



**Coronavirus (COVID-19)
Day Activity and Health Services
Frequently Asked Questions**

4/26/2021

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, Rules & Training, at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

[DAHS COVID 19 Response Plan](#)

[§559.65. Emergency Rule for Day Activity and Health Services Response to COVID19 – Screening and Activities.](#)

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

- [Client Activities and Dining](#)
- [COVID Testing and Reporting](#)
- [COVID Screening and Documentation](#)
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Client Activities and Dining

<Added 4.26>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.

Are clients required to wear a mask while sleeping at a DAHS?

Answer: Clients should not wear masks while sleeping but should be instructed to put their mask back on before leaving the rest area. If the facility has multiple beds in the client rest area, the facility must place the beds at least 6 feet apart or more, and the room must have proper ventilation.

Can a DAHS conduct mealtime with more than 10 participants?

Answer: Communal dining for more than 10 participants is allowable in a DAHS if the facility has adequate space to ensure physical distancing of 6 feet or more and has enough staff to supervise and care for client's needs during mealtime.

What are some recommendations for conducting mealtime with more than 10 participants?

Answer: The following are recommendations for mealtime in a DAHS facility:

- There needs to be at least 6 feet of space between clients, but HHSC recommends more than 6 feet if the facility is large enough.
- Staff should ensure that clients are educated on how to properly remove their masks after the meal is served and then how to properly put the mask back on before they leave the table.
- If a facility serves a large number of clients, it is recommended the staff take a phased-in approach if they wish to serve more than 10 clients during mealtime. This is to ensure that they have enough staff to safely serve all clients while practicing all proper infection control protocols. For example, if a DAHS has 100 clients, staff could start with 25 participants at a single sitting and increase the number as appropriate.

Each facility will need to operationalize its approach to mealtimes as necessary to

fit the needs of the facility and the clients they serve.

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

Answer: DAHS facilities no longer need to limit activities to groups of 10 or fewer, but they still need to practice physical distancing among staff and clients. Playing cards, board games, craft supplies, and other shared objects must be properly sanitized before and after each use. Clients must be free of symptoms of COVID-19 or other respiratory infection before being allowed to participate. There should be at least 6 feet of space between everyone involved in the activity, and staff must wear facemasks and clients must wear facemasks or cloth face coverings (if tolerated).

What is “physical distancing”?

Answer: The CDC states that [Social distancing](#), also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice physical distancing:

- Stay at least six feet (about two arms’ length) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

In addition to [everyday steps to prevent COVID-19](#), keeping space between individuals is one of the best tools to avoid being exposed to this virus and slowing its spread.

If COVID-19 is spreading in your area, everyone should limit close contact with individuals outside your household. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible even if you have no symptoms. Physical distancing is especially important for [people who are at higher risk of getting very sick](#).

How does a facility that provides transportation services transport clients safely, and does it need to enforce physical distancing in vehicles used to provide transportation services to clients?

Answer: The CDC has published [guidelines for the cleaning and disinfection for non-emergency transport vehicles](#). People who are known or suspected to have COVID-19 can use non-emergency vehicle services, such as passenger vans, accessible vans, and cars, for transportation to receive essential medical care. When a DAHS facility is transporting a client known 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.

For transportation that does not involve a client who is COVID-19 positive, avoid seating occupants in close contact (within six feet) with one another. The use of larger vehicles, such as vans, is recommended, when feasible, to allow greater physical distance between vehicle occupants. Scheduling adjustments can also allow for fewer occupants and facilitate physical distancing within vehicles used to transport clients.

In all cases, drivers should practice regular [hand hygiene](#) and avoid touching their nose, mouth, or eyes. The CDC recommends that individuals wear [cloth face coverings](#) in settings where other physical distancing measures are difficult to maintain, especially in areas with significant community transmission. Cloth face coverings can prevent people who don't know they have the virus from transmitting it to others. These face coverings are not surgical masks, respirators, or PPE. Clients or staff who have trouble breathing or are unable to remove the face covering without assistance should not use one, and none should be applied or left on a client or staff person who becomes unconscious or incapacitated.

