Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTCR and DSHS
October 13, 2021

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

Panelist

Kevin Knippa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
Next Webinar

NF Provider Webinars are held on a monthly basis. The next webinar will be held November 10th.

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.
SB 809 / Rider 143 Reports

HHSC has begun collecting information related to use of COVID-19 federal funds through monthly reports.

The report and information regarding SB 809 and Rider 143 are available on the HHSC Provider Finance Department website, and may be accessed on the main webpages for Long Term Services and Supports.

HHSC has also created a list of frequently asked questions on the SB 809/Rider 143 Report.

(Cont. on next slide)
SB 809 / Rider 143
Reports

SB 809 / Rider 143 report are collected through monthly reports, with the first report due October 1, 2021.

HHSC is granting a “grace period” to help providers come into compliance if they fail to meet any deadlines between October 1, 2021, and November 30, 2021. HHSC will not take any actions against a provider as long as the provider submits all the required reports due between October 1, 2021, and November 30, 2021.

The grace period ends December 1, 2021.
HB 1423 Generator Survey

House Bill 1423 requires HHSC to survey all NFs and ALFs about the prevalence of generators.

Your responses are a critical part of this ongoing statewide conversation to protect the health and safety of vulnerable Texans during power outages.

Complete the NF/ALF Generator Survey by Oct. 29, 2021.
Earlier this year, HHSC conducted a survey of NFs to see who had interest in becoming a Nurse Aide Training & Competency Evaluation Program clinical site. The NATCEP website now includes a report with respondents that answered yes to both of the following survey questions and their answers.

1. Is your facility willing to partner with a NATCEP to be a clinical site for nurse aides not working at your facility?

2. If so, can HHSC list your facility's name and contact information on the HHSC website as a possible clinical site?

Read the details and report.
Updated Vaccine Resources

The CDC has recently updated resources for long-term care facilities on how to help residents and staff access COVID-19 vaccines:

- **Vaccine Access in Long-term Care Settings**
- **Care Administrators and Managers: Options for Coordinating Access to COVID-19 Vaccines**
- **Jurisdictions Can Ensure COVID-19 Vaccine Access for Staff and Residents in Long-term Care Settings**

Facilities can also refer to this [guide to state vaccine resources](#) provided by DSHS.
Get Ready for Flu Season

CDC recommends everyone be vaccinated against the flu by the end of October to avoid peak flu season.

Long-term care providers should review their program requirements for guidance related to vaccination requirements and infection control.
Get Ready for Flu Season

Some of the CDC’s recommendations include:

• LTC facilities offer the flu vaccine to all residents and staff throughout the flu season.

• Residents with close contact to someone with COVID-19 and asymptomatic and pre-symptomatic residents in isolation can be vaccinated for flu.

• For residents with suspected or confirmed COVID-19 who are symptomatic, their vaccine can be postponed until meeting criteria for discontinuing isolation (making a full recovery).
Get Ready for Flu Season

Administer COVID-19 vaccines without regard to timing of other vaccines. This includes administering the COVID-19 and flu vaccines at the same time. Access the CDC’s [COVID-19 vaccine and coadministration with other vaccines](https://www.cdc.gov/vaccines/health-providers/coadministration/index.html) for more information.

Adhere to [standard precautions](https://www.cdc.gov/vaccines/health-providers/coadministration/index.html). They are the foundation for preventing transmission of infectious agents in all health care settings and help prevent the flu.
Get Ready for Flu Season

Implement *droplet precautions* for those with suspected or confirmed flu. Do this for 7 days after illness onset or until 24 hours after the fever and respiratory symptoms resolve, whichever is longer, while the person is in a long-term care facility.

Per TAC Title 25, Part 1, Chapter 97, report all outbreaks to the local health department, regardless of the provider type. Contact information for your local health department is on the [DSHS website](https://www.dshs.texas.gov).
Get Ready for Flu Season

For more information, view:

• [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)
• [Managing a Flu Outbreak - U.S. Centers for Disease Control and Prevention (CDC)](#)
• [Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic](#)
Additional & Booster Vaccine Doses
Additional and 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 for more information
Additional and Booster Vaccine Doses

1. Additional Dose

On August 12, the FDA modified the Emergency Use Authorization 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).

