Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTCR and DSHS
November 10, 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
COVID-19 Q&A

Panelist

David Gruber
Associate Commissioner for Regional and Local Health Operations
DSHS
Next Webinar

NF Provider Webinars are held on a monthly basis. The next webinar will be held December 8th.

The recording and slides from today’s webinar will be posted to the Nursing Facility Provider Portal and sent out via GovDelivery alerts.

They are typically posted/sent out within a few days after each webinar.
Alerts

Reminder from a previous alert on the process to request COVID-19 Emergency Support


This alert has information on the process to request emergency staffing support, as well as COVID-19 vaccine clinics, COVID-19 testing kits, PPE, disinfection and HAI/EPI support.

(continued on next slide)
Alerts

**Requesting PPE:**
Before requesting any PPE, LTC providers must exhaust all options for obtaining PPE. This includes going through their usual medical supply vendors, reaching out to sister facilities, and any other local sources which may have PPE. They must also document these efforts to obtain PPE.

*(continued on next slide)*
Alerts

If they are still unable to obtain PPE, the first step is to reach out to the HHSC LTCR Regional Director (RD) in the region where the facility is located. The RD or their designee may then verify the actions the provider has taken to obtain PPE. HHSC LTCR staff are then responsible for initiating a STAR request on behalf of the LTC provider.
Alerts

October 26, 2021: HHSC LTC Regulation Uses Contract Agency for NF Surveys and Investigations

HHSC Long-term Care Regulation is contracting with CertiSurv. CertiSurv is a contract agency that employs surveyors to assist states with survey needs.

LTCR selects and trains CertiSurv surveyors on Texas nursing facility survey procedures. The staff are SMQT qualified surveyors who assist with: (continued on next slide)
 Alerts

- Recertification surveys
- Investigations
- Infection control surveys

They often have many years of survey experience, and they monitor CMS guidance, regulations, and process changes to stay up to date.

When on-site they will wear their CertiSurv badge for identification purposes. Treat them as HHSC staff.

Reach out to the Regional Director in your facility’s region with questions about CertiSurv staff.
Alerts

October 27, 2021:

**Updated NF COVID-19 FAQs**

HHSC Long-term Care Regulation has updated the nursing facility provider Frequently Asked Questions about COVID-19.

**Read the updated NF COVID-19 FAQs (PDF).**
Alerts

October 28, 2021: Deadline Extended: Survey on NF, ALF Emergency Generator Capabilities

Nursing facilities and assisted living facilities have until end of day Nov. 12, 2021 to complete the NF/ALF Generator Survey. HHSC Long-term Care Regulation has extended the deadline.

This survey is legislatively required and will take you about five minutes to complete. Your responses help inform future initiatives related to emergency preparedness.

(continued on next slide)
Alerts

Please forward these communications to the appropriate people in your organization. They should be familiar with your facility’s emergency power systems and be able to respond to this urgent survey.
Alerts

October 29, 2021: LTC Provider Bulletin Now Available

The November 2021 Long-Term Care (LTC) Provider Bulletin has been published on the LTC homepage on TMHP.com.

Visit the TMHP LTC homepage regularly for news, reminders, training opportunities, and other important program updates.

For questions, see the Provider Resources section of the bulletin.
October 29, 2021: Quality in Long-Term Care 2021 Conference Available Free On Demand

This free, virtual conference offers CE from nationally and internationally recognized experts on caring for people with dementia, infection prevention and control, staff well-being, current healthcare trends, and cutting-edge advances in long-term care, aging and disabilities. The conference will also address the impacts of the COVID-19 pandemic and discuss practices that will support staff, consumers and their families as we all navigate the "new normal."
November 3, 2021: FDA Investigating Certain Imported Medical Gloves - Recommends Suspending Use

The U.S. Food and Drug Administration recommends that health care facilities and providers not buy or use imported medical gloves from certain companies. There are concerns with glove quality. Access Import Alert 80-04 Surveillance and Detention Without Physical Examination of Surgeon's and Patient Examination Gloves for a list of companies.
Alerts

Use the 510(k) Premarket Notification database with the code for medical gloves to identify FDA-cleared gloves.

Providers should report any medical glove purchases to the FDA by email that are a different color, appear used, soiled, or otherwise seem to be fraudulent.
Alerts

November 4, 2021: **Coming Soon: TMHP Provider Enrollment and Management System (PEMS)**

The Texas Medicaid & Healthcare Partnership’s (TMHP) Provider Enrollment and Management System (PEMS) is coming soon.

