>
<td>Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination</td>
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<tr>
<td><strong>CDC Vaccine Recipient Education Resources</strong></td>
<td>Vaccine Recipient Education</td>
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<td><strong>Reporting</strong></td>
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<tr>
<td>HHSC Reporting Guidance for Long-term Care Providers <em>(Provider Letter 2020-37)</em></td>
<td><a href="https://www.hhsc.texas.gov">HHSC NF Provider Portal</a> (Provider Communications link)</td>
</tr>
<tr>
<td>HHSC Reporting Guidance for Long-Term Care Providers - Point-of-Care Antigen Testing <em>(Provider Letter 2020-46)</em></td>
<td><a href="https://www.hhsc.texas.gov">HHSC NF Provider Portal</a> (Provider Communications link)</td>
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<tr>
<td>NHSN Resources</td>
<td><a href="https://www.cdc.gov">NHSN Long-Term Care Facilities Component Page</a></td>
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<tr>
<td>TMF Resources for NHSN</td>
<td><a href="https://www.tmfnetworks.org">TMF Networks National Healthcare Safety Network Webpage</a></td>
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<tr>
<td><strong>COVID-19 Rates/Surges</strong></td>
<td></td>
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<tr>
<td>CMS Weekly COVID-19 County Positivity Rates</td>
<td><a href="https://www.cms.gov">CMS Data Page</a></td>
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<tr>
<td>DSHS COVID-19 Data Webpage</td>
<td><a href="https://www.dshs.texas.gov">DSHS: Texas COVID-19 Data</a></td>
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COVID-19 Infection Prevention: Common Findings from the Field

Healthcare-Associated Infections (HAI) Epidemiology Team
COVID-19 Infection Control Assessments in LTCFs

March 2020 – July 2021
HAI Epidemiology Team completed 1,257 assessments*
• Includes both proactive and response-driven
• 65% were completed virtually (teleICAR or videoICAR)

*please note this is provisional data
Personal Protective Equipment (PPE)

CDC's PPE Optimization Strategies

**Conventional Capacity**
strategies that should already be in place as part of general infection prevention and control plans in healthcare settings

**Contingency Capacity**
strategies that can be used during periods of anticipated PPE shortages

**Crisis Capacity**
strategies that can be used when supplies cannot meet the facility’s current or anticipated PPE utilization rate

*Not commensurate with U.S. standards of care*

### Personal Protective Equipment (PPE)

**Facemasks**
- Should cover nose and mouth and should be well-fitted.
  - Masks should not be pulled down around the neck in between use.
- Crisis capacity strategy:
  - Limited reuse of facemasks.

**N95s**
- No guidance to support wearing an N95 and facemask together.
  - Wearing a surgical mask under an N95 will compromise the fit.
- Wear for aerosol-generating procedures (AGPs).
- Keep hands away from mask/N95.
- Crisis capacity strategy:
  - Limited reuse of N95s.
Personal Protective Equipment (PPE)

Gowns

• Disposable gowns should NOT be reused.
• Washable gowns should be put in the laundry after a single use.
• Tie gowns behind back/neck when donning.

• Contingency capacity strategies:
  • Prioritize when to use gowns.
  • Use coveralls.

• Crisis capacity strategy:
  • Extended use in the red/COVID-19 confirmed unit only.
Personal Protective Equipment (PPE)

Eye Protection
- Should fully cover front and sides of eyes.
- Do not use personal eyeglasses as eye protection.
- Remember not to share between staff unless disinfecting in between each use.
  - Disinfect both outside and inside.

Gloves
- Don't wear gloves in the hallways.
- Gloves should always be changed in between residents.
Barriers to Effective Hand Hygiene

• Staff preferences or habits
  • Using unapproved products
  • Not washing thoroughly
  • Not allowing ABHR to dry
  • Not performing hand hygiene when appropriate
Barriers to Effective Hand Hygiene

• Limited access to ABHR dispensers
  • Usually located outside resident rooms
  • Insufficient number of dispensers
  • Insufficient supply of personal ABHR
  • Resident safety
  • Hanging wall mounted dispensers too high
Barriers to Effective Hand Hygiene

- Excessively Long Nails
- Artificial Nails
- Jewelry
Environmental Cleaning

• Everyone is Responsible
• Frequent High Touch Surface Cleaning
• Using effective products
• Training
• Auditing
Common Cleaning Gaps

• Contact Time
• Improper mixing of cleaning products
• Improper mixing of bleach
• Use of bristle brooms
• Use of mop and bucket
• Dry dusting
• Vacuum cleaners
• Dirty partition curtains
Common Cleaning Gaps

• Cleaning of shared spaces

• Cleaning within clinical areas

• Shared Resident Equipment
• Not recommended to share shower rooms across different units/zones.
• Need dedicated equipment on each unit
• Personal care items should be labeled and dedicated to each resident.
• Communal drinking sources discouraged.
• Activities:
  • Books, magazines, and puzzles are unable to be disinfected.
  • Clean and disinfect any shared game pieces after each use.
Perform contact tracing

- High risk exposure:
  1. More than 15 min (cumulative amount of time in 24 hours)
  2. Less than 6 feet
  3. Source (person who tested positive) not wearing a mask

- Remember to go back 2 days before the onset of symptoms or a positive lab collection date, whichever was first.

- Separate exposed from unexposed residents (quarantine).

- If using an alternative quarantine strategy for residents, ensure the resident is monitored for symptoms for the full 14 days.
• Staff may attribute COVID-19 signs and symptoms to other pre-existing conditions or allergies.

• Have a process in place for staff to contact the facility if showing signs and symptoms before entering the building --> staff can be screened outside the building.
SARS-CoV-2 Testing

Collecting Specimens
• Wear N95, eye protection, gloves, and gown

Confirmatory Testing
• If the antigen is negative and the person has symptoms of COVID, do a confirmatory PCR within 24 hrs.
• If an antigen test is positive and you want to confirm it is a true positive, do a PCR test within 24 hrs. Do not retest using another antigen test.
Reporting COVID-19 Cases

• Facilities must report all positive cases to either your local health department or your regional DSHS office immediately.

• You can find contact information for your local/regional health department at https://www.dshs.texas.gov/regions/Coronavirus-(2019-nCoV)-Local-Health-Entities/
Thank you!