On March 13, 2020, and in subsequent renewals, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic. In response, the Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all day activity and health services (DAHS) providers via this regularly updated Frequently Asked Questions (FAQs) document.

With each update, this document will be arranged by topic, and if guidance changes from a previous update, it will be noted in red font. Questions regarding this document should be directed to Long-term Care Regulation, Policy and Rules, at 512-438-3161 or LTCRPolicy@hhs.texas.gov.

**DAHS COVID-19 Response Plan**


The questions in this FAQ are grouped into the following categories:

- Client Activities and Dining
- COVID Testing and Reporting
- COVID Screening and Documentation
- Facility
- Personnel Protective Equipment (PPE)
- Staff
- Vaccine
- References
<Updated> How does Governor Abbott's Order GA-36 impact DAHS facilities?

Answer: The order prohibits HHSC from mandating masks in DAHS facilities; however, a facility must develop and enforce policies and procedures that ensure infection control practices, including whether staff, visitors or clients must wear a face mask, face covering, or appropriate PPE.

<Updated> CDC Updates on Vaccinations and boosters

IF YOU RECEIVED Pfizer-BioNTech or Moderna
- Who should get a booster? Everyone 18 years or older.
- When should I get a booster? At least 6 months after completing your primary COVID-19 vaccination series.
- Which booster should I get?

Any of the COVID-19 vaccines authorized in the United States.

IF YOU RECEIVED Johnson & Johnson’s Janssen
- Who should get a booster? Everyone 18 years or older.
- When should I get a booster? At least 2 months after completing your primary COVID-19 vaccination.

Choosing Your COVID-19 Booster Shot
You may choose which COVID-19 vaccine you receive as a booster shot. Some people may prefer the vaccine type that they originally received, and others may prefer to get a different booster. CDC’s recommendations now allow for this type of mix and match dosing for booster shots.

Scheduling Your Booster Shot
If you need help scheduling your booster shot, contact the location that set up your previous appointment. If you need to get your booster shot in a location different from where you received your previous shot, there are several ways you can find a vaccine provider.

<Updated> Where can I find information on the COVID-19 Travel Recommendations by Destination?

Answer: The link below is a CDC updated website that is updated regularly by the CDC.


What are some key updates from the CDC from September 10th?

Some of the key updates are:
Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-
• The CDC continues to recommend having a process to identify healthcare personnel, clients, and visitors with symptoms or exposure to SARS-CoV-2 prior to entering a facility.

• The CDC continues to recommend source control for everyone in a healthcare setting, and has clarified recommendations for healthcare personnel, clients, and visitors to better align with community guidance. This includes a few limited circumstances where fully vaccinated individuals in counties with low to moderate community transmission could choose not to wear source control.
  • Source control based on “low to moderate community transmission” is new. In previous guidance, the CDC did not reference community transmission in their exceptions for source control/physical distancing for fully vaccinated HCP.
  • The CDC also broadened the areas where a fully vaccinated HCP may choose to not wear source control from just break rooms, during meetings, to “well-defined areas that are restricted from client access (e.g. staff meeting rooms, kitchen).”
  • Facilities in areas of low to moderate transmission may consider allowing fully vaccinated clients to not use source control when in communal areas of the facility.

• There are no changes to the PPE recommended for the care of clients with suspected or confirmed SARS-CoV-2 infection.

• Quarantine is no longer recommended for fully vaccinated clients with exposure to SARS-CoV-2 or those clients who have had SARS-CoV-2 infection in the prior 90 days.

• The timing of SARS-CoV-2 testing after higher-risk exposure for healthcare personnel and close contact for clients has been clarified.

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 | CDC

• There are no changes to the guidance for managing healthcare personnel with SARS-CoV-2 infection (return to work guidance) or exposure to SARS-CoV-2 (risk assessment guidance), including the definition of “higher-risk exposure.”

  • This guidance combines information from previously posted CDC guidance about when HCP with COVID-19 infection can return to work, risk assessment, and work restriction for HCP with higher-risk exposure to COVID-19.

