

# COVID-19 RESPONSE FOR NURSING FACILITIES

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## Abstract

**This document provides guidance to Nursing Facilities on Response Actions in the event of a COVID-19 exposure.**

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**TEXAS**  
Health and Human  
Services

# Contents

<b>Contents</b> .....	<b>2</b>
<b>POINTS OF CONTACT FOR THIS DOCUMENT</b> .....	<b>6</b>
<b>TABLE OF CHANGES</b> .....	<b>7</b>
<b>1. Purpose</b> .....	<b>11</b>
<b>2. Goals</b> .....	<b>12</b>
<b>3. Summary</b> .....	<b>13</b>
<b>4. Description of a Nursing Facility</b> .....	<b>14</b>
<b>5. NFs and COVID-19 Environment</b> .....	<b>15</b>
Facility Demographics .....	15
Facility Considerations .....	15
Resident Demographics .....	16
NF Staffing Considerations .....	16
Visitors .....	17
<b>6. To Do's for Nursing Facilities:</b> .....	<b>18</b>
<b>7. S.P.I.C.E.</b> .....	<b>21</b>
<b>SPICE Graphic</b> .....	<b>22</b>
<b>8. HHSC Long-term Care Regulation Activities with NFs that have Positive COVID-19 Cases</b> .....	<b>23</b>
<b>9. NF Activities Required for LTC COVID-19 Response</b> .....	<b>24</b>
<b>10. .... State\Regional\Local Support</b> .....	<b>27</b>
Texas COVID-19 Assistance Team - LTC.....	27
Rapid Assessment Quick Response Force .....	27
<b>11. Immediate Response Guidelines</b> .....	<b>28</b>
FACILITY ACTIONS.....	28

HHSC ACTIONS .....	31
EXTERNAL ACTIONS .....	31
<b>12. Interim Guidance for Prevention, Management, and Reporting of COVID-19 Outbreaks in LTC Facilities .....</b>	<b>32</b>
Purpose.....	32
Background.....	32
Immediate Prevention Measures.....	32
Provide Supplies for Recommended Infection Prevention and Control Practices ....	34
Control Measures for Residents .....	35
Control Measures for Staff.....	43
Reporting COVID-19 .....	53
Outbreak Management .....	54
PPE Use When Caring for Residents with COVID-19 .....	56
<b>13. Expansion of Visitation .....</b>	<b>58</b>
Types of Visitation for Expansion of Reopening Visitation.....	58
<b>14. Activities, Dining, and Volunteers.....</b>	<b>59</b>
Group Activities.....	59
Communal Dining .....	59
Volunteers .....	60
<b>15. Testing for COVID-19 .....</b>	<b>61</b>
CMS-mandated Testing.....	61
Antigen Testing .....	62
<b>16. Vaccine Requirements .....</b>	<b>65</b>
Educating Staff & Residents .....	65
Offering Vaccinations .....	65
Reporting.....	66
Documentation .....	66

<b>17. Comprehensive Mitigation Plan .....</b>	<b>67</b>
Comprehensive Mitigation Plan - NF Without COVID-19 Positive Cases.....	67
Comprehensive Mitigation Plan - NF with COVID-19 Positive Cases .....	68
<b>Glossary of Acronyms in Alphabetical Order.....</b>	<b>69</b>
<b>List of Referenced Resources.....</b>	<b>71</b>
ASPR TRACIE.....	71
CDC .....	71
CMS .....	72
DSHS .....	73
EPA.....	73
FDA .....	73
HHS .....	73
HHSC .....	73
NIOSH.....	74
OOG.....	74
OSHA .....	74
<b>ATTACHMENT 1: Infographic - NF Actions for COVID-19 Response.....</b>	<b>75</b>
<b>ATTACHMENT 2: CDC Guidance - Optimization of Facemasks Infographic and Do's and Don'ts for Facemask Use Infographic.....</b>	<b>77</b>
<b>ATTACHMENT 3: PPE Donning and Doffing Infographic .....</b>	<b>80</b>
<b>ATTACHMENT 4: User Seal Check Infographic .....</b>	<b>86</b>
<b>ATTACHMENT 5: RA-QRF Deployment Process.....</b>	<b>90</b>
<b>ATTACHMENT 6: RA-QRF Testing and Notification .....</b>	<b>91</b>
<b>ATTACHMENT 7: Three Key Factors Required for a Respirator to be Effective - Infographic.....</b>	<b>92</b>
<b>ATTACHMENT 8: Isolation Unit .....</b>	<b>93</b>
<b>ATTACHMENT 9: Symptom Monitoring Log .....</b>	<b>96</b>

**ATTACHMENT 10: Tracking Line List ..... 97**

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## 1. Purpose

The purpose of this document is to provide NFs with response guidance in the event of a positive COVID-19 case associated with the facility.