Provider enrollment functions will be available through PEMS, and providers must use the new system to enroll in Texas Medicaid.

The new system will be the single tool for provider enrollment, reenrollment, revalidation, and maintenance requests (maintaining and updating provider enrollment record information).

For more information, see TMHP’s Oct. 29, 2021 PEMS notice.
Alerts

November 5, 2021: **Reminder About the Certification of Temporary Nurse Aides**

The Centers of Medicare and Medicaid Services (CMS) **has a waiver in place** that allows a nurse aide to work longer than four months without meeting certification requirements. HHSC has developed a plan for certifying temporary nurse aides, which was published in provider letter **2021-19** and put into emergency rules.

*(continued on the next slide)*
Alerts

HHSC is also putting the plan for certifying temporary nurse aides into permanent rules that were posted for public comment through October 11, 2021 and will be effective soon.

Independent of the status of HHSC’s guidance, the federal flexibility remains in effect, and providers may continue to employ temporary nurse aides as long as the public health emergency is in effect and for four months after it ends.
Alerts

Flu & COVID-19: What You Need to Know

In this webinar, we are going to review the similarities and the differences between Flu and COVID-19, the importance of getting the Flu and COVID vaccines, and how vaccinations along with good infection control practices protect everyone. This webinar is appropriate for all provider types. No continuing education hours/units are available for this webinar. A certificate of attendance will be provided.

November 16th 10:00-11:00 AM
https://attendee.gotowebinar.com/register/6421966361512529934

December 9th 2:00-3:00 PM
https://attendee.gotowebinar.com/register/1170747205921097227

Emergency rules related to COVID-19 vaccination data reporting and emergency communication system enrollment were scheduled to expire on November 7, 2021, have been extended. The extension took effect on November 7, 2021, and will expire on January 5, 2022. The following rules are extended:

• Nursing facilities rule 26 TAC §554.2804.

Email LTCRPolicy@hhs.texas.gov or call 512-483-3161 for questions about these rules.

(continued on the next slide)
*Please note that the Emergency Communication System described in the emergency rule is not yet operational. When the emergency communication system is operational, we will inform providers via GovDelivery email and post an alert on the nursing facility provider portal page.
Alerts

November 9, 2021: Provider Enrollment Functions available through PEMS Starting Dec. 13

Providers must use the new system PEMS to enroll in Texas Medicaid effective Dec. 13, 2021. As of Nov. 30, 2021, the following, submitted through Provider Enrollment on the Portal or Provider Information Management System, will no longer be accepted.

- Paper enrollment applications
- Fax requests
- Maintenance requests

Access TMHP’s PEMS notice dtd: 2021-11-05 for more information.
CMS Update

HHSC is aware of CMS’ news release about the vaccine mandate and we are researching it and will provide guidance as soon as we’ve completed our analysis.
November 8, 2021: **Nov. 10 CMS Stakeholder Webinar: COVID-19 Health Care Staff Vaccination Rules**

The Centers for Medicare and Medicaid Services will hold its second stakeholder webinar to provide an overview of the latest rules, which require COVID-19 vaccination of health care staff in all provider types regulated by CMS.

CMS will discuss the following on the call:

- Overview of the Interim Final Rule and Guidance
  - Eligibility
  - Basic Requirements
  - Enforcement
  - Interactions with other Regulations and Requirements
  - Action to Take

- Questions and Answers (Time Permitting)

*(continued on the next slide)*
Alerts

CMS COVID-19 Health Care Staff Vaccination Webinar

Wednesday, November 10, 2021
2:30 – 3:30 PM CT

Register for the second CMS Webinar

Listen to the recording of the first webinar.
Read the slides from the first webinar.

Read FAQs about the CMS COVID-19 Health Care Staff Vaccination Rules.
COVID-19 Q&A

Panelist

Kevin Knippa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
Harsh Winter Forecasted

Some forecasters are predicting Texas will experience winter weather similar to last winter.

- Heating Equipment Checks
- Winterizing Emergency Generators
- Space Heaters
A NF must check all gas heating systems every year, before the onset of cold weather. This includes gas-fired furnaces and gas-fired water heaters or boilers.

• The equipment must be checked by qualified individuals licensed by the State of Texas to inspect the equipment.

• A record of this service must be maintained by the facility.

• Any unsatisfactory condition must be corrected promptly.
Reminder: Emergency Power and Generators

All NFs must have emergency power according to the current rules.