  • In the event of ongoing transmission within a facility that is not controlled with initial interventions, work restriction of fully vaccinated HCP with higher risk exposures should be considered.
Client Activities and Dining

<Updated> Can our facility offer facility-coordinated group activities?

Answer: Yes. A facility may offer facility-coordinated group activities as well as allow volunteers to enter the facility to assist with the activities. Facilities that allow volunteers to enter the facility to assist with activities must ensure that volunteers:

- are trained on proper infection and prevention control standards;
- pass all screening requirements, as outlined in the emergency rules;
- are overseen by facility staff; and
- adhere to the same personal protective equipment requirements as staff.

<Updated> Can a facility allow entertainers into the facility?

Answer: Yes, entertainers may come into the facility as a facility-coordinated group activity volunteer provided the entertainer:

- passes screening prior to entry; and
- meets the requirements for a facility-coordinated group activity volunteer.

Remember that the performance area must be sanitized after each use.

Can clients still participate in social activities while at the DAHS?

Answer: Yes, clients may participate in social activities while at the DAHS. Playing cards, board games, craft supplies, and other shared objects must be properly sanitized before and after each use. Participants must follow facility policies and procedures regarding PPE and infection control.

How does a facility that provides transportation services transport clients safely?

Answer: The CDC has published guidelines for the cleaning and disinfection for non-emergency transport vehicles. When a DAHS facility is transporting a client known or suspected to be COVID-19 positive, the CDC recommends that the driver wear an N95 respirator or facemask (if a respirator is not available), as well as eye protection such as a face shield or goggles (as long as its use does not create a driving hazard). The passenger should wear a facemask.

In all cases, drivers should practice regular hand hygiene and avoid touching their nose, mouth, or eyes.
Clean and disinfect commonly touched surfaces in the vehicle, at a minimum, at the beginning and end of each shift and after transporting a passenger who is visibly sick. Ensure that cleaning and disinfection procedures are followed consistently and correctly, which includes providing adequate ventilation when chemicals are in use. Doors and windows should remain open when cleaning the vehicle. When cleaning and disinfecting, individuals should wear disposable gloves compatible with the products being used, as well as any other PPE recommended according to the product manufacturer’s instructions. Use of a disposable gown is also recommended, if available.

- For hard, non-porous surfaces within the interior of the vehicle, such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, clean with detergent or soap and water prior to disinfecting, if the surfaces are visibly dirty. For disinfection of hard, non-porous surfaces, appropriate disinfectants include:
  - Environmental Protection Agency (EPA)-Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2external icon, the virus that causes COVID-19. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
  - Diluted household bleach solutions prepared according to the manufacturer’s label for disinfection, if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
  - Alcohol solutions with at least 70% alcohol.

- For soft or porous surfaces such as fabric seats, remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, use products that are EPA-approved for use against the virus that causes COVID-19external icon and that are suitable for porous surfaces.

- For frequently touched electronic surfaces, such as tablets or touch screens used in the vehicle, remove visible dirt, then disinfect following the manufacturer’s instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect.

Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning. Immediately after removal of gloves and PPE, wash hands with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer with at least 60% alcohol, if
soap and water are not available. If a disposable gown was not worn, launder work uniforms or clothes worn during cleaning and disinfecting afterwards, using the warmest appropriate water setting, and dry the items completely. Wash hands after handling unwashed laundry.

**COVID Testing and Reporting**

<Added> How does the Vaccine Impact COVID-19 Prevention Measures?

**Answer:** The CDC has updated select healthcare infection prevention and control recommendations in response to COVID-19 vaccination. People are considered fully vaccinated:
- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.

If you do not meet these requirements, you are not fully vaccinated. Keep taking all CDC recommended precautions until fully vaccinated.

**If a client’s family member has tested positive, what are guidelines for this client or person?**

**Answer:** The facility must ensure it screens all staff and clients each day and throughout the day in accordance with CDC guidelines. If the facility believes a client has been infected, it needs to ensure the client **does not attend** the DAHS until the person is fully recovered and symptom free. The facility could use the CDC guidance for returning employees as a guide for allowing clients back to the DAHS on a regular basis.