No guidance has been provided for individuals who received the Johnson/Johnson vaccine.
Additional and Booster Vaccine Doses

2. Booster Dose

On September 22, the FDA modified the Emergency Use Authorization for the Pfizer COVID-19 vaccine 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 years and older
- Residents aged 18 years and older in long-term care settings
- People aged 50–64 years with underlying medical conditions

No guidance has been provided for individuals who received a Moderna or Johnson & Johnson vaccine.
## 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>No</td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td>1 dose only</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Updated CMS Testing Requirements
Updated CMS COVID-19 Testing Requirements

On September 10, CMS updated COVID-19 testing requirements, as outlined in QSO-20-38. Updates include:

• NFs now have two options for conducting testing after an outbreak
  • Contact Tracing
  • Broad-Based Testing

• Routine testing is now based on Levels of Community Transmission, as opposed to COVID-19 county positivity rates

• Routine test frequency table has been update
Updated CMS COVID-19 Testing Requirements

The following requirements have not changed:

NFs must still test residents and staff who show signs or symptoms of COVID-19 immediately, regardless of the resident’s or staff’s vaccination status.

Staff showing COVID-19 signs/symptoms must be excluded from work while awaiting test results.

Residents should be placed in transmission-based precautions per CDC guidance while awaiting test results.
Updated CMS COVID-19 Testing Requirements

**Testing After an Outbreak**

Reminder - An outbreak in a facility occurs when there is a nursing home-onset infection, which means any new case in staff or residents *except:*

- a staff member who was not in the facility during the infectious period (i.e. 2 days before their first sign/symptoms or 2 days before positive test result)

- a resident was admitted to the facility with COVID-19 or was confirmed with COVID-19 14 days after admission
Updated CMS COVID-19 Testing Requirements

**Testing After an Outbreak**

NFs have two options to conduct COVID-19 testing after an outbreak:

1. Contact Tracing

2. Broad-based (e.g. facility-wide) testing

The contact tracing option can only be used if the facility has the expertise, resources, or ability to identify all close contacts to the individual with COVID-19. NFs should consult with their local health authority before choosing the contact tracing option.
Updated CMS COVID-19 Testing Requirements

Testing After an Outbreak – 1. Contact Tracing

If a NF has the ability to identify close contacts to the individual with COVID-19, the NF can choose to conduct focused testing on known close contacts (regardless of vaccination status).

**Close contact** - Someone who was less than 6 ft away from infected person for a cumulative total of 15 minutes or more over a 24-hour period.

Facilities must also contact any staff member who had a higher-risk exposure.
Updated CMS COVID-19 Testing Requirements

Testing After an Outbreak – 1. Contact Tracing

For any resident who had close contact (regardless of the resident’s vaccination status), or for any staff member who had a higher-risk exposure (regardless of the staff member’s vaccination status) the NF must conduct two COVID-19 tests:

• One test immediately after 2 days from the exposure to COVID-19
• A second test 5-7 days after the exposure
Updated CMS COVID-19 Testing Requirements

Testing After an Outbreak – 1. Contact Tracing

Please note that the CDC does not recommend testing anyone who previously recovered from COVID-19 the past 90 days, unless that person develops symptoms of COVID-19.

If the facility encounters additional cases of COVID-19 through testing, the facility can continue to conduct contact tracing, or switch to the broad-based testing strategy.
Updated CMS COVID-19 Testing Requirements

Testing After an Outbreak – 2. Broad-Based Testing

If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor, or other specific area(s) of the facility).

A facility’s local health authority can also require a facility to default to conducting the broad-based testing strategy.
Updated CMS COVID-19 Testing Requirements

Testing After an Outbreak – 2. Broad-Based Testing

The broad-based strategy is much like the previous outbreak testing requirements, except a facility can limit the outbreak testing to a certain unit, floor, or other specific areas of the facility.

