Coronavirus (COVID-19)
Home and Community Support Services Agencies (HCSSAs), Including Hospice Inpatient Units
Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all HCSSAs via this regularly updated Frequently Asked Questions (FAQs) document. This FAQ document was revised and reorganized on August 26, 2020.

With each update, new questions will be identified with the date that they were added. If guidance changes, it will be identified in red font as added or deleted text. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

The guidance provided in this FAQ document is intended to reduce the spread of COVID-19 among agency clients and staff. The guidance provided is based on state licensing standards and requirements governing Home and Community Support Services Agencies (HCSSAs) in 26 Texas Administrative Code (TAC), Chapter 558, as well as best practice and CDC recommendations.

Notice to HCSSAs with Medicare, Medicaid and Contract Agreements - HCSSAs that participate in Medicare or contract for Medicaid or other programs must also follow applicable federal regulations, applicable state program rules and contracts, and policy guidance for their contracted programs, including guidance related to reimbursement requirements.

All HCSSAs are responsible for monitoring the following websites for changes to guidance and requirements:

- The Health and Human Services Commission
- The Texas Department of State Health Services
- The Centers for Disease Control and Prevention

08/03/22
The Centers for Medicare and Medicaid Services

Agencies with documented cases of COVID-19 among staff or clients will be subject to survey and inspection activities to ensure compliance with licensing standards and conditions of participation, if applicable.

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

- Administrative Responsibilities
- Client Care
- COVID-19 Screening and Documentation
- Hospice
- Infection Control Survey Tools
- Inpatient Hospice
- Personal Protective Equipment - Supplies
- Personal Protective Equipment - Use
- Reporting COVID-19 Cases
- Return to Work
- Resources

Administrative Responsibilities

Which HCSSAs are required to send in reports for the newly enacted Senate Bill 809/Rider 143?

Answer: All HCSSAs agencies, including PAS agencies, are required to report for Senate Bill 809/Rider 143. The report form and additional information for the report are available in a PDF format. These reports are due monthly, and the first report was due October 1, 2021. An FAQ page is available for review if HCSSAs have questions about the reporting requirements.

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

Does HHSC have guidance on how to comply with OSHA requirements for control of COVID-19?
Answer: HHSC cannot advise on HCSSA compliance with OSHA requirements for control of COVID-19. The HCSSA rules in Title 26 of the Texas Administrative Code in Chapter 558 do not address specific standards for OSHA Emergency Temporary Standards (ETS) requirements for this purpose. However, a HCSSA must be aware of and follow all applicable OSHA requirements for the agency’s provider type, and any infection control standards imposed by OSHA for healthcare providers for the protection of its staff and others. Please refer to the OSHA FAQs webpage for compliance with OSHA ETS requirements and applicability to the agency. Additional information may be available through the webinars on the ETS for healthcare setting.

Where OSHA and HHSC requirements overlap, agencies must ensure compliance with the stricter standard. Agencies are encouraged to consult with an attorney and human resources professionals for advice on protection of employees and contractors.

What should an agency do if attendants refuse shifts? We do not have enough staff due to daycare closures, illness, and exposure risks.
Answer: This is where the agency’s emergency preparedness and response plan is essential. Implement the agency’s staff back-up plans, such as having arranged for a household member to provide services in an emergency. The household member would have agreed and been trained for an emergency such as a pandemic. Ultimately, an agency must document all its efforts to ensure adequate staff and that services are provided to clients. An agency also must communicate with the client’s physician related to any missed visits. PL 2022-08 Mitigation of Staffing Shortages

Should a HCSSA email HHSC Long-term Care Regulation if staff are denied access to a facility?
Answer: Yes. HCSSAs are encouraged to send an email to LTCRpolicy@hhs.texas.gov that includes a description of the situation, the name and location of the facility, the name and location of the HCSSA, and the name and phone number of a contact person for the HCSSA.