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-2](#)[external 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-19](#)^{external 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.

Is the facility allowed to take one or more clients on errands? Like to the bank, pharmacy, etc.?

Answer: A facility might be subject to contract requirements that address transportation services for clients to and from the facility. Unless the DAHS contract requires the facility to provide transportation for errands, HHSC does not recommend providing this type of transportation due to the greater chance of exposure and transmission.

Does the same person have to serve all meals?

Answer: No. Staff must, however, practice hand hygiene and follow CDC guidelines to assist in preventing spread of the disease. Kitchen staff need to follow all appropriate sanitation practices and have staff wear face coverings. This will help the facility optimize the health, safety, and protection of clients.

COVID Testing and Reporting

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 residents?

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.

Do we have to provide masks and gloves for clients?

Answer: Please refer to PL 20-14. A DAHS facility must have written policies for the control of communicable diseases in employees and clients. These policies should be updated to align with current CDC guidance and address the use of PPE. Clients should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least six feet away from others).

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/>. 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: Effective immediately, 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.

If a long-term care facility has a client or staff member with suspected or confirmed COVID-19, how and to whom should this be communicated?

Answer: All confirmed cases of COVID-19 must be reported to the local health authority or DSHS. In addition, a confirmed COVID-19 case must also be reported to HHSC. If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health department by phone.

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

<Added 4.26>What screening changes appear in the new rules?

Answer: A person should not be allowed into the facility if the person meets one or more of the following screening criteria:

- fever, defined as a temperature of 100.4 Fahrenheit and above;
- signs or symptoms of COVID-19;

- additional signs and symptoms as outlined by the CDC in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov);
- contact in the last 14 days with someone who is ill with a respiratory illness, **regardless of whether the person has been fully vaccinated**; or
- **has tested positive for COVID-19 in the last 10 days.**

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

Answer: Yes. A DAHS must develop written policies for the control of communicable diseases in employees and clients and for providing a safe and sanitary environment for clients and their families. Temperature checks should be performed, and hand sanitizer should be available to all.

[Provider letter 20-14](#) directs DAHS facilities to take precautions and screen all persons prior to entry, including clients and staff. Visitors providing critical assistance must be screened as required by 40 TAC 98.65 prior to being permitted to enter the DAHS facility.

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 §98.65](#) 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

<Added 4.26>Where can I find updated CDC guidance for my DAHS?

Answer: The CDC has an updated webpage for [Guidance for Adult Day Services Centers.](#)

<Added 4.26>Can we observe 3 feet physical distance instead of 6 feet?

Answer: No. The [DAHS COVID-19 Response plan](#) requires physical distancing of at least 6 feet for all clients, staff, and providers of essential services while in the facility or in a facility transport vehicle, regardless of whether the person has been vaccinated.

<Added 4.26>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.

<Added 4.26>Can we can 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 such as screening, the use of masks, and physical distancing. 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, wear a mask, and follow all COVID-19 infection and prevention control protocol.

<Added 4.26>Do we have to practice physical distancing while transporting clients?

Answer: Yes. The [DAHS COVID-19 Response plan](#) requires physical distancing of at least 6 feet for all clients, staff, and providers of essential services while in a facility transport vehicle, regardless of whether the person has been vaccinated. The [CDC recommends](#) facilities schedule and stagger drop off or pick up times for clients to avoid crowding and ensure [physical distancing](#) among staff and clients at entrances and exits using visual cues such

as tape and signs. The transport and bus drivers should practice all safety actions and protocols as indicated for other workers (for example, [hand hygiene](#), [masks](#)).

<Added 4.26>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 and whether clients will be able to wear cloth face coverings, practice physical distancing, and follow all appropriate infection and prevention control protocol while outside of the facility. The facility will need to seat participants at least 6 feet apart while in transport vehicles and staff must wear facemasks and clients must wear a facemask or face covering (if tolerated). 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.

<Added 4.26>Has the limit on the number of clients for activities and dining changed?