For the broad-based testing strategy, the facility will perform testing for all residents and staff on the affected unit(s), regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later.
# Updated CMS COVID-19 Testing Requirements

## Summary

<table>
<thead>
<tr>
<th>Testing Triggers</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff or resident with signs/symptoms of COVID-19</td>
<td>Test immediately. Exclude from work/quarantine while awaiting test results (regardless of vaccination status).</td>
</tr>
<tr>
<td>Outbreak – w/ability to determine close contacts</td>
<td>Contact tracing – test all close contacts (regardless of vaccination status).</td>
</tr>
<tr>
<td>Outbreak – no ability to determine close contacts</td>
<td>Broad-based testing – test all residents and staff (regardless of vaccination status).</td>
</tr>
<tr>
<td>Routine Testing</td>
<td>Test unvaccinated staff at frequency according to county community transmission level</td>
</tr>
</tbody>
</table>
Updated CMS COVID-19 Testing Requirements

Routine Testing

NFs must test conduct routine testing for all unvaccinated staff. Fully vaccinated staff do not need to be tested routinely.

Routine testing will now be based on community transmission level, not COVID-19 county positivity rates.

NFs can find the community transmission level for their county on this [CDC webpage](#).
Updated CMS COVID-19 Testing Requirements

**Routine Testing**

NFs must test unvaccinated staff at the following intervals according to their county’s community transmission level.

Table 2 from [QSO-20-38](#)

<table>
<thead>
<tr>
<th>Community COVID-19 Transmission level</th>
<th>Minimum Testing Frequency of Unvaccinated Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (blue)</td>
<td>Testing Not recommended</td>
</tr>
<tr>
<td>Moderate (yellow)</td>
<td>Once a week</td>
</tr>
<tr>
<td>Substantial (orange)</td>
<td>Twice a week</td>
</tr>
<tr>
<td>High (red)</td>
<td>Twice a week</td>
</tr>
</tbody>
</table>
Updated CMS COVID-19 Testing Requirements

Resources

• CMS Testing Requirements: [Updated QSO-20-38](#)

• CDC Testing Guidance & Resources: [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)

• County Community Transmission Levels: [COVID-19 Data Tracker: COVID-19 Integrated County View](#)
COVID-19 Q&A

Panelist

Bijendra Bhandari
Infection Prevention Policy Specialist
Policy & Rules
Long-term Care Regulation
Updated Quarantine Guidance
The CDC has updated guidance for when a resident or staff member needs to quarantine.

Previous guidance stated that all residents (including those who are fully vaccinated) should quarantine after having close contact with individuals who were COVID-19 positive.

Updated guidance now states that fully vaccinated residents (along with staff), and those who recovered from COVID-19 in the past 90 days, do not need to be placed in quarantine after having close contact with COVID-19, providing some exceptions (see next slide).
Updated Quarantine Guidance

Exceptions: The CDC recommends that fully vaccinated residents and staff or individuals who have recovered from COVID-19 in the past 90 days quarantine after having close contact (or after a higher-risk exposure for staff) if:

- they exhibit signs/symptoms for COVID-19,
- they are immunocompromised, or
- the facility has an uncontrolled outbreak and are told to quarantine affected units per their local health authority’s orders.

Please note that outbreak testing per CMS requirements still apply.
Updated Quarantine Guidance

These updates are congruent with the current COVID-19 Response Emergency Rule which states that residents with Unknown COVID-19 status should be placed in quarantine per CDC guidance.