- For facilities licensed before Sept. 11, 2003, the source can be batteries or a generator.

- All facilities licensed on or after Sept. 11, 2003, must have a generator.
Cold Weather Impact on Generators

• Operation
  • Same challenges as your vehicle
    • Lubricating oil is thicker
    • Coolants can freeze

• Fuel
  • Fuel efficiency is lower (might need more fuel)
  • Different fuel types react to extreme cold differently (see slides on Temperature and Fuel)
Operation and Maintenance

- Extreme cold is tough on batteries
- Might require different oil in cold months
- Might need more antifreeze in cold months
- Glow plugs, engine block heater or other engine heater might mitigate some of the impacts of extreme cold temperatures.
Temperature and Fuel

Diesel

• Diesel will crystallize or “gel” at 32 degrees F

• Anti-gel additive
  • Add to fuel before freezing
  • Can be used to “de-gel” diesel
  • Might be hard to get in the South or during cold weather events

• Installing a fuel heater as part of the generator set might be a solution
Temperature and Fuel

Gasoline

• 10%-20% Less efficient at low temperatures = burn more fuel to do the same work
• Over time gasoline will attract water
  • Sputtering on start-up
  • Might not run continuously
  • Use older gasoline and replace it
  • Test gasoline for water content
  • Gasoline with a lot of water in it might start to freeze, especially in fuel line.
Temperature and Fuel

Natural Gas

- Gas wells can freeze in extreme cold
- Shortage in extremely cold weather because of reduced production and increased demand
- Natural gas generators don’t usually have a back-up fuel
- Gas utility might shut-off gas service during cold weather shortages
- Texas Railroad Commission can order cuts in service
Temperature and Fuel

Propane

• Stored as a liquid
• Gauges might not read accurately
• At extreme low temperatures propane will not expand into a gas
  • Air temperatures are probably not a problem
  • Accumulations of ice and snow on and around a propane tank can be a problem
• No expansion means no combustion
According to the federal emergency preparedness rules, a NF must address provisions for sheltering in place, including an alternate source of energy to maintain temperatures to protect resident health and safety and for the safe and sanitary storage of provision.

- [42 CFR §483.73(b)(1) - E-0015](#)
Some Things to Consider

How did Winter Storm Uri (Feb 13-17, 2021) impact your facility?

• If needed, did your generator work as expected?

• Did you have adequate heat and hot water for residents during that period?

• Do you need to change procedures or modify/upgrade equipment to avoid the same issues?
Portable Heaters

• The nursing facility licensing standards prohibit portable heaters of all types, including space heaters, in all areas of a facility.

• For facilities licensed before Sept. 11, 2003 – 26 TAC §554.321(d)

• For facilities licensed on or after Sept. 11, 2003, and before April 2, 2018 – 26 TAC §554.340(2)(F)

• For facilities licensed on or after April 2, 2018 – 26 TAC §554.360(c)(2)(H)
TMF Health Quality Institute
CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist
Q: How long will SNF/NFs have to report to NHSN?

A. At least until Dec. 31, 2024

- See Federal Register
- See National Healthcare Safety Network (NHSN) requirement starting at page 8
Omnibus COVID-19 Health Care Staff Vaccination

- Interim final rule with comment period
- Link: Federal Register

Note: This document is unpublished. It is scheduled to be published on Nov. 16, 2021.
NHSN Update Occurred on Oct. 28, 2021

- See the details released here: NHSN Update for LTC - as of 10/28/2021 system updates (account login required)
- Point-of-Care (POC) Testing Instructions: POC Testing TOI
- POC Testing via a Comma Separated Value (CSV) file: CSV File Template
Vaccine Module Updates

FAQs updated September 2021: FAQs on Reporting COVID-19 Vaccination Data

Recording: Reporting NHSN Weekly COVID-19 Vaccination Data for Long-term Care Facilities (YouTube, duration: 54 minutes)
Resident Impact Module Update

The recording for the Sept. 18, 2021, update is not yet posted. Watch the COVID-19 Module webpage for updates.
Alerts and the Annual Survey 2020
Alerts and the Annual Survey 2020

• Check for alerts each time you log in
• Only a Level 3 user will see the alerts
• Annual facility surveys must be completed and saved to your NHSN account no later than March 1 of each calendar year
• The 2020 survey must be completed if you find it in your alerts
Annual Survey 2020 Links