Is a PAS agency attendant’s annual employee evaluation be conducted over the phone? Does the evaluation require the staff member’s signature?
Answer: Licensing rules (26 TAC, §558.246(4)) require personnel records to contain performance evaluations. The rule does not dictate how an annual employee evaluation is to be conducted. Nor does the rule require a “signature.” But it’s important for an agency to show the performance evaluation was shared and
discussed with the employee, as well as how the agency followed-up on any performance problems. Further, there are ways to acknowledge receipt or understanding other than by signature on the actual document. An email acknowledgement of receipt and understanding of the evaluation from the employee would suffice.

**Can HCSSAs Still Request Free Antigen COVID-19 Testing Kits?**

**Answer:** HCSSAs can now request free BinaxNOW or Care Start antigen COVID-19 test kits without a CLIA waiver. The test kits are for testing any HCSSA staff, client, or household member. Providers can request the free antigen COVID-19 test kits by following the instructions outlined in the following provider letters:


Providers can submit the completed attestation form to the LTCR Regional Director in the region in which the provider’s home office or branch office is located. For a map of the regions and contact information for regional directors, click link below. [https://hhs.texas.gov/about-hhs/find-us/long-term-care-regulatory-regional-contact-numbers](https://hhs.texas.gov/about-hhs/find-us/long-term-care-regulatory-regional-contact-numbers)

A HCSSA must attest to adhere to certain training and reporting requirements if they have either:

- Current Clinical Laboratory Improvement Amendment Certificate of Waiver;
- or
- Current CLIA laboratory certificate.

Agencies do not have to have a nurse to administer the BinaxNOW antigen tests. BinaxNOW tests require the individual administering the test to have either taken the Abbott training, or be a clinician with the appropriate education and training to administer the tests.

We are a private pay PAS agency. Since we are providing more PPE than in the past, what is your suggestion to cover this cost, which is NOT built into the hourly rate. What are your rules for recouping this cost?

Answer: HHSC Regulatory does not address the cost of doing business in its licensure rules; however, please note that some private pay PAS agencies have adjusted their hourly rate to include the additional cost of PPE.

Suppose our agency staff who provides services to a resident in an ALF tests positive for COVID-19. Is our agency responsible for notifying the ALF and the resident and any other resident our staff came into contact within the ALF or outside the ALF?

Answer: Although HCSSAs are not required by law or rule to notify the assisted living facility, the agency should notify the ALF because it would help prevent the spread of COVID-19. By rule, an agency must develop and enforce a policy to prevent the spread of infectious and communicable diseases. Additionally, it is possible the contractual agreement between the agency and facility stipulates such reporting requirements for agency staff and facility staff.

Are agencies required to notify clients/patients/family if an employee tests positive for COVID-19? For example, if a nurse who takes care of five clients tests positive for COVID-19, must the agency notify all five clients and their families?

Answer – The agency should notify the clients because it would help prevent the spread of COVID-19. By rule, an agency must develop and enforce a policy to prevent the spread of infectious and communicable diseases.

Some of our agency staff have been able to get vaccinated, which is great. Now we’re getting requests from clients and families requesting that only vaccinated staff be sent to their homes to provide services. Our agency is not able to accommodate these requests. What should we do?

Answer: There are some steps an HCCSA can take to respond to these requests. The first step is to educate the client and family that a staff member can choose to decline vaccination and about the effectiveness of PPE. Also, the agency can initiate back-up services if that will address the request. Next, the agency can encourage the client’s physician or practitioner to speak with client/family regarding the importance of services being provided and the effectiveness of PPE. As a last resort, the agency can explain to client/family the agency’s inability to accommodate their request and that discharge is the only remaining option. An agency that discharges a client must comply with 26 TAC §558.295.
**Client Care**

**Can HCSSAs administer monoclonal antibody therapy via an intravenous or subcutaneous route?**

*Answer:* A HCSSA licensed as home health or hospice agency may administer monoclonal antibody therapies with a physician’s order. The HCSSA must have policies and procedures for the safe administration of medications via intravenous or subcutaneous routes.

**Does a HCSSA have to admit a client with COVID-19?**

*Answer:* HHSC licensing rules do not require a HCSSA to admit a client with COVID-19. However, an agency might be required to admit an individual based on the agency’s contract with payor source (such as Medicaid).