If CDC guidance states that a resident with Unknown COVID-19 status does not need to quarantine (because of vaccine status or otherwise), then the resident should not be placed in quarantine.
Updated Quarantine Guidance

Reminder – Unknown COVID-19 Status includes a resident, except as provided by the CDC for fully-vaccinated residents or residents who have recovered from COVID-19, who:

- is a new admission or readmission;
- has spent one or more nights away from the facility;
- has had known exposure or close contact with a person who is COVID-19 positive; or
- is exhibiting symptoms of COVID-19 while awaiting test results.
### Summary

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Fully Vaccinated/Recovered*</th>
<th>Unvaccinated / Not Recovered*</th>
</tr>
</thead>
<tbody>
<tr>
<td>New admission / readmission</td>
<td>No Quarantine</td>
<td>Quarantine</td>
</tr>
<tr>
<td>Left overnight</td>
<td>No Quarantine</td>
<td>Quarantine</td>
</tr>
<tr>
<td>Exposure/Close contact to COVID-19</td>
<td>No Quarantine except for certain scenarios+</td>
<td>Quarantine</td>
</tr>
<tr>
<td>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
COVID-19 Q&A

Panelist

Christine Riley, RN
Nurse III - Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation
PPE Use for Healthcare Personnel

What does “Single Use” mean?
COVID-19 Reminders: Staff PPE

Staff PPE usage breaks down into two 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.                                  |
|                                    | 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. |
COVID-19 Reminders: Staff PPE

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

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.

See Strategies for Optimizing the Supply of Eye Protection (updated 9/13/21) for more information.
PPE Overview

During the last webinar, several of you had questions related to the term “single use” when referring to PPE.

Most Texas NFs should fall under **Conventional Capacity** PPE strategies, as defined by the CDC.

- **Conventional Capacity**
  - Strategies that should already be in place as part of general IPC plans

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

- **Contingency Capacity**
  - Strategies that can be used when supplies cannot meet the NF’s current or anticipated PPE utilization rate.
Conventional Capacity

Under conventional capacity, NFs should follow the instructions from their PPE manufacturers regarding disposal and reuse.

Generally speaking, most PPE is intended to be “single use”, which means once per patient/resident interaction.

Some PPE is intended to be reused (washable gowns or reusable face shields), but NFs must still sanitize reusable items per manufacturer instructions after each interaction with a resident/patient.
“Single Use” does not mean “use throughout a single day”. “Single Use” means per individual resident interaction.

The CDC does provide exceptions for NFs in Contingency Capacity or Crisis Capacity.

There are currently no state-wide shortages of PPE in the state, so most NFs should not be under contingency or crisis capacity for PPE. If a NF determines that they are under Contingency Crisis Capacity, the NF must document all efforts to obtain PPE.
For example, Joe is a CNA caring for Bob in the quarantine unit. After caring for Bob, Joe must help another resident, Susie, in the quarantine unit.

Before caring for Susie, Joe must follow donning and doffing procedures and:

- Discard disposable PPE - N95 respirator, gloves, and (if applicable) gown and face shield / goggles
- For reusable gowns: place gown aside for laundering (per manufactures’ instructions)
- For reusable face shield / goggles: Sanitize according to manufacturer instructions
Conventional Capacity

The CDC has provided many resources on appropriate protocol related to PPE usage.

See Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages, which also contains guidance with relevant links for each type of PPE under convention, contingency, and crisis strategies.
COVID-19 Q&A

Panelist

David Gruber
Associate Commissioner for Regional and Local Health Operations
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

Facebook: https://apps.hhs.texas.gov/news_info/ombudsman/
TMF Health Quality Institute
CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist
Resident Impact Module Updates

- RIFC Vaccination Status Guidance Document
- Slides: [NHSN COVID-19 Resident Impact and Facility Capacity Training](#)
- Updated CSV form – September 18, 2021
- File layout for CSV form – September 18, 2021
- Recording: *not yet posted*
Vaccine Module Updates

• Slides: Weekly COVID19 LTC Weekly COVIP-19 Vaccination Retraining September 10.0 Release

• Recording: *not yet posted*

• New! **Data Tracking Worksheet for COVID-19 Vaccination among Residents**

• New! **Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel**
NHSN - Joining the TMF Group and Conferring rights.

- Allows us to view your data, BUT
- We cannot edit your data.
- The benefit is if/when you reach out to us for help with your data and/or a survey tag & fine, we can more quickly help you identify the potential issue.