- **Table of Instructions: Annual Facility Survey**
- **Annual Facility Survey**

TIP: The survey must be completed online, all at one time. **You cannot “save” along the way, so complete it on paper first.**

Annual Survey Topics

• Facility Characteristics
  › Find your national provider identifier (NPI) here: NPI Lookup – Search the NPI Registry
• Facility Microbiology Laboratory Practices
• Infection Prevention and Control Practices
• Antibiotic Stewardship Practices
• Electronic Health Record Utilization
• Facility Water Management and Monitoring Program
Increase Access to Level 3

• Go to: Increasing LTCF SAMS Level Access to NHSN

Please begin this process NOW to ensure Level 3 access is secured. All facilities are strongly encouraged to have at least two registered users with Level 3 access.

• See the SAMS Identity Verification Documents (cdc.gov) first.

• Email nhsn@cdc.gov with “SAMS LEVEL 3 ACCESS” in the subject line for assistance with any questions related to this process.
Five-Star Manual: October 2021 Update

- Nursing Home Compare Technical Users’ Guide
- The "Rate of successful return to home and community from a SNF" measure was updated in October
- Payroll Based Journal (PBJ) changes

Emergency Preparedness Mini Toolkit

- State-specific resources
- Nationwide resources
CMS-Targeted COVID-19 Training
For Frontline Nursing Home Staff and Management Learning

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

• Can be completed on a cell phone

• Five frontline nursing home staff modules with three hours total training time

• Ten management staff modules with four hours total training time
Texas
Percentage of Individuals that
Completed QSEP Training
Staff & Management Combined

11.51%
23.62%

Region
Texas
Texas
Total Number of Individuals that
Completed QSEP Training
Staff & Management Combined
Upcoming NHSN Training

- Nov. 18 [Part 2 Registration](#)
- Dec. 16 [Part 3 Registration](#)
- Jan. 20, 2022 [Part 4 Registration](#)

1:30-2 p.m. CT
Need Assistance?

- Email nhnetwork@tmf.org
- Submit requests for assistance with NHSN reporting problems or quality improvement assistance
COVID-19 Q&A

Panelist

Christine Riley, RN
Nurse III - Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation
Staffing Among Different Cohorts
Staffing: Cohorts

The NF COVID-19 Emergency Response Rule requires a facility to cohort residents based on the residents’ COVID-19 status.

The NF must have cohorting plans with designated spaces for residents who have COVID-19 negative, COVID-19 positive or unknown COVID-19 status.

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Staffing Cohorts

The rule no longer requires separate, dedicated staff for each cohort. However, the CDC still recommends that those who require isolation (resident with a positive COVID-19 status) have dedicated staff, if possible.

(continued on the next slide)
Staffing: Cohorts

The facility still needs to consider what infection prevention and control precautions are in place, such as full PPE for staff working with residents quarantined in the warm zone, training on proper donning and doffing of PPE, hand hygiene, and all other core principles of COVID-19 infection prevention.

(continued on the next slide)
Staffing: Cohorts

Resources:

• Infection Prevention for Nursing Homes (CDC)

• Core Principles of COVID-19 Infection Prevention in QSO 20-39 Revised (CMS)
Additional & Booster Vaccine Doses
The CDC has made recent updates to recommendations relating to additional and booster doses of COVID-19 vaccines. Please note that:

1. Additional Dose – is for people who may not have had a strong enough immune response from the first 2 doses (ex. immunocompromised persons)

2. Booster Dose – is for people whose immune response may have weakened over time. (ex. residents in long-term care settings)

See CDC’s [Interim Clinical Considerations for Use of COVID-19 Vaccines](https://www.cdc.gov/vaccines/covid-19/interim-guidance/index.html) for more information
Additional Doses

Additional Dose

The FDA has modified the Emergency Use Authorizations for the Pfizer and Moderna COVID-19 vaccines to allow for administration of an additional dose of vaccines for people with moderate to severe immune compromise (see CDC webpage for criteria).

Additional doses should be given at least 28 days after completing the primary vaccine series. If possible, additional vaccine doses should match the primary dose (Pfizer with Pfizer, Moderna with Moderna).
Booster Doses

Booster Dose

The FDA modified the Emergency Use Authorization for the Pfizer and Moderna COVID-19 vaccines to allow for a single booster dose to be administered at least 6 months after completion of the primary series in specific populations, including:

- People aged 65+
- People aged 18+ who live in long-term care settings
- People aged 18+ who have underlying medical conditions
- People aged 18+ who work or live in high-risk settings
Booster Doses

For the **Moderna** COVID-19 Vaccine:

- The booster dose is $\frac{1}{2}$ the dose of the primary series. The primary series dose, and the additional dose, is **100 mcg**.