**Do you recommend that DAHS facilities encourage all of their clients to get tested for COVID, as with nursing facility clients?**

**Answer:** This is a decision for each client, or with the client’s physician or other appropriate health care professional. If a client has **symptoms of COVID-19**, the client would need to contact the client’s health care provider to be tested.

**If a client is positive for COVID-19, must we notify families of other clients?**

**Answer:** The facility is obligated to notify families and other clients if a client who is at the DAHS has tested positive and other clients might have been
exposed. Consult with your attorney concerning what information, if any, the facility is authorized to disclose in a situation to families of other clients, as well as how to make any authorized disclosure in compliance with applicable laws protecting client privacy.

The U.S. Department of Health and Human Services has also issued a bulletin on Health Insurance Portability and Accountability Act (HIPAA) Privacy and Novel Coronavirus, which addresses privacy protections to which patients remain entitled under HIPAA and certain permissible disclosures under that Act. As required by the HHSC emergency rule for DAHS in the Texas Administrative Code (TAC) §98.65, if the client meets the screening criteria, or has been tested positive, he or she must not attend the DAHS until they have been cleared to safely return.

### How do providers report confirmed cases of COVID-19?

**Answer:** Contact the local health department, or the Department of State Health Services (DSHS) if there is no local health department. It is not necessary to double report a confirmed case to both the local health department and DSHS. You are advised to report to the local health entity.

For a list of local health entities and public health offices, refer to [https://dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/](https://dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/)

In addition, the DAHS must report the first confirmed case of COVID-19 and the first new case of COVID-19 after a facility has been without cases for 14 days or more, in staff and individuals receiving services from the provider as a self-reported incident. A confirmed case is considered a critical incident. Providers must notify HHSC through TULIP or by calling Complaint and Incident Intake (CII) at 1-800- 458-9858.

### Under what circumstances do we need to report positive cases of COVID 19?

**Answer:** DAHS facilities must:

- Report the **first confirmed case** of COVID-19 in staff or clients as a self-reported incident.
- Report the **first new case of COVID-19 after a facility has been without cases for 14 days or more** as a self-reported incident.
- Notify HHSC through TULIP or by calling Complaint and Incident Intake at 800-458-9858 or by emailing ciiprovider@hhsc.state.tx.us.

At this time, CII is accepting initial COVID self-reports by speaking with a live agent at 1-800-458-9858 or email at ciicomplaints@hhsc.state.tx.us.
After submission of the initial report, the Provider Investigation Report (3613-A) can be submitted via TULIP (if the initial report was initially submitted via TULIP) or email at ciiprovider@hhsc.state.tx.us.

To speak with a live agent, providers can dial the toll-free hotline and follow the prompts to get to the provider reporting menu (select a language and then select option 2). Once in the provider menu, providers should press 1 to speak to a live agent. Our agents are available from 7 am to 7 p.m. Monday through Friday. HHSC prefers that providers submit self-reports through the online reporting portal in TULIP. **Do not** report subsequent cases and addendums to HHSC.

Facilities must also report confirmed positive cases of COVID-19 to the local health authority or DSHS, if there is no local health authority.

You can find contact information for your local/regional health department here: https://dshs.texas.gov/idcu/investigation/conditions/contacts/. Work with your LHD to complete the COVID-19 case report form as necessary. **CDC recommends** that **health departments** be promptly notified about:

- Clients or HCPs with suspected or confirmed COVID-19,
- Clients with severe respiratory infection resulting in hospitalization or death, and
- ≥ 3 clients or HCP with new-onset respiratory symptoms within 72 hours of each other.

These could signal an outbreak of COVID-19 or other respiratory disease in the facility. The health department can provide important guidance to assist with case finding and halting transmission.