- Link: TMF Conferring rights
Known Issue with an NHSN Alert: vaccination rates are lower than 10%.
Known Issue with an NHSN Alert: HCW vaccination - showing old questions from the pre-Sept 18th update.

<table>
<thead>
<tr>
<th>Cumulative Vaccination Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare Personnel (HCP) Categories</strong></td>
</tr>
<tr>
<td><strong>All HCP (Total)</strong></td>
</tr>
<tr>
<td>1. Number of HCP that were eligible to have worked at this healthcare facility for at</td>
</tr>
</tbody>
</table>
FAQs: Monthly Reporting Plan

NHSN Home
- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data
- COVID-19
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

View Monthly Reporting Plan

Mandatory fields marked with *
- Facility ID: Woodland Hills Healthcare and Rehabilitation of Jacksonville (47140)
- Month: November
- Year: 2021
- No Long Term Care Facility Component Modules Followed this Month

HAI Module
- Locations
- UTI
- Facility-wide Inpatient (FacWIDEin)

LabID Event Module
- Locations
- Specific Organism Type
- Lab ID Event All Specimens
- Facility-wide Inpatient (FacWIDEin)

Prevention Process Measure Module
- Locations
- Hand Hygiene
- Gown and Gloves Use
- Facility-wide Inpatient (FacWIDEin)

Weekly COVID-19 Vaccination Module
- Healthcare Personnel COVID-19 Weekly Vaccination Summary
- Resident COVID-19 Weekly Vaccination Summary

Leave this alone!
FAQs: User Rights

View User

Mandatory fields marked with *

User ID: [redacted] Up to 32 letters and/or numbers, no spaces or special characters

Prefix:
First Name: Melody
Middle Name:
Last Name: Malone
Title:
User Active: Y - Yes
User Type:
Phone Number: 214-632-2238
Fax Number:
E-mail Address: MELODY.MALONE@TMF.ORG

Address, line 1:
Address, line 2:
Address, line 3:
City:
State:
County:
Zip Code:
Home Phone Number:
Beeper:
User Group/Facility: Group Id 39183 and all its members.
User Roles: ANALYZE(LTCF) VIEW(LTCF)

Effective Rights  Back
<table>
<thead>
<tr>
<th>Rights</th>
<th>Long Term Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>✓</td>
</tr>
<tr>
<td>All Rights</td>
<td>✓</td>
</tr>
<tr>
<td>Analyze Data</td>
<td></td>
</tr>
<tr>
<td>Add, Edit, Delete</td>
<td></td>
</tr>
<tr>
<td>View Data</td>
<td></td>
</tr>
<tr>
<td>Staff/Visitor - Add, Edit, Delete</td>
<td></td>
</tr>
<tr>
<td>Staff/Visitor - View</td>
<td></td>
</tr>
</tbody>
</table>

**Always Check:**

Once *All Rights* is checked, these 3 will “gray out”.

**Always Check:**

- Administrator
- All Rights
- Staff/Visitor - Add, Edit, Delete
- Staff/Visitor - View
**NHSN FAQ**

**Q:** I can’t get into NHSN – but have been able to get in before.

**A:** This might be related to changes in your IT Security. Get with your IT to have them unblock the access.

**Tip 1:** Try logging in on another computer that is NOT on the same internet system

**Tip 2:** Try logging in on a Smart phone
NHSN Reports

• You can run reports for the various modules you complete, based upon any NHSN data request.

• Generate new data sets as needed, so it is current for the most recent data submitted.

**TIP:** Once data is submitted each time you are in the system *generate a data set*. Then it is ready for pulling reports.
Generating Data Sets

• Run/modify or export NHSN reports.

• What happens when you generate data sets?
  › Facility’s NHSN data *freezes* until you generate a new data set.

• Will the facility data be erased?
  › No.