**Should agencies check in daily with clients who have COVID-19?**

*Answer:* Agencies must provide face-to-face visits with clients per the care plan, plan of care and ISP. An agency can decide, on a case-by-case basis, if it would be in the best interest of the client to receive daily calls from staff in addition to the scheduled visits. Agencies are in a unique position to assist based on knowledge of the client’s needs and an existing connection. A client who lives alone or with an elderly spouse would likely benefit from having a concerned staff contact them to assist in coordination of care, especially since symptoms can change quickly and a person’s condition can become dire within a matter of hours. The same is true for staff who have COVID-19; an agency can have a human resources policy that directs a supervisor to maintain frequent contact with a staff who is suspected or confirmed to have COVID-19.

**Can our home health agency provide flu shots to our employees and clients?**

*Answer:* Yes. Please note that 26 TAC, §558.303 (Standards for Possession of Sterile Water or Saline, Certain Vaccines or Tuberculin, and Certain Dangerous Drugs) would apply.

**COVID-19 Screening and Documentation**

**What should a HCSSA agency do if staff are exposed or exhibiting signs and symptoms of COVID-19?**

*Answer:* The CDC has updated the work restrictions guidance for health care personnel. Due to the rapidly changing nature of the COVID-19 CDC guidance,
agencies must review the Work Restrictions Guidance and Strategies to Mitigate Healthcare Personnel Staffing Shortages to determine the appropriate course of action for staff who are exposed or symptomatic.

Do agencies have to document screenings for clients and staff?
HCSSA Emergency Rules for COVID-19 expired on July 21, 2022 and all requirements for screening ended. If a HCSSA chooses to screen, there is no requirement for the documentation of that screening.

Hospice

Could a hospice agency amend its contract with a nursing facility (NF) so that the NF’s registered nurse (RN) would be responsible for meeting the needs of the hospice’s clients during an emergency?
Answer: Yes, contracts may be amended, but only:
• as appropriate to the needs of the hospice’s clients;
• if the NF is able and willing to take on the responsibility; and
• if the hospice and NF are able to coordinate care.

Can a hospice discharge a client if the facility in which the resident resides won't let us in?
Answer: Yes. The discharge should be discussed with the client, client’s family or legally authorized individual, and the client’s attending physician. Prior to discharge, the hospice should communicate with the facility to explain the nature of essential hospice services for the client. Facilities must not deny access to hospice providers, and any attempt to do so must be reported to HHSC per Provider Letter 2021-33.

Inpatient Hospice

If a patient with confirmed or suspected COVID-19 is being transferred to an in-patient hospice facility from another health care facility, does the transferring facility have to inform the in-patient hospice facility?
Answer: Yes, the transferring facility must inform the in-patient hospice facility that the patient is suspected or known to have COVID-19. The hospice facility should explicitly confirm with the transferring facility whether the patient is suspected or known to have COVID-19 and take all appropriate precautions.
Personal Protective Equipment - Supplies

How do HCSSAs get more personal protective equipment (PPE)?
Answer: Providers should first try to get PPE through their normal supply chain or through other available resources. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or Regional Advisory Councils.

How can an agency calculate how much PPE it will need?
Answer: The CDC has two types of “calculators” to estimate how many days a PPE supply will last given current inventory levels and PPE use rate.

The first “calculator” is the PPE Burn Rate Excel Spreadsheet [3 sheets]. To use the calculator, enter the number of full boxes of each type of PPE in stock (gowns, gloves, surgical masks, respirators, and face shields, for example) and the total number of HCSSA clients. The tool will calculate the average consumption rate, also referred to as a “burn rate,” for each type of PPE entered in the spreadsheet. This information can then be used to estimate how long the remaining supply of PPE will last, based on the average consumption rate. Using the calculator can help HCSSAs make order projections for future needs.

The second “calculator” is the National Institute for Occupational Safety and Health (NIOSH) phone app (NIOSH PPE Tracker). Based on the Excel spreadsheet model, the app features several improvements, including an easy-to-use interface and the ability to add restock. The app is available for both iOS and Android devices.