Answer: Group activities, including dining, are no longer limited to groups of 10, but the facility must have sufficient staff to meet the needs of the clients during activities and mealtimes and ensure physical distancing of at least 6 feet between all individuals. Staff must wear facemasks and clients must wear face coverings (if tolerated) while participating in activities and when going to and from the dining table.

<Added 4.26>What do we need to educate staff, clients, and families about COVID-19 and actions that the facility is taking to protect them and their loved ones?

Answer: The facility should inform staff, clients, and visitors that all COVID-19 infection and prevention control protocols are still in place even though more and more people are getting vaccinated. The CDC still recommends the use of facemasks, physical distancing, and proper hand hygiene even if a person has been fully vaccinated.

<Added 4.26>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 and wear a facemask or cloth face covering 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 where current clients are congregating. Areas that cannot be viewed in-person may be viewed virtually.

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.

How many clients can a DAHS facility have in the facility at one time?

Answer: A DAHS can serve up to its maximum licensed capacity in the facility at one time if it has enough space to maintain physical distancing. More specifically, a DAHS no longer needs to limit group activities to 10 or fewer clients and staff. The staff needs to follow all appropriate sanitation practices, maintain physical distancing, and have staff wear face facemasks and clients (if tolerated) wear cloth face coverings. This will help the facility optimize the health, safety, and protection of clients.

Will HHSC continue to perform surveys?

Answer: HHSC long-term care regulatory will continue to investigate complaints and incidents. Surveys and investigations classified at the immediate threat level will be prioritized. An infection control review will be conducted during all surveys and investigations.

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.

Can a DAHS provide services to clients in their homes?

Answer: Services provided to a client in their home might not be considered DAHS services and could therefore conflict with home health licensure rules. If you are a contracted DAHS facility, you should contact your contracting entity for questions regarding specific services and whether they are considered reimbursable DAHS services. HHSC also can assist you with information for pursuing a separate home health license. Please refer to [TAC 558](#).

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.

Who can enter a DAHS facility?

Answer: Per Governor Abbott's June 3, 2020, Executive Order No. 26, DAHS providers must prohibit all visitors not providing critical assistance, given the significant health and safety risk to medically fragile clients posed by COVID-19. People shall not visit nursing homes, state supported living centers, assisted living facilities, or long-term care facilities unless they meet the requirements in guidance from HHSC. Nursing facilities, state supported living centers, assisted living facilities, and long-term care facilities should follow infection control policies and practices set forth by HHSC, including minimizing the movement of staff between facilities whenever possible.

Visitors who provide critical assistance in DAHS can include the following:

- Persons who provide essential services such as doctors, nurses, and home health staff whose services are necessary to protect client health and safety.
- Individuals with legal authority to enter, such as HHSC surveyors, whose presence is necessary to ensure the DAHS is protecting the health and safety of clients and providing appropriate care.

This is addressed in Provider letter 20-14 and in 40 TAC 98.65, Emergency Rule for Day Activity and Health Services Response to COVID-19.

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.

How many clients can we serve?

Answer: A DAHS facility can serve clients as long as it can ensure adequate staffing and has enough space to practice physical distancing. If the building is not large enough to support the number of clients being served while practicing physical distancing among staff and clients, the facility will need to make adjustments. This can include altering schedules for clients so a limited number are served on specific days, or shortening client hours so more clients can be served on a daily basis.

Is regulatory/licensing/contracting talking about other service options for DAHS facilities? Considering that our clients are being told to stay at home by CDC/local health authorities/governor. Also considering that most of these clients depend on DAHS facilities for meals, transportation, medicine administration, and shopping tasks.

Answer: HHSC has not expanded service options beyond those defined in the [TAC 98](#). For reimbursement questions relating to transportation or taking clients on shopping tasks, please contact your normal contracting office. If you desire to administer medication in a resident's home, HHSC can assist you with pursuing a separate HCCSA license. Please refer to [TAC 558](#).

Are all DAHS facilities going to be forced to close?