The facility should also have a plan and mechanism to regularly communicate with clients, family members, and HCP, including if cases of COVID-19 are identified. Communication should occur through virtual meetings over phone or web platforms and should be supplemented with written communications that provide contact information for a staff member who can respond to questions or concerns. Communications should include information describing the current situation, plans for limiting spread within the facility, and recommended actions they can take to protect themselves and others. Facilities should make this information available in a timely manner and offer periodic updates as the situation develops and more information becomes available.

**COVID Screening and Documentation**
Can a facility require a negative COVID-19 test as part of the screening criteria for entry into the facility?

Answer: No. A facility must not require a visitor to provide documentation of a COVID-19 negative test or COVID-19 vaccination status as a condition of visitation or entering the facility.

What is the HHS guidance for screening?

Answer: Currently, screening follows the CDC guidance that includes:

- fever, defined as a temperature of 100.4°F Fahrenheit and above;
- signs and symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing; fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea;
- any other signs and symptoms as outlined by the CDC in Symptoms of Coronavirus at cdc.gov;
- close contact in the previous 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness, regardless of whether the person is fully vaccinated; or
- testing positive for COVID-19 in the last 10 days.

Are DAHS facilities required to screen everyone who comes into the building?

Answer: Yes. 26 TAC 559.65, requires facilities to screen everyone prior to entering the facility. In addition, Provider letter 20-14 directs DAHS facilities to take precautions and screen all persons prior to entry, including clients, staff and visitors.

If there is a fire or medical emergency, do emergency responders need to be screened before entering a DAHS?

Answer: No. A DAHS provider should not require screening of emergency services personnel responding to an emergency.

Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into a DAHS?

Answer: Yes. These are considered essential services, and the vendors are permitted to enter as a visitor providing critical assistance. These vendors should be granted access if they are screened and follow appropriate CDC guidelines for transmission-based precautions.

Emergency Rule §559.65 states that a day activity and health services facility
may allow entry of persons providing critical assistance, unless the person meets one or more of the following screening criteria:

- Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
- Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19, or someone who is ill with a respiratory illness.

**Facility**

**Where can I find updated CDC guidance for my DAHS?**

**Answer:** The CDC has an updated webpage for Guidance for Adult Day Services Centers.

**What categories of persons are considered to provide critical assistance?**

**Answer:** Persons who provide critical assistance include contract doctors, contract nurses, contract healthcare workers, spiritual clergy, volunteers assisting with facility-coordinated group activities, and home health staff whose services are necessary to ensure client care is provided and to protect the health and safety of clients.

**Can we have in-person assessments for new clients?**

**Answer:** Yes. In-person client assessments can take place at a DAHS facility for potential new clients as long as certain conditions are met. The facility must have a dedicated space for the assessment to take place that is away from current facility clients. All COVID-19 infection and prevention control measures must be followed. If a potential new client brings a caregiver with him or her to the assessment, that person would be providing critical assistance to the client and would be allowed to accompany the client to the assessment. The caregiver must also be screened and follow all COVID-19 infection and prevention control protocol.

**Are we allowed to take clients on field trips?**

**Answer:** Yes. Before deciding whether to take clients out of the facility for a field trip, staff should consider the needs of the clients being served. The client’s vaccination status cannot be a limiting factor on their participation. DAHS facilities should also ensure that:

- clients are kept away from crowded spaces;
clients are taken to places that are spacious (preferably outdoors) when weather conditions are favorable; and

• enough staff are present to meet the needs of the clients.

Are potential clients allowed to tour the facility?

Answer: Yes. In-person tours at a DAHS facility are allowed as long as the following conditions are met:

• Tours are limited to the potential new client and caregiver.

• Potential new clients and caregivers must be screened while in the facility.

• The facility must have a dedicated area away from current clients where the potential client and/or caregiver can talk with facility staff and receive information about the facility.

• Potential new clients and/or caregivers are prohibited from touring areas were current clients are congregating. Areas that cannot be viewed in-person may be viewed virtually.

• and follow the facility’s policies and procedures regarding the use of facemasks or face coverings while in the facility.

What recommendations are there for cleaning cloth surfaces?