How much PPE should an agency have on hand when a surge outbreak occurs?
Answer: HHCS recommends an agency maintain at least a two-week supply of PPE at all times. Shortages of PPE can happen at any time, so agencies should be mindful to conserve supplies when possible.

Is an agency required to provide PPE to its contract staff since they are supposed to use their own supplies?
Answer: An agency that uses independent contractors or arranged services must do so in accordance with 26 TAC, §558.289 (Independent Contractors and Arranged Services). Further, the contract should address which entity has responsibility for providing PPE. Regardless of any contractual obligations, the licensed agency is ultimately responsible for ensuring appropriate PPE is provided to staff delivering
services to the agency’s clients and that staff use appropriate PPE when delivering services to the agency’s clients.

**Is an agency required to hand deliver PPE to attendants, or can an agency just inform its attendants that PPE is available at the office?**

*Answer:* An agency can decide what works best for the agency and its clients. However, a licensed agency is ultimately responsible for ensuring appropriate PPE is provided to staff delivering services to the agency’s clients and that staff use appropriate PPE when delivering services to the agency’s clients.

**Personal Protective Equipment - Use**

**Can an agency require vaccines and masks for staff?**

*Answer:* A HCSSA can require its staff to routinely wear masks and to be vaccinated as a condition of employment. A requirement for vaccination should be discussed with a HCSSA agency’s legal counsel and human resource professionals. LTC facilities may also require HCSSA personnel entering the building to wear increased PPE. A HCSSA agency can enter into an agreement with an LTC that requires HCSSA staff providing services in the building to be vaccinated; however, that is not a requirement in rule.

**Does HHSC have any guidance for PAS agencies with respect to their unlicensed staff wearing full PPE when they are not trained to don and doff PPE appropriately?**

*Answer:* If unlicensed staff at a PAS agency need to use full PPE, the PAS agency must ensure staff are trained in how to put on and take off PPE properly. The CDC has information about:

- how to don and doff PPE to minimize infection transmission (see [https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)); and
- the sequence for donning and doffing PPE (see [https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf](https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf)).

**Does an agency have to provide full PPE (mask, gloves, gown, face shield/goggles) to staff?**

*Answer:* Yes, when necessary. If a client has COVID-19 or is suspected of having COVID-19, the HCSSA should provide staff with full PPE to wear, including an NIOSH-approved N95 or equivalent higher-level respirator, when providing essential services. Otherwise, the agency must determine which PPE is appropriate
for the staff to use depending on the risk factors, such as how many screening criteria the client/household members have met and the nature of the services being provided. If a gown is indicated, then a gown should be provided by the agency and worn by the staff.

**How often should an agency provide PPE to its staff?**
**Answer:** An agency is responsible for ensuring its staff have the necessary PPE to meet transmission-based precautions for COVID-19 at frequencies necessary to deliver services as identified in the care plan, plan of services, or individualized service plan. A client’s essential services cannot be adversely affected due to an agency’s failure to provide staff with necessary PPE in a timely manner.

**Does an agency have to conduct visits if PPE is necessary, but none is available?**
**Answer:** No. In situations where a client or household member has failed a COVID screening, HCSSA staff are not required to conduct visits without PPE when it is unavailable. Essential visits that are not conducted must be documented along with justification for the visit not occurring. Also, the client’s attending physician must be notified of the missed visit. The agency should assist the client in transferring to another agency that can provide services. Please see [PPE Supplies](#) in these FAQs for information about obtaining PPE.

**Can an agency reuse PPE?**
**Answer:** The CDC updated its guidance for [Implementing Filtering Facepiece Respirator Reuse](#) when there are known shortages. The CDC recommends, “Healthcare facilities should stop purchasing non-NIOSH approved respirators for use as respiratory protection and consider using any that have been stored for source control where respiratory protection is not needed. Respirators that were previously used and decontaminated should not be stored.” The Strategies for Optimizing the Supply of N95s were written to follow an ordered plan that includes strategies for conventional (everyday practice), contingency (expected shortages), and crisis (known shortages). When the availability of N95s becomes limited due to an expected shortage, supplies first should be conserved using contingency strategies.