Answer: Governor Abbott's Executive Order No. GA-14, relating to statewide continuity of essential services and activities during the COVID-19 disaster, did not explicitly shut down DAHS facilities. It stated that essential services, including long-term care services, can continue to be provided and cited federal guidance on essential services. This federal guidance is found in the [Essential Critical Workforce](#) list. The list includes the following:

- **Healthcare/Public Health.** Examples include: Workers in other medical and biomedical facilities, including Ambulatory Health and Surgical, Blood Banks, Clinics, Community Mental Health, Comprehensive Outpatient

rehabilitation, End Stage Renal Disease, Health Departments, Home Health care, Hospices, Hospitals, Long Term Care, Nursing Care Facilities, Organ Pharmacies, Procurement Organizations, Psychiatric Residential, Rural Health Clinics and Federally Qualified Health Centers, as well as retail facilities specializing in medical good and supplies.

- **Residential/Shelter Facilities and Services.** Examples include: Workers in dependent care services, in support of workers in other essential products or services; workers who support food, shelter, and social services, and other necessities for needy groups and individuals, including in-need populations and COVID-19 responders (such as traveling medical staff); workers performing services in support of the elderly and disabled populations who coordinate a variety of services, including health care appointments and activities of daily living.

While HHSC acknowledges a DAHS facility can provide essential services, only the specific facility knows whether the services it provides are essential services as identified in Executive Order No. GA-14. This means the decision to close or remain open should be considered on a case-by-case basis, dependent upon the clients served; the facility location; whether physical distancing is available to all clients served; and other factors specific to the facility. The facility might need to adjust its operations, including limiting the number of clients receiving services, to ensure that physical distancing and other precautions can be maintained.

Note that GA-14 states that “any conflicting order issued by local officials...to the extent that such a local order restricts essential services” is superseded by the EO. If a local authority is attempting to restrict your DAHS by local order, HHSC recommends contacting your own legal counsel to determine if the local order is appropriate and enforceable. HHSC does not recommend that you refuse to comply with the direction or order of any government official. Rather, you should cooperate with local officials and seek legal counsel.

Are inspections/ surveys still being done for license issuance, renewal, and recertification? Are investigations still being done based on complaints?

Answer: [PL 20-21](#) addresses that Governor Abbott suspended various laws to provide that application submission and processing timeframes include the flexibility to extend licenses while a late application is being processed. Any license existing at the time of the disaster declaration is in effect until HHSC requires renewal. HHSC will communicate with providers concerning their next renewal.

The rules and statutes listed in PL 20-21 are suspended until terminated by the Office of the Governor or until the March 13, 2020, disaster declaration is lifted or expires.

Initial inspections are still being conducted. However, renewal and recertification inspections are not being conducted. Complaint investigations triaged at a level of immediate threat or harm to an individual's health and safety are being conducted. Other complaint investigations can be conducted, but investigations triaged at a level of immediate threat or harm are being prioritized.

In addition, HHSC is conducting focused infection control inspections to review policies and procedures related to infection control, including social distancing. Some of the other items being observed are things such as signage at the entrances to the facility and how the facility is screening clients and staff.

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.

When do I need to change out a client's mask?

Answer: The mask should be replaced when the mask is not clean, or any time the mask has been exposed to a contaminant, sneezed or drooled into.

How often should I clean cloth face coverings?

Answer: The CDC recommends that [cloth face coverings should be washed](#) after each use or when soiled. It is important to always [remove face coverings correctly](#) and [wash your hands](#) after handling or touching a used face covering.

In a washing machine, you can include your face covering with your regular laundry. Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering. Use a dryer on the highest heat setting and leave in the dryer until completely dry.

Requesting PPE through a Regional Advisory Council (RAC)

Each of the 22 RACs in Texas is tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan. Providers also can [contact their RAC](#) to request PPE.

How do we get clients with dementia, IDD and other special needs to wear a mask when they do not want to, or cannot and what do we do with them in proximity to other clients?

Answer: It can be difficult or impossible to get a client with dementia to wear a face mask. Therefore, it is important that staff wear masks consistent with strategies outlined by HHSC to prevent the spread of COVID-19. Clients with dementia also can have an impaired ability to follow or remember instructions. Staff might need to provide additional support and closer supervision, such as allowing the client to see your face and hear your voice before putting on the mask, as well as providing visual clues if the client is unable to hear you well.