• What happens the next time I generate data sets? Does my data aggregate?
  › No, prior data sets are overwritten.
Generating Data Set Process

Step 1 – Analysis Tab

- NHSN Home
- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data
- COVID-19
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

Step 2 – Generate Data Sets

Generate Data Sets

Reports

Generate Data Sets (Long Term Care Facility)

Warning

The current data sets will be updated. Are you sure you want to continue?

Generate Reporting Data Sets

Last Generated: December 16, 2020 2:57 PM
to include all data

OK

Cancel
Generating Data Set Process, cont.

Step 3 – See Progress

Processing base_ltc_covid19_staff

Step 4 – Data Set Completed

Your data set generation has been scheduled. You may log out or continue to work in other areas of TMF-QIN. When you return to this screen you will see a progress bar if still processing, otherwise, you will see a time completed.
Creating NHSN Reports

Go back to the Analysis tab and select Reports.
Run/Modify Reports or Export Data Set

NHSN - National Healthcare Safety Network

Analysis Reports

Expand All  Collapse All  Search

- MDRO/CDI Module - LABID Event Reporting
- HAI Module
- Process Measures
- COVID-19 Module
  - Resident Impact and Facility Capacity

- Line Listing - Resident Impact and Facility Capacity
  - Vaccination Status
  - Influenza Vaccination
  - POC Testing
  - COVID-19 Vaccination

- Advanced
- My Custom Reports

- Run Report
- Modify Report
- Export Data Set

NHSN Home
- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data
- COVID-19
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout
Display Variables
Select Variables on Report
NHSN Reports

**TIP 1:** Edit the report date and time period requested before printing.

**TIP 2:** NHSN Users have to have the rights: *Analyze Data*.
- The NHSN FA will have to assign rights.
- Verify all users have this right checked.
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 by October 2021. We strongly encourages all facilities to have at least 2 registered users with Level 3 access.

• See the: SAMS identity verification document (cdc.gov) first!

• E-mail NHSN@CDC.GOV with “SAMS LEVEL 3 ACCESS” in the subject line for any questions related to this process.
Upcoming NHSN training:

- October 21 [Part 1 Registration](#)
- November 18 [Part 2 Registration](#)
- December 16 [Part 3 Registration](#)
- January 20, 2022

- 1:30 p.m. CT for 30 minutes
- Check here: [Events Calendar](#)
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 webinar
• Reminders
Previously Asked Question

Do we still use COVID-19 County Positivity Rates to determine indoor visitation?

Yes – per CMS and state visitation rules, facilities should use their county’s COVID-19 positivity rate to determine if indoor visitation should be allowed for unvaccinated residents, if less than 70% of residents are fully vaccinated. See PL 2021-20.

Please note that ‘indoor visitation’ refers to visits with individuals other than a resident’s essential caregivers or end-of-life visitors.
Previously Asked Question

Are KN95s still an acceptable substitute for the N95s in nursing facilities?

The FDA has revoked the use of non-NIOSH approved filtering facepiece respirators. Effective July 6, 2021, the FDA no longer authorizes for emergency use non-NIOSH-approved respirators for healthcare personnel. The FDA recommends that providers and facilities consider redistributing non-NIOSH approved respirators they may still have in inventory to non-healthcare settings for non-medical use and other countries in need. (cont. on next slide)
Previously Asked Question

Are KN95s still an acceptable substitute for the N95s in nursing facilities? (cont.)

KN95 masks are not NIOSH approved and are no longer approved for use in health-care settings. Please find the FDA link for Revoked EUAs for Non-NIOSH-Approved Disposable Filtering Facepiece Respirators. All the models listed in the FDA website have been revoked.
Can you clarify if there is a mandate for all nursing home staff to be vaccinated?

CMS has not yet released the exact requirements of the new rule regarding vaccine mandates for nursing facility staff. We do not know if there will be any exemptions, when the new rule will take effect, or if there will be a “grace period” to allow facilities to adhere to the requirements in the new rule.

This latest press release on this topic from September 9, states that CMS is planning to issue an interim rule with comment period in October. (cont. on next slide)
Previously Asked Question

Can you clarify if there is a mandate for all nursing home staff to be vaccinated?