**Why do staff have to dispose of a PPE gown after exiting a home? Why can’t that gown be used again for that client only?**
**Answer:** Since gowns are worn for the prevention of spread of communicable and infectious diseases, as well as suspected cases, the reuse of a gown for the same
client increases the risk to the staff person who must handle the gown multiple times. The risk of infection for the staff person also increases the risk for other clients the staff visits because the staff might become an asymptomatic carrier of the virus.

**Can an agency throw out PPE used to treat a COVID-19 positive client like regular trash or should it be disposed as biohazard waste?**

*Answer:* PPE used to treat a COVID-19 positive client does not need to be disposed as biohazard waste. It can be thrown away like regular trash. However, HHSC recommends that all used PPE be handled carefully and staff that touch used PPE practice hand hygiene protocols.

**Do HCSSAs have to provide PPE to their clients?**

*Answer:* If requested and needed by the client for the type of services being provided, a HCSSA must ensure the client has appropriate PPE to use while receiving HCSSA services. Note that the purpose of using PPE is to prevent infection, and this is the HCSSA’s responsibility. A HCSSA staff member should discuss with the client the infection control risk factors that are present during scheduled visits. This may include ongoing or repeated education to the client to discuss risk and procedures. If close contact between staff and a client is necessary, then the staff member must ask whether the client has a well-fitting, cloth face mask to use. If the client doesn’t have a proper cloth face mask, then the staff must ensure a surgical mask is available for the client to use during the visit. A HCSSA is not obligated to provide PPE to clients to use when the client is not receiving services.

Additionally, HCSSAs are required to include in a client’s care plan, plan of care, or individualized service plan the supplies and equipment necessary when providing services. Supplies include PPE; therefore, the client’s plan must identify the types of PPE to be used by staff and the client during HCSSA visits. For home health agencies, see 26 TAC §558.401(b); for hospice agencies see 26 TAC §558.821(d); for PAS agencies see 26 TAC §558.404(f).

**Reporting COVID-19 Cases**

**Why do HCSSAs have to report COVID-19 cases to the local health entity?**

*Answer:* State statute (Texas Health and Safety Code, §81.042(e)(4)) and HCSSA licensing standards (26 TAC, §558.285(1)(A)) require HCSSAs to report communicable diseases to their local health entity or DSHS.
Do HCSSAs have to report both client and staff COVID-19 cases?
Answer: Yes. Please note that a HCSSA must report a client’s COVID-19 case when the HCSSA has provided services to the client within the previous 14 days. A HCSSA is not required to report a client’s COVID-19 case if the HCSSA has not provided services to the client within the last 14 days.

If an agency client tests positive for COVID-19 while in a hospital emergency room and is then admitted to the hospital for treatment, does the agency have to report the positive case to the local health entity?
Answer: This depends. The agency must report the positive case to the local health entity if the agency provided services to the client within 14 days before the client was admitted to the hospital.

How does an agency with multiple branch offices in a large service area report cases of COVID? Can our corporate office just report all cases to DSHS?
Answer: When reporting confirmed COVID-19 cases to the local health entity, it is important to report in the county of residence or location for the client or individual. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc.

Many providers have tried to report their COVID-19 clients to their local health entities without success. The local health entities are refusing to take their information. Other than documenting their attempts, what else does HHSC recommend?
Answer: If a HCSSA is unable to report to the local health entity, a required report must be made to the DSHS regional office. See the listing of local health entities by county at Coronavirus Disease 2019 (COVID-19) Local Health Entities. See the listing of DSHS Regional Offices at Public Health Regions.

If a hospice agency is providing care in a long-term care facility to a client who contracts COVID-19, are both the hospice agency and the facility required to report the COVID-19 positive case to the local health entity or regional office of DSHS?
Answer: Yes.
Is there a report that must be completed when an agency reports a COVID-19 client/attendant infection to the local health department? What information must be submitted to the local health department?