Utilize stickers, such as smiley faces, or funny characters or animals like cats and dogs on the front of the masks in such a way as to maintain the integrity of the mask. This may encourage the client to wear a mask, or at least bring a smile to the client's face when a mask is worn by staff. Do not use this strategy if a client finds these decorated masks distressing.

How do we get clients with dementia, IDD, and other special needs to wear a mask when they do not want to, or cannot, and what do we do with them in proximity to other clients?

Answer: It can be difficult or impossible to get a client with dementia to wear a face mask. Therefore, it is important that staff wear masks, consistent with [strategies outlined by HHSC to prevent the spread of COVID-19](#). Clients with dementia also might have an impaired ability to follow or remember instructions. Staff might need to provide additional support and closer supervision to ensure infection control procedures are followed, such as:

- Allow the client to see your face and hear your voice before putting on

the mask, so the client can connect with you first, and provide visual clues if the client is unable to hear you well.

- Utilize stickers, such as smiley faces, or funny characters or animals like cats and dogs on the front of the masks in such a way as to maintain the integrity of the mask. This may encourage the client to wear a mask, or at least bring a smile to the client's face when a mask is worn by staff. Do not use this strategy if a client finds these decorated masks distressing.

Are staff required to use full PPE when providing care to clients?

Answer: Standard precautions specific to COVID-19, such as wearing gloves when providing direct care, should be followed when caring for all clients, regardless of whether they are showing symptoms. If a client has a temperature lower than 100°F and shows no symptoms consistent with COVID-19, then full PPE is not required. However, until the client is determined to be without such symptoms, staff should wear appropriate PPE for the client encounter.

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 solution 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](#).

Do attendants need full PPE when they take clients to the restroom?

Answer: If DAHS facility staff are caring for a client who might be COVID-19 positive, staff should use a surgical mask or respirator listed on the CDC website, along with air solation PPE such as disposable gowns, gloves, and face and eye shields to protect the staff member. A mask, disposable gown, and gloves are also recommended when staff are providing incontinence assistance.

Are face shields better than masks?

Answer: It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. The CDC does not recommend use of face shields for normal activities or as a substitute for face masks or cloth face coverings. Some people can choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.

Staff

When can a provider employee return to work after being diagnosed with COVID-19?

Answer: The CDC offers guidance to help providers make decisions about employees returning to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in the context of local circumstances, and HHSC reminds providers that every employee, facility, and patient population requires individualized consideration.

Symptomatic HCP with suspected or confirmed COVID-19 (either strategy is acceptable depending on local circumstances):

Symptom-based strategy. Exclude from work until:

At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, at least 10 days have passed *since symptoms first appeared*

Test-based strategy. Exclude from work until:

Resolution of fever without the use of fever-reducing medications **and** Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and** Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive

respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

After the employee returns to work, both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility. They should wear a facemask at all times while in the facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. They should also be restricted from contact with severely immunocompromised patients until 14 days after illness onset, and they should adhere to all infection control procedures including hand hygiene, respiratory hygiene, and cough etiquette. They should self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen.

Note: If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, providers should base the employee's return to work on the specific diagnosis.

Are there any special requirements for staff who live in Mexico and work in U.S. DAHS facilities?

Answer: The Governor's Executive Orders addressing essential and other re-opened services continue to define essential services as those identified in the U.S. Department of Homeland Security's (DHS) [Guidance on the Critical Essential Infrastructure Workforce](#), as approved by the [Texas Division of Emergency Management](#) or identified in an Executive Order. Health care and public health workers make up one category of essential critical infrastructure workers in the DHS guidance.

The [CDC](#) advises against all *non-essential* international travel. Some health care workers may live in Mexico and provide essential health care services in the United States. These employees are considered "essential health care workers" engaging in essential international travel to report to their work in health care or public health.

These workers are expected to pass all screening procedures (temperature

and symptom checks) at the beginning of their shifts and engage in increased hygiene practices.

Does a DAHS facility need to close if it has a staff member who tests positive?