Answer: The CDC recommends that for soft surfaces such as carpeted floors, rugs, and drapes to clean the surface using soap and water or with cleaners appropriate for use on these surfaces, or else launder items (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.

If an outbreak happens at another DAHS in the area, will we be informed about the situation so we may prepare and take the necessary measures?

Answer: DAHS providers can contact the local health authority for information regarding confirmed COVID-19 cases in the immediate area. DSHS has created a COVID-19 case dashboard that includes the number of COVID-19 confirmed cases in Texas by county.

Whom do we contact with questions about reimbursement?

Answer: You would need to contact your contracting entity or managed care
organization for questions regarding reimbursement. Long-term care policy, rules, and training cannot answer questions about this issue.

**Whom do we notify if our DAHS decides to close?**

**Answer:** If a DAHS provider decides to close, it must notify the regional program manager, who will then notify HHSC long-term care licensing. Providers must also report the facility closure in TULIP and contact their contracting entity, if appropriate.

**Can a DAHS facility alter its hours of operation and if so, must it notify HHSC?**

**Answer:** A contracted DAHS facility should contact HHSC or the managed care organization, as appropriate, to discuss altering hours. A licensed-only DAHS facility is not prohibited by rule and can alter hours of operation as long as clients and staff are notified of the change.

**Personal Protective Equipment (PPE)**

**What do I do if I cannot find PPE?**

**Answer:** DAHS providers who are having difficulty obtaining PPE should follow national guidelines for optimizing their current supply or identify the next best option to care for clients receiving services while protecting staff. If providers are unable to obtain PPE for reasons outside their control, HHSC surveyors will not cite them. For the most current guidance on the use of PPE and how to conserve it, access resources from [DSHS](#) and CDC.

The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#). The CDC also has specific information relating to:

- Healthcare Supply of PPE
- Strategies to Optimize PPE and Equipment
- Strategies to Optimize Eye Protection
- Strategies to Optimize Isolation Gowns
- Strategies to Optimize Face Masks
- Strategies to Optimize N-95 Respirators
- Crisis Alternate Strategies for N-95 Respirators

Providers also can request PPE through local emergency management via use of the [STAR](#) system operated by the Texas Department of Emergency Management, which allows local emergency coordinators to request equipment and supplies. You can ask local emergency management officials to initiate a
STAR request on your behalf.

**What PPE is required when staff cannot properly assist a client while maintaining recommended physical distance from the client, such as with toileting or feeding assistance, or wiping excessive salivation/drool from a client?**

**Answer:** DAHS staff should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection. Recommended personal protective equipment (PPE) is described in *Infection Control Guidance from the Centers for Disease Control and Prevention* (CDC). If DAHS facility staff are caring for a client who may be COVID-19 positive, use a surgical mask or respirator listed on the CDC website, along with air solation PPE like disposable gowns, gloves, and face and eye protection to protect the staff person. A mask, disposable gowns, and gloves are also recommended when staff are providing incontinence assistance.

**If a person serves medically fragile clients, should he or she don full PPE when serving them?**

**Answer:** Yes. HCP and staff should wear the proper PPE for the protection of the client and the caregiver. Proper PPE will depend on what action the provider is assisting the client with. Recommended PPE is described in the *Infection Control Guidance*.

**Staff**

**Updated> Do fully vaccinated staff with higher-risk exposure need to be restricted from work for 14 days following exposure?**

Answer: Fully vaccinated staff with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for fully vaccinated HCP populations with higher-risk exposures should still be considered for an underlying immunocompromising condition (e.g., organ transplantation, cancer treatment) that might affect the level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions may do so and the magnitude of risk are not available.