Answer: There is no specific reporting form or format that is required when reporting to local health entities. Some counties might have specific requirements and prescribed forms that they request when reporting, and agencies will have to comply with those requirements. There are links, along with phone numbers, for local health entities and regional DSHS offices in the FAQ document. Additionally, HHSC can require an agency to provide data related to COVID-19 cases.

What date was the reporting of COVID-19 infected clients or employees required to be reported to the local health entity?

Answer: HCSSAs were required to report client and staff COVID-19 cases to their local health entities starting at the end of March 2020.

Return to Work

When can an agency staff return to work after being diagnosed with COVID-19?

Answer: The CDC has provided guidance for Return to Work Criteria for HCP with Confirmed or Suspected COVID-19 Infection.

Does an agency staff need a medical release to return to work?

Answer: The agency’s own policy would govern requirements for a medical release.

Please provide guidance for return to work time frames in situations where there is not a clear difference between staff having the flu or COVID-19.

Answer: The CDC provides information on the similarities and differences between flu symptoms and COVID-19 symptoms. Testing is the only sure way to determine if someone has the flu or COVID-19. An agency should follow its testing strategy if it has one. Otherwise, since the duration of the flu is generally shorter than COVID-19, CDC guidance for returning to work is acceptable guidance when it is not known whether a health care professional has the flu or COVID-19.

Resources

Where should HCSSAs go for COVID-19 information?

Answer: Reliable sources of information include:
How do I get in touch with the Department of State Health Services (DSHS)?
Answer: The following are ways to access DSHS information and staff:
- DSHS website: [https://www.dshs.state.tx.us/coronavirus/](https://www.dshs.state.tx.us/coronavirus/)
- DSHS Contact Information: If you have any questions or would like more information about COVID-19, contact DSHS by email or by phone 24/7:
  - Email: coronavirus@dshs.texas.gov
  - Phone: Dial 2-1-1, then choose Option 6. If you experience difficulty when dialing 2-1-1, please email at address above.
- See the listing of local health entities by county at Coronavirus Disease 2019 (COVID-19) Local Health Entities.
- See the listing of DSHS Regional Offices at Public Health Regions.

Does DSHS have guidance for public home health service providers?
Answer: Yes. On the DSHS Coronavirus: Information for Hospitals and Healthcare Professional webpage is a link for the updated home health service providers in English and Spanish under “Infection Control.”

Are recordings of the HHSC HCSSA webinars on the HHSC website?
Answer: Yes, recorded webinars are available on the HHSC website on the HCSSA home page.

How can a HCSSA determine if a particular disinfectant product will actually kill the COVID-19 virus?
Answer: List N on the Environmental Protection Agency’s website contains disinfectants for use against COVID-19. An agency can search the list by entering the product’s EPA registration number, which is found on the product’s label.

There are so many hand sanitizers available. Are they all safe and effective?
Answer: No. The Food and Drug Administration (FDA) has posted updates on hand sanitizers consumers should not use.

Does HHSC have any guidance on the use of UV-C lights for disinfecting purposes?
Answer: HHSC recommends following CDC guidance for Cleaning and Disinfection Your Facility under Alternative Disinfection Methods. That guidance recommends the use of only List N surface disinfectants, and it states, with respect to alternative disinfection methods, such as UV-C lights:
The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against COVID-19 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19. CDC only recommends use of the surface disinfectants identified on List N against the virus that causes COVID-19.

Resources related to PPE:

For N95 respirator and fit-testing information and resources: Occupational Safety and Health Administration Respiratory Protection eTool

The CDC also has specific information relating to:
- 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

Information about facemasks and respirators is available at COVID-19: Facemasks and Respirators Questions and Answers and can be shared with family members and caregivers.

Below are several other helpful “mini webinars” from the CDC:
- Sparkling Surfaces - https://www.youtube.com/watch?v=t7OH8ORr5Ig&feature=youtu.be
- Clean Hands - https://www.youtube.com/watch?v=xmYMUly7qiE&feature=youtu.be
- Closely Monitor Residents for COVID-19 - https://www.youtube.com/watch?v=1ZbT1Njv6xA&feature=youtu.be