- The booster dose for Moderna is **50 mcg**.

Booster dosages for the Pfizer and J&J vaccines are the same as the dosage amount in the initial series.
Booster Doses

The FDA modified the Emergency Use Authorization for Johnson & Johnson COVID-19 vaccine to allow for a single booster dose to be administered at least 2 months after the initial shot.

People 18 years of age or older are eligible for a Johnson & Johnson booster.
# Additional and Booster Vaccine Doses

## Summary

<table>
<thead>
<tr>
<th>COVID-19 Vaccine Type</th>
<th>Primary Series</th>
<th>Additional Dose</th>
<th>Booster Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer</td>
<td>2 doses @ 21 days apart</td>
<td>Yes 28 days after second dose (immunocompromised people only)</td>
<td>Yes 6 months after second dose (certain populations only)</td>
</tr>
<tr>
<td>Moderna</td>
<td>2 doses @ 28 days apart</td>
<td>Yes 28 days after second dose (immunocompromised people only)</td>
<td>Yes 6 months after second dose (certain populations only)</td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td>1 dose only</td>
<td>No</td>
<td>Yes 2 months after initial dose (18 years and older)</td>
</tr>
</tbody>
</table>
Mixing and Matching COVID-19 Vaccines

1. **Homologous booster dose**: a subsequent dose of vaccine that is the same product as the primary series.

2. **Heterologous booster dose (mix-and-match booster)**: a subsequent dose of vaccine that is a different product than the primary series.

(continued on next slide)
Mixing and Matching COVID-19 Vaccines

**Booster Doses**

- Any of the COVID-19 vaccines can be used for *booster* vaccination, regardless of the vaccine product used for primary vaccination. When a heterologous or “mix and match” booster dose is administered, the eligible population and dosing intervals are those of the vaccine used for primary vaccination.
Mixing and Matching COVID-19 Vaccines

- Moderately and severely immunocompromised people aged ≥18 years who received a 2-dose mRNA primary series and an additional mRNA additional dose (3 total mRNA vaccine doses) are eligible for a single COVID-19 booster dose (Pfizer-BioNTech, Moderna or Janssen) at least 6 months after completing their third mRNA vaccine dose.
Boosters and Additional Doses

Resources

- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)
- [COVID-19 Vaccines for Moderately to Severely Immunocompromised People](#)
- [COVID-19 Vaccine Booster Shots](#)
- [COVID-19 Vaccine Recommendations with Additional and Booster Doses](#) (infographic)
COVID-19 Q&A

Panelist

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

• PPE Use for Healthcare Personnel
• Quarantine Review
PPE Use for Healthcare Personnel
Staff PPE

Staff PPE usage breaks down into two categories

<table>
<thead>
<tr>
<th>Facemask/PPE</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full PPE (N95 respirator, gown, gloves, face shield/goggles)</td>
<td>When providing care in the:</td>
</tr>
<tr>
<td></td>
<td>• COVID-19 positive cohort</td>
</tr>
<tr>
<td></td>
<td>• Unknown COVID-19 cohort</td>
</tr>
<tr>
<td>Facemask or KN95 mask</td>
<td>When in all other areas of the building.</td>
</tr>
<tr>
<td></td>
<td>Due to increase in Delta cases, all staff, including fully-vaccinated staff should wear a facemask when in a facility. Unless in an area with low to moderate community transmission, this includes fully vaccinated staff when in a meeting with other fully vaccinated staff.</td>
</tr>
</tbody>
</table>
Staff PPE: Eye Protection

It is recommended that NF staff wear eye protection for all resident encounters in counties with substantial to high transmission of COVID-19.

Even if COVID-19 is not suspected, HCP working in facilities located in counties with substantial or high transmission should also use eye protection (i.e., goggles or a face shield that covers the front and sides of the face) during all patient care encounters.

(continued on next slide)
Staff PPE: Eye Protection

According to the CDC: *In areas of substantial to high transmission* in which healthcare personnel (HCP) are using eye protection for all patient encounters, extended use of eye protection may be considered as a conventional capacity strategy.

*(continued on next slide)*
Staff PPE: Eye Protection

The NF COVID-19 Response Emergency Rule requires NFs to adhere to CDC guidance on the use and optimization of PPE, and CMS requires appropriate staff use of PPE in accordance with the national standard.