At this time, CMS has only shared the **interim final rule on COVID-19 Vaccines**, which requires staff and resident education on COVID-19 vaccines, offering of COVID-19 vaccines to staff and residents and reporting of COVID-19 vaccination status of residents and staff to CDC.

HHSC will share any updates or changes in rules and regulations with NF providers as soon as possible.
Previously Asked Question

Is it okay for a staff member or volunteer to remove their mask during an activity (i.e. they are appropriately distanced and/or outside)?

Per CMS and the CDC, in general, all staff should continue to wear source control while at work. Furthermore, CMS has directed all nursing facility staff to wear PPE. The minimum required PPE in a nursing facility is a facemask. When caring for residents with suspected or confirmed COVID-19, staff must wear a NIOSH approved N95 respirator.

(Cont. on next slide)
Is it okay for a staff member or volunteer to remove their mask during an activity? (cont.)

In NFs located in counties with low to moderate community transmission, fully vaccinated staff may choose not to wear source control or physically distance when they are in well-defined areas that are restricted from resident access (e.g. staff meeting rooms, kitchen). If unvaccinated staff members are present, everyone should wear source control and unvaccinated staff members should physically distance from others. (cont. on next slide)
Previously Asked Question

Is it okay for a staff member or volunteer to remove their mask during an activity? (cont.)

To determine the level of COVID-19 transmission in the community where a healthcare facility is located, visit the CDC’s COVID-19 Data Tracker. If the two indicators suggest different transmission levels, the higher transmission level is used.

See the CDC’s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic for more information.
Reminders

Quality in LTC Virtual Conference

HHSC and DSHS are hosting a free virtual quality in long-term care conference. Presentations will be available on the [HHS Learning Portal](https://hhs.texas.gov) through Dec. 31.

Speakers will discuss:

- Best practices in leadership, person-centered care and clinical practice
- Impacts of the COVID-19 pandemic and practices that will support staff, consumers and their families as we all navigate the “new normal”

Continuing education credit for multiple disciplines will be provided. For more information, email [QLTCC@hhs.texas.gov](mailto:QLTCC@hhs.texas.gov)
Reminders

**Montessori Webinar Series**

HHSC and Money Follows the Person Demonstration Grant brings the Montessori Webinar Series to health care professionals, discussing the Montessori Method when working with older adults with dementia. HHSC provides continuing education credits for this series.

- **Applying Montessori Principles for Leadership and Staff Engagement**
  Oct. 26, 2021; 9 a.m. – 4 p.m. [Register here](#).

- **Applying Montessori Principles for Families and Loved Ones of Persons with Dementia**
  Oct. 28, 2021 9 a.m. – 4 p.m. [Register here](#).
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](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: LTCRMPolicy@hhs.texas.gov
Phone: 512-438-3161
Thank you!

For more information:
Email: LTCRPolicy@hhs.Texas.gov
Phone: 512-438-3161
Links Provided by TMF via Chat Box:


CSV form: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/res-fac.csv


New! Data Tracking Worksheet for COVID-19 Vaccination among Residents: https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/track-res-covidvax.xlsx


Conferring Rights: https://files.constantcontact.com/fa163e2a001/47de903b-4c83-46fa-af1b-95b0b4296a28.pdf

Increasing LTCF SAMS Level Access to NHSN: https://t.emailupdates.cdc.gov/r/?id=h514f3a75_14dcab7d_14dcead7&ACSTrackingID=USCDC_2137-DM65753&ACSTrackingLabel=September%202021%20pre-release%20email


How to add a New User: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/add-user-508.pdf

Navigating NHSN, Part 1 Registration: https://tinyurl.com/NHSN-Part-1

Navigating NHSN, Part 2 Registration: https://tinyurl.com/NHSN-Part-2

Navigating NHSN, Part 3 Registration: https://tinyurl.com/NHSN-Part-3-Registration

TMF Events Calendar https://tmfnetworks.org/Events

Email your QIN-QIO at: nhnetwork@tmf.org