## 2.Goals

- Rapid identification of COVID-19 situation in a NF
- Prevention of spread within the NF
- Protection of residents, staff and visitors
- Provision of care for an infected resident
- Recovery from an in-house NF COVID-19 event

## 3. Summary

Residents of NFs are more susceptible to COVID-19 infection and the detrimental impact of the virus than the general population. In addition to the susceptibility of residents, an LTC environment presents challenges to infection control and the ability to contain an outbreak, resulting in potentially rapid spread among a highly vulnerable population.

This document provides NFs immediate actions to consider and actions for extended periods after a NF is made aware of potential infection of a resident, provider or visitor.

## 4. Description of a Nursing Facility

A NF provides institutional care to people whose medical condition regularly requires the skills of licensed nurses. NF services are available to people who receive Medicaid assistance or those who wish to private pay for their care. The NF must provide for the needs of each resident, including room and board, social services, over-the-counter medications, medical supplies and equipment, and personal needs items.

A SNF is a special facility or part of a hospital that provides medically necessary professional services from nurses, physical and occupational therapists, speech pathologists, and audiologists. SNFs provide round-the-clock assistance with health care and activities of daily living. SNFs are used for short-term rehabilitative stays after a resident is released from a hospital.

A hospital-based SNF is located in a hospital and provides skilled nursing care and rehabilitation services for people who have been discharged from that hospital but who are unable to return home right away. They do not accept general admissions.

## 5.NFs and COVID-19 Environment

A NF is typically a mix of semi-private and private resident bedrooms; the majority of the bedrooms are semi-private, housing two to four people. The bedrooms usually do not have physical barriers like walls or partitions separating the space allotted for each resident inside the room. Rules require a minimum of 100 square feet for a private (one person) bedroom, 80 square feet per person in multiple occupant rooms, and a minimum dimension of 10 feet. Many of the common areas in a NF are intended for use by groups of people. These areas include dining and living room spaces, activity and therapy areas, and common bathing units, which are provided at a ratio of one tub or shower for every 20 residents.

Impact of environment on COVID-19 response:

A typical NF is not physically designed to effectively support physical distancing measures, while at the same time housing numerous residents who might require quarantine measures including isolation. The limitations of the physical environment mean many of the protective measures required to limit potential exposure and spread must be accomplished by staff who are already working under extreme conditions.

While adhering to the core principles of COVID-19 infection prevention and control, communal activities and dining can occur. [\[See section 14 for more information on activities and dining.\]](#)

### Facility Demographics

NFs are located in metropolitan, urban, and rural locales. Each locale has specific characteristics that affect workforce availability, health care system support, and interactions with public health, emergency care, and jurisdictional administration. Texas currently has 1,220 NFs and nine hospital-based SNF units.

Impact of NF demographics on COVID-19 response:

NFs in more densely populated locations are likely to experience higher risk for exposure among staff and visitors. As a result, these facilities have a higher risk of infection and face more challenges controlling spread when infection occurs. They are also more likely to face staffing shortages because of competitive job markets.

NFs in more rural locations have less health care system support, might not have local health authorities, and have smaller staffing pools, making it harder to cover shortages that result from probable exposure. Facilities in rural areas might also be more challenged to find equipment, such as personal protective equipment (PPE) and ventilators, necessary to care for COVID-19 positive residents.

### Facility Considerations

Facilities might have small, medium, or large bed capacity within buildings differing in age, size, available space, and equipment. Available services also differ by NF,

affecting the level of available care; ventilator support might not be present, and the types of health care providers on site will also vary.

Impact of facility considerations on COVID-19 response:

There are NFs with limited or no isolation rooms available. Statewide, approximately 30 NFs are equipped to care for residents on ventilators. Bed capacity (along with staff and PPE availability) also affects the number of residents for which each NF can provide care. COVID-19 positive residents will increase the staff and resources required to provide care, further limiting the number of residents that a NF can serve.

## **Resident Demographics**

All NF residents must meet medical necessity to reside in a NF. While all have medical needs, each resident is unique and might require rehabilitation services, minimal supportive care, or significant medical care. Resident conditions will vary physically and mentally, affecting mobility and intellectual capacity.