The CDC is the national standard for COVID-19.
Staff PPE: Respirators

Even if COVID-19 is not suspected, HCP working in facilities located in counties with substantial or high transmission should use NIOSH-approved N95 or equivalent or higher-level respirators for:

- All aerosol-generating procedures (refer to Which procedures are considered aerosol generating procedures in healthcare settings?)
- All surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract)

- Facilities could consider use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP working in other situations where multiple risk factors for transmission are present. One example might be if the patient is unvaccinated, unable to use source control, and the area is poorly ventilated.
Staff PPE: Respirators

Some examples of aerosol generating procedures include: open suctioning of airways, intubation, extubation, non-invasive ventilation (CPAP, BiPAP), bronchoscopy

It is uncertain whether aerosols generated from some procedures, such as nebulizer administration or high flow O2 delivery, may be infectious.

You can find more information at:
- Strategies for Optimizing the Supply of Eye Protection
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
PPE Update: KN95s

CMS has provided updated information to the HHSC regarding KN95 respirator usage.

A well fitted KN95 respirator can be used by the healthcare personnel providing care for residents who have COVID-19 negative status.

(continued on next slide)
PPE Update: KN95s

KN95 respirators may also be used in non-resident areas, and while in all areas of the facility outside the Isolation (COVID-19 positive) zone and Quarantine (Unknown COVID-19) zone.

Additionally, the CDC guidance states when used solely for source control (i.e., outside Isolation and Quarantine zones) the KN95 respirator could be used for an entire shift unless they become soiled, damaged, or hard to breathe through.

(continued on next slide)
PPE Update: KN95s

Full PPE is required (NIOSH-approved N95 or equivalent or higher-level respirator, gowns, gloves, and eye protection) for healthcare personnel working inside the Isolation (COVID-19 positive) zone and Quarantine (Unknown COVID-19) zone [CDC guidance].

KN95 respirators should NOT be used as a part of the PPE while working in Isolation or Quarantine zones.
Quarantine Review
# Quarantine Guidance

## Summary for Residents

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Fully Vaccinated/Recovered*</th>
<th>Unvaccinated / Not in 90-day recovery period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. New admission / readmission</td>
<td>No Quarantine</td>
<td>Quarantine</td>
</tr>
<tr>
<td>2. Gone overnight</td>
<td>No Quarantine</td>
<td>Quarantine</td>
</tr>
<tr>
<td>3. Exposure/Close contact to COVID-19</td>
<td>No Quarantine except for certain scenarios+</td>
<td>Quarantine</td>
</tr>
<tr>
<td>4. Exhibiting Symptoms</td>
<td>Quarantine</td>
<td>Quarantine</td>
</tr>
</tbody>
</table>

*Recovered from COVID-19 in the past 90 days

+Persons who are immunocompromised, or if ordered by the local health authority

A close contact is defined as anyone who has close contact (within 6 feet for a cumulative total of 15 minutes over 24 hours) to someone with COVID-19 infection.
Return to Work Guidance

Summary for Staff

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Fully Vaccinated/Recovered</th>
<th>Unvaccinated / Not in 90-day recovery period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Higher-risk Exposure</td>
<td>No work restrictions except for certain scenarios+</td>
<td>Depends on PPE used during exposure</td>
</tr>
<tr>
<td>2. Lower-risk Exposure</td>
<td>No work restrictions</td>
<td>No work restrictions or testing. Monitor for symptoms consistent with COVID-19</td>
</tr>
<tr>
<td>3. Exhibiting Symptoms</td>
<td>Restrict from work</td>
<td>Restrict from work</td>
</tr>
</tbody>
</table>

+ Staff who develop symptoms, test positive for COVID-19, or are otherwise directed to do so by the jurisdiction’s public health authority should be restricted from work
COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
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

Facebook: https://apps.hhs.texas.gov/news_info/ombudsman/
Reminders

Stop the Spread of COVID-19 in Texas NFs Webinar Recordings

HHSC has posted recording for their recent “Stop the Spread of COVID-19 in Texas NFs”.

The recordings can be accessed through the Joint Training COVID-19 GoToStage Page. A link to this page can be found on the Nursing Facility Provider Portal in the COVID-19 Resources section.
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: LTCPolicy@hhs.texas.gov
Phone: 512-438-3161
Thank you!

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Email: LTCPolicy@hhs.Texas.gov
Phone: 512-438-3161