Higher-risk exposure means prolonged exposure (a cumulative 15 or more minutes during a 24-hour period) to clients with COVID-19 infection when the staff member’s eyes, nose, or mouth are not covered. A symptom-based strategy for determining when HCP with COVID-19 infection could return to work is preferred in most clinical situations. In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they have been fully vaccinated or if they have recovered from COVID-19 infection in the prior 90 days.
Can asymptomatic staff continue to work?
Answer: CDC guidance allows asymptomatic, fully vaccinated staff who are not known to be infected to continue working provided:

- staff should report temperature and absence of symptoms each day before starting work (i.e., staff screening);
- staff should be tested and, if found to be infected with COVID-19, should be excluded from work until they meet all Return to Work Criteria; and
- if staff develop even mild COVID symptoms, they should either not report to work, or stop working and remove themselves from close proximity with clients and notify their supervisor prior to leaving work.

What is the CDC’s updated symptom-based strategy for determining when HCPs can return to work?
Answer: A symptom-based strategy for determining when HCP with SARS-CoV-2 infection could return to work is preferred in most clinical situations.

The criteria for the symptom-based strategy are:

**HCP with mild to moderate illness who are not moderately to severely immunocompromised:**

- At least 10 days have passed since symptoms first appeared; and
- At least 24 hours have passed since last fever without the use of fever-reducing medications; and
- Symptoms (e.g., cough, shortness of breath) have improved.

**HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised:**

- At least 10 days have passed since the date of their first positive viral diagnostic test.

**HCP with severe to critical illness or who are moderately to severely immunocompromised:**

- At least 10 days and up to 20 days have passed since symptoms first appeared; and
- At least 24 hours have passed since last fever without the use of fever-reducing medications; and
- Symptoms (e.g., cough, shortness of breath) have improved; and
- Consider consultation with infection control experts.

As described in the Decision Memo, an estimated 95% of severely or critically ill clients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no client had replication-competent virus more than 20 days after onset of symptoms.
Because of their often extensive and close contact with vulnerable individuals in healthcare settings, the more conservative period of 20 days was applied in this guidance. However, because the majority of severely or critically ill clients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities operating under critical staffing shortages might choose to allow staff to return to work after 10 to 15 days, instead of 20 days.

Does the CDC have a current test-based strategy for determining when HCPs can return to work?

Answer: In some instances, a test-based strategy could be considered to allow staff to return to work earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some staff (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the staff being infectious for more than 20 days.

The criteria for the test-based strategy are:

- **Staff who are symptomatic:**
  - Resolution of fever without the use of fever-reducing medications; **and**
  - Improvement in symptoms (e.g., cough, shortness of breath); **and**
  - Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

- **Staff who are not symptomatic:**
  - Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

Are there work restrictions recommended for HCP with underlying health conditions who may care for COVID patients? What about pregnant HCP?

Answer: Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Severe illness means that the person with COVID-19 might require hospitalization, intensive care, or a ventilator to help them breathe, or they might pass away. People of any age with certain conditions may be at higher risk.
underlying medical conditions are at increased risk for severe illness from COVID-19. Based on what we know at this time, pregnant people might be at an increased risk for severe illness from COVID-19 compared to non-pregnant people. Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19.

Vaccine

Who all is allowed to get the vaccination?

Answer: The CDC provides information on who is and is not recommended to receive each vaccine and what to expect after vaccination, as well as ingredients, safety, and effectiveness. As of May 12, 2021, everyone 12 years and older is eligible to receive a COVID-19 vaccine. All vaccines are authorized for people 18 years and older. The Pfizer vaccine is authorized for people 12 years and older. Currently, three vaccines are authorized and recommended to prevent COVID-19:

- Pfizer
- Moderna
- Janssen
  - DSHS Statement on Johnson & Johnson Vaccine
  - Frequently Asked Questions Johnson & Johnson Safety Information

How do I report an adverse reaction to a vaccination?

Answer: If a client or staff member has an adverse reaction to the COVID-19 vaccine, the facility should report it through the Vaccine Adverse Event Reporting System (VAERS). VAERS accepts reports from anyone. Clients, caregivers, and healthcare providers (HCP) are encouraged to report adverse events after vaccination to VAERS even if it is not clear that the vaccine caused the adverse event.

<Updated>Is a vaccination required to work at a DAHS?