Answer: A staff member who contracts COVID-19 is prohibited from providing direct client service and, under emergency rule TAC §98.65, cannot be in the facility if one of the listed screening criteria applies to the individual. A facility would need to evaluate the number of staff who are not infected and able to continue working in determining whether it can continue facility operations while protecting client health and safety.

CDC and Department of State Health Services (DSHS) guidance, as well as local health departments, can assist owners and managers in determining the best approach to facility sanitation, protecting clients and staff, and avoiding staffing shortages. A facility might not need to close if everyone is wearing masks properly, it still has adequate staff who are healthy, it is working with a local health department, and it is using appropriate disinfectant to keep the facility cleaned and sanitized.

Can staff wear a cloth mask?

Answer: No. Health care personnel (HCP) and staff should wear face masks (e.g., a surgical mask (white/blue mask)) if a client is COVID-19 negative or wear a respirator if a client is known or suspected to be COVID-19 positive. All clients should wear a cloth face covering or face mask.

What is the CDC's updated symptom-based strategy for determining when HCPs can return to work?

Answer: HCPs with mild to moderate illness who are not severely immunocompromised can return to work when:

- At least 10 days have passed since symptoms first appeared;
- 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.

HCPs with severe to critical illness or who are severely immunocompromised¹ can return to work when:

- At least 20 days have passed since symptoms first appeared;

- 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.

As described in the Decision Memo, an estimated 95% of severely or critically ill patients, including some severely immunocompromised, no longer had replication-competent COVID-19 virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. Because HCP often have extensive and close contact with vulnerable individuals in health care settings, the more conservative period of 20 days was applied in this guidance. However, because the majority of severely or critically ill patients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities and providers operating under critical staffing shortages might choose to allow HCPs 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: Yes. In some situations, a test-based strategy could be considered to allow HCP to return to work sooner 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 HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist about the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are as follows.

HCP who are symptomatic can return to work when:

- Resolution of fever without the use of fever-reducing medications;
- 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).

HCPs who are not symptomatic can return to work when:

- 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).

What are some of the CDC's return to work practices and work restrictions?

Answer: After returning to work, HCPs should:

Wear a facemask for source control at all times while in the facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCPs should revert to their facility policy regarding [universal source control](#) during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.

Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

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 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

<Added 4.26>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.

<Added 4.26>Is a vaccination required to work at a DAHS?

Answer: No. The COVID-19 vaccine is not mandatory. A DAHS facility that wishes to impose a requirement for staff to be vaccinated for COVID-19 should consult its legal counsel and human resource professionals.

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 [emergency rules](#), any staff member, client, or visitor with a fever $\geq 100.4^{\circ}$ 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-9 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.*

Can the COVID-19 vaccine be administered with other vaccines (e.g., influenza vaccine, pneumococcal vaccines)?

Answer: The COVID-19 vaccine should be administered alone, due to lack of data on safety and efficacy of the COVID-19 vaccine administered with any other vaccine. Providers should try to space out different vaccine administration with a minimum interval of 14 days before or after administration with any other vaccine. However, mRNA COVID-19 vaccines and other vaccines can be administered within a shorter period in situations in which the benefits of vaccination outweigh the potential unknown risks of vaccine co-administration (e.g., tetanus vaccine as part of wound management), or to avoid barriers or delays to mRNA COVID-19 vaccination (e.g., LTCF clients or healthcare personnel who recently received the influenza vaccine). If mRNA vaccines are administered within 14 days of another vaccine, doses do NOT need to be repeated for either vaccine.

Please see the [CDC's Interim Clinical Considerations for use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) for more information.

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:
 - o TB risk factors;
 - o Signs and symptoms of TB disease; and
 - o 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

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](#)

Where can I find information on the extension to the emergency rules?

Answer: Emergency rules related to COVID-19 screening and visitation in long-term care facilities that were scheduled to expire on July 31, 2020, have been extended. The extensions take effect on August 1, 2020, and expire on Sept. 29, 2020. They can be found on the [DAHS website](#) under the [Emergency Rules for LTC Providers Extended](#) and can be found listed on the [HHSC released emergency rules related to COVID-19 for LTCR Providers \(PDF\)](#).

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.