Impact of resident demographics on COVID -19 response:

All NF residents require care from medical professionals. NFs may experience staffing shortages as the pandemic continues. Also, the subpopulation of residents with dementia and Alzheimer's disease are often unable to express when they experience symptoms and could unknowingly (and without staff knowing) spread the virus if infected. This population is also less likely to understand why physical distancing and quarantine are necessary and can present challenging behaviors when staff attempt to enforce such restrictions.

Other subpopulations require specialized medical care, including specialized diets, ventilator care, gastrostomy (feeding) tubes, and wound care for pressure sores. These specialized needs require a combination of skilled and non-skilled caregivers. Having COVID-19 infections in a NF will increase the demands on and for staff.

## **NF Staffing Considerations**

The NF workforce is made up of medical professionals and direct care staff including: registered nurses (RNs), licensed vocational nurses (LVNs), certified nurse aides (CNAs), medication aides, respiratory therapists, NF support staff, and other skilled and non-skilled workers. Rules require NFs to provide nursing services at a ratio of not less than one licensed nurse for every 20 residents, or a minimum of 0.4 licensed-care hours per resident perday.

Impact of NF staffing considerations on COVID-19 response:

Many NF residents' daily activities, such as dining, bathing, grooming and ambulating, require partial or total assistance from NF staff. Caring for someone with COVID-19 requires additional time and resources, including PPE, to maintain infection control and protect other residents and staff. As staff are exposed, become symptomatic or test positive for COVID-19, the available workforce will decline making it even more challenging for NFs to provide care.

Additionally, NFs don't normally have a physician on-site. Typically, there is an RN and several LVNs and CNAs on staff. Staffing shortages resulting from possible

exposure could lead to NFs refusing to admit residents because they cannot provide care. It is also common for NF staff to work in more than one NF, so if an employee is exposed, it is likely he or she will expose residents and staff in more than one NF, making it difficult to contain spread. A NF should follow CDC guidance on how to mitigate [Staff Shortages](#).

## Visitors

During routine NF operations, visitors including family members, volunteers, consultants, external providers, and contractors regularly enter facilities. Many perform services essential for NF function, or in the case of service providers such as hospice and dialysis staff, they provide services critical to resident care.

[HHSC and CMS have updated visitation requirements and guidance throughout the pandemic. Please see the most recent version of the [NF COVID-19 Expansion of Reopening Visitation Emergency Rule](#) and [QSO 20-39-Revised](#) for more information.]

Impact of visitors on COVID-19 response:

Despite efforts to screen visitors prior to allowing them to enter the NF, every person allowed inside the building increases the risk of infection. Some people will present as asymptomatic during screening but will have COVID-19 and unknowingly spread the virus. [Some will choose not to get vaccinated.] Some visitors will not follow standard precautions such as proper hand-washing, use of hand sanitizer, use [recommended or required] PPE, isolation protocols, and limiting the number of areas in the building that they access – all of which increases the risk of infection for residents and staff.

## 6.To Do's for Nursing Facilities:

- Review resources listed under [List of Referenced Resources](#)
- Review the [CDC's LTC Webinar Series](#)
- Review [CMS blanket \(1135\) waivers](#)
  - Note: Update from [QSO 20-34-NH](#) released 06/25/2020 - The blanket waiver for reporting staffing data has been lifted. Also, all facilities are required to resume submitting staffing data through the [Payroll-Based Journal system](#).
- Review Emergency Rules for [Expansion of Reopening Visitation](#) [updated 06/01/2021]
- [Review [QSO 20-39](#) detailing nursing home visitation, revised 04/27/2021.]
- [Review [PL 2021-20](#)]
- Review Emergency Rules for [COVID-19 Mitigation](#) [updated 06/01/2021.]
- Comply with all CMS and CDC guidance related to infection control. (NFs need to frequently monitor CDC and CMS guidance, as it is being updated often.)

Note: [Barriers are not required.] Temporary walls or barriers or plastic sheeting [still in use] must not impede or obstruct the means of egress, fire safety components or fire safety systems (e.g., corridors, exit doors, smoke barrier doors, fire alarm pulls, fire sprinklers, smoke detectors, fire alarm panels, or fire extinguishers).