Answer: HHSC is aware of CMS’s interim final rule with comment period that establishes COVID-19 vaccination requirements for staff of certain Medicare- and Medicaid-certified providers and suppliers. On November 15, 2021, the state of Texas initiated a lawsuit to challenge the rule. HHSC cannot comment on the pending litigation and recommends all providers and facilities speak with their legal counsel to determine how to proceed.
A fever is a known side effect of the vaccine. If someone gets the vaccine and then has a fever, would that mean that they fail screening and would have to be leave the facility?

Answer: Per the DAHS COVID-19 §559.65, any staff member, client, or visitor with a fever ≥100.4° Fahrenheit cannot be allowed into the facility.

If a staff member is showing signs/symptoms that might be from either COVID-19 infection or vaccination, such as temperature of 100°F or higher, fatigue, headache, chills, myalgia, or respiratory symptoms, the staff member should be evaluated. Per the CDC, staff who meet the following criteria can be considered for return to work without viral testing for COVID-19:

- Feel well enough and are willing to work;
- Are afebrile (fever in health care setting is defined as a temperature of 100.0° Fahrenheit or higher); and
- Their systemic signs and symptoms are limited only to those observed following COVID-19 vaccination (i.e., the person does NOT have other signs and symptoms of COVID-19 such as cough, shortness of breath, sore throat, or change in smell or taste.)

If symptomatic staff return to work, they should be advised to contact their health professional (or another designated individual) if symptoms are not improving or persist for more than two days. Pending further evaluation, symptomatic staff whose symptoms persist for more than two days should be excluded from work, and viral testing should be considered. If feasible, viral testing could be considered for symptomatic staff earlier to increase confidence in the cause of their symptoms.

Please see the Post Vaccine Considerations for Healthcare Personnel for more information on how to monitor staff who receive the COVID-19 vaccine.

Does the second dose of the vaccine have to be the same type of vaccine or from the same manufacturer of the vaccine as the first dose?

Answer: Yes. The first and second dose should be the same vaccine from the same manufacturer. Results from clinical trials and vaccine studies have not examined the interchangeability of COVID-19 vaccine products. In exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine can be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. If two doses of different mRNA COVID-19 vaccine products are administered in these situations, no additional doses of either product are recommended at this time. See Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States for
more information.

What happens if someone misses the 28-day timeline for the second dose of the vaccine, such as if they try to get the second vaccine on day 29 instead?

Answer: The mRNA COVID-19 vaccine series consists of two doses administered intramuscularly:
- Pfizer-BioNTech (30 µg, 0.3 ml each): 3 weeks (21 days) apart; OR
- Moderna (100 µg, 0.5 ml): 1 month (28 days) apart.

Second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid. Doses administered earlier than the grace period do not need to be repeated.

If it is not feasible to adhere to the recommended interval, the second dose may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are limited data on the efficacy of mRNA COVID-19 vaccines administered beyond 42 days. If the second dose is administered beyond these recommended intervals, there is no need to restart the series.

See Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States for more information.

What about the use of Tylenol or ibuprofen before getting a vaccine?

Answer: A person should not take prophylactic medicine before getting a vaccine. If a person develops fever or pain after a vaccination, the person can take such medications for fever or pain, as long as it is approved by the person's doctor.

From CDC’s mRNA COVID-19 Vaccines: Antipyretic or analgesic medications (e.g., acetaminophen, non-steroidal anti-inflammatory drugs) may be taken for the treatment of post-vaccination local or systemic symptoms, if medically appropriate. However, routine prophylactic administration of these medications for the purpose of preventing post-vaccination symptoms is not currently recommended, as information on the impact of such use on mRNA COVID-19 vaccine-induced antibody responses is not available at this time.

Please provide information based on the CDC guidance to hold off tuberculin skin test (TST) for 4 weeks and prioritizing vaccine.

Answer: The Texas Administrative Code (TAC) at 26 TAC §559.61(b)(5) for
Day Activity and Health Services (DAHS) providers states that a DAHS develops written policies for the control of communicable diseases in employees and clients, which include tuberculosis (TB) screening. PL 20-25 includes revised written policies for the control of communicable diseases in employees and clients, which include tuberculosis (TB) screening recommendations updated by the CDC modifying the requirement for TB testing.