- Review resident [isolation and quarantine](#) plans with staff.
- [In general, all staff should continue to wear source control while at work, per CMS and the CDC guidance. However, fully vaccinated staff may dine and socialize together in break rooms and conduct in-person meetings without source control. If unvaccinated staff members are present, everyone should wear source control and unvaccinated staff members should physically distance from others.]
- Staff who are have been appropriately trained and fit-tested can use N95 respirators. Staff who are caring for residents with COVID-19 or caring for residents in a building with widespread COVID-19 infection, should wear an N95 respirator and all CDC suggested PPE. See guidance in the section related to PPE use when caring for residents with COVID-19.
- Actively screen, monitor, and surveil everyone who comes into the NF.
- To avoid transmission within facilities, NFs should use separate staffing teams for COVID-19-positive residents to the best of their ability and designate separate facilities or units within a NF to separate residents into three categories: those who are COVID-19-negative, those who are COVID-19-positive, and those with unknown COVID-19 status. [A NF is not required to have a unit for residents who are COVID-19 positive or a unit for residents who have an unknown COVID-19 status at all times if the NF does not have any residents with unknown or positive status. Rather, the NF must have a

response plan that includes cohorting plans with designated spaces for residents of each COVID-19 status (positive, negative and unknown). If the NF has repurposed their former warm and hot units for residents with a negative COVID-19 status, they must still be prepared to cohort and isolate or quarantine residents, should the need arise (e.g., outbreak in the NF, resident who tests positive for COVID-19).]

- [Quarantine](#) residents with prolonged close contact, or symptoms of COVID-19, regardless of vaccination status.

Note: All residents with unknown COVID-19 status must be quarantined per CDC guidance. Residents who are fully vaccinated, asymptomatic and have not had prolonged close exposure to someone with COVID-19, do not have to quarantine. The CDC continues to endorse quarantine for up to 14 days. However, new CDC guidance offers two additional options for people without symptoms to be able to shorten their quarantine. See [Control Measures for Residents](#) and [Control Measures for Staff](#) for more information.

- [Isolate](#) residents with positive cases.
- Communicate with residents, staff, and family when exposure to probable or confirmed cases occur in the NF.
- Keep an up-to-date list of all staff who work in other facilities.
- Require staff self-monitoring on days they work and on days they don't work.
- Require staff to report via phone prior to reporting for work if they have known exposure or symptoms.
- Follow the guidance under [Control Measures for Staff](#) to determine when staff can return to work after recovering from an illness.
- Post a list of state contacts where it is visible on all shifts. The list should at least include phone numbers for the [local health authority](#) or [DSHS](#) office and the regional HHSC LTCR office.
- Follow physician's plan for immediate care of any resident with a positive case. Orders can include increased assessment frequency, increased monitoring of fluid intake and output, supportive care, a treatment plan, and what to do in case of a change in the resident's status.
- Review and follow plans for TB Screening and testing for healthcare personnel and residents.
- Inform the resident of treatment or supportive care plans; residents have the right to participate in care planning.
- Use the ASPR TRACIE [workforce virtual toolkit](#).
- Review the ASPR TRACIE resources document: [Nursing Home Concepts of Operations for Infection Prevention and Control](#)
- Review CDC guidance [Infection Control after Vaccination](#)

Note: New admissions, readmissions, and residents who have spent one or more nights away from the NF are all considered residents with unknown COVID-19 status. All residents with unknown COVID-19 status must be quarantined per the CDC

guidance on [when to quarantine](#). [CDC guidance provides exceptions to quarantine for those who have recovered from COVID-19 within the last 90 days AND remain asymptomatic, as well as for fully-vaccinated asymptomatic residents who have not had close contact with a person infected with COVID-19.]

Residents who leave the NF for medically necessary appointments and return the same day are not considered to have unknown COVID-19 status. These residents' COVID-19 status is the same as when they left the NF for their appointment and can return to their usual room.

Fully vaccinated residents, who are asymptomatic should continue to [quarantine](#) following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with a COVID-19 infection. This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings.

Although not preferred, nursing facilities could consider waiving quarantine for fully vaccinated residents following prolonged close contact with someone with COVID-19 infection as a strategy to address critical issues, such as lack of space, staff, or PPE to safely care for residents who were exposed to COVID-19, when other options are unsuccessful or unavailable. HHSC recommends that these decisions be made in consultation with public health officials and infection control experts.

Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility, such as a NF, if they are fully vaccinated and have not had prolonged close contact with someone with a COVID-19 infection in the prior 14 days. This includes new admissions, readmissions, and a resident who was gone overnight – as long as the resident did not have prolonged [close contact](#) with someone with a COVID-19 infection, and is asymptomatic.