**TB Screening and Testing for healthcare personnel and clients:**

For new health care personnel:
- The facility must conduct and document a TB test, TB risk assessment, and a TB symptom evaluation at hiring as a baseline reference.

For new client admissions:
- The facility must screen all clients at admission in accordance with the attending physician’s recommendations and current CDC guidelines. Clients are not required to be tested for TB upon admission to a DAHS facility.

For current health care personnel:
- The client should conduct TB testing for health care personnel only when there is known TB exposure or ongoing TB transmission at a facility.
- Annual TB symptom evaluation is recommended for personnel with untreated latent TB infection (LTBI) and should be considered for certain groups at increased occupational risk for TB exposure or in a setting where TB transmission has occurred.
- Treatment is encouraged for all health care personnel with untreated LTBI.
- Annual TB education for health care personnel should include the following topics:
  - TB risk factors;
  - Signs and symptoms of TB disease; and
  - TB infection control policies and procedures.

For current clients:
- TB testing should be considered, in consultation with the client’s attending physician, only if the client displays signs or symptoms of TB, if there is a known TB exposure, or ongoing transmission of TB at the facility.
- Whether or not a client is tested for TB, as well as the type of TB test to be used, should be determined by the attending physician’s recommendations.
- The client has the right to refuse TB testing.

**How TB Testing Applies to the COVID-19 Vaccine:**
The CDC does not have data to evaluate the impact of the COVID-19 mRNA vaccines on either the TST or IGRA TB tests for infection. Due to this lack of
data, the CDC has issued new guidance on the interpretation of TB test results in vaccinated persons, and clinical considerations on administering the COVID-19 vaccine to individuals who also need to be screened and tested for TB.

**What should we counsel clients and staff about regarding the vaccine?**

Answer: This information will be specific to the vaccine they are receiving.

For the Pfizer-BioNTech COVID-19 Vaccine: [Fact Sheet for Recipients and Caregivers](#).
For the Moderna COVID-19 Vaccine: [Fact Sheet for Recipients and Caregivers](#).

You can also check [the Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at your Facility](#) for additional resources and FAQs on how to **prepare staff** and how to **prepare clients** for COVID-19 vaccination.

**References**

**Where can I find the Infection Control Checklist?**

Answer: The infection control checklist can be found on the DAHS provider portal at: [DAHS Provider Infection Control Checklist Tool (PDF)](#)

**Where can I find information on N95 respirator and fit-testing information and resources?**

Answer: The OSHA Respiratory Protection eTool is a great one-stop page for N95 respirator and fit-testing information and resources. OSHA Respiratory Protection eTool Respiratory Basics: [https://www.osha.gov/SLTC/etools/respiratory/respirator_basics.html](https://www.osha.gov/SLTC/etools/respiratory/respirator_basics.html)

**Where do DAHS providers go for COVID-19 information?**

Answer: Reliable sources of information include:

- [The Centers for Disease Control and Prevention](#)
- [The Centers for Medicare and Medicaid Services](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)

**What is the Environmental Protection Agency’s List N? And where can I find it?**
Answer: All products on the Environmental Protection Agency (EPA) List N meet EPA’s criteria for use against SARS-CoV-2, the virus that causes COVID-19. To find a product, enter the first two sets of the product’s EPA registration number into the search bar of the Search by EPA registration number page. You can find this number by looking for the EPA Registration number (Reg. No.) on the product label.

The EPA gives the following example on its website: “If EPA Reg. No. 12345-12 is on List N, you can buy EPA Reg. No. 12345-12-2567 and know you’re getting an equivalent product.”

What are the current symptoms for COVID-19 based on the CDC’s website?

Answer: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms can appear 2–14 days after exposure to the virus. People infected with COVID-19 may experience the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

As of today, this list is current. The Centers for Disease Control plans to continue to update its list as it learns more about COVID-19.