Fully vaccinated people who do not quarantine should still watch for [symptoms of COVID-19](#) for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

## 7.S.P.I.C.E.

Recognizing notification of a potential COVID-19 situation in a NF can result in disorientation, questions, and confusion; this document suggests NFs focus on the following five basic actions (S.P.I.C.E.) to anchor activities:

- **S**urveillance – Monitor for symptoms – fever, cough, shortness of breath, or difficulty breathing and other known COVID-19 symptoms.
- **P**rotection/PPE – Protect workforce and residents through appropriate hand hygiene and [infection control procedures]. If coughing or potential splash precautions are needed [wear a mask,] gown and face/eye shields. Refer to DSHS guidance.
- **I**solate – Residents with probable or confirmed cases need to be isolated.
- **C**ommunicate – Call local health department/authority or DSHS and HHSC Long-term Care Regulation (LTCR) to report COVID-19 activity as required.
- **E**valuate – Infection control processes, spread of infection and mitigation efforts, and staffing availability need to be assessed.

S.P.I.C.E. is not meant to be all-encompassing. It is suggested to assist initial actions and be a reminder of necessary activities.

# SPICE Graphic

## SPICE

for COVID-19

### **S**urveillance

- Sign and Symptoms
- Temperature Checks
- Residents/Staff/Visitors
- Testing

### **P**rotection/Personal Protective Equipment

- Clinical Staff
- Support Staff
- Resident
- Supply/Burn-rate

### **I**solate

- Residents isolated
- Staff Isolated
- Others Isolated

### **C**ommunicate

- Administrator Contact #:
- Local Health Department #:
- Department of State Health Services #:
- HHSC (TCAT) #:
- Hospital Contact #:

### **E**valuate

- Review 0-24-hour checklist
- Prevent delay of critical actions
- Communication plan

## 8. HHSC Long-term Care Regulation Activities with NFs that have Positive COVID-19 Cases

For a report of a positive COVID-19 test (resident or staff) in a NF, HHSC will take the following steps:

- Generate a priority 1 intake (must be investigated within 24 hours).
- Conduct a focused review of facility infection control processes.
- Communicate with the local health department/local health authority and DSHS.
- Determine the number of residents probable or positive for COVID-19.
- Determine the number of staff probable or positive for COVID-19.
- Review facility isolation precautions and determine how residents are isolated in the NF (dedicated wing, private room) to ensure compliance with requirements.
- Verify that upon the first positive test result of a NF staff member or resident, the NF worked with local health authorities, DSHS, and HHSC to coordinate testing of all NF staff and residents.
- Determine that all staff probable or positive for COVID-19 have been sent home and the NF knows to coordinate any return to work with the local health department.
- Determine if facilities have sufficient PPE.
- Determine if facilities are screening residents and staff, and at what frequency.
- Determine if others (contract staff, family members) are also being tested.
- Determine if there is a control or quarantine order.
- Ensure the control/quarantine orders are followed.
- Perform a call-down to all other facilities in the county when staff at one facility tests positive for COVID-19.
- Determine if facilities are following rules and regulations related to admission and discharge and are readmitting residents when appropriate.
- Determine if staff, residents, and families are notified of positive COVID-19 cases in the NF.
- Track facilities by program type and number of positive and probable cases.
- Track hospitalizations of COVID-19 positive NF residents.
- Track deaths of COVID-19 positive NF residents.
- Maintain communication with facilities after investigations are complete.
- Review the CDC guidance on when to quarantine.

## 9.NF Activities Required for LTC COVID-19 Response

### In Advance (actions focused on response)

- Review/create cohort plans for residents
- Review Health Care Associated Infection (HAI) plan
- Determine/review who is responsible for specific facility plans
- Assign at least one individual with training in IPC to provide on-site management of COVID-19 prevention and response activities
- Identify desired applicable waivers
- Develop communication plan (external and internal)
- Conduct supply/resource evaluation
- Review recommended resources listed under [List of Referenced Resources](#)
- Develop a staffing contingency plan in case a large number of staff must self-quarantine or isolate because of potential exposure, being probable of, or positive for COVID-19.
- Follow direction from DSHS, HHSC, and TDEM as they develop and implement a plan to test all residents and NF staff.

### Immediate (0-24 hours)

- Activate resident isolation/cohort plan, including establishing a unit, wing, or group of rooms for any positive residents.
- Supply PPE to care for residents positive for COVID-19. See [attachment 2](#) about optimizing the use of facemasks and do's and don'ts for facemask use, and [attachment 3](#) about donning (putting on) and doffing (taking off) PPE.
- Provide separate spaces to don (put on) and doff (take off) PPE when possible
- When a single area is provided for donning and doffing PPE, these principles should be followed:
  - Provide for hand hygiene and adequate disposal of used PPE in the donning and doffing area
  - Only donning or doffing should occur at any given time – do not perform these activities at the same time
  - Only two people should be in the area at any time - use the buddy system to assure that donning and doffing is done correctly
- Screen residents for signs and symptoms at least once **[a day]**
- Screen staff for signs and symptoms at least at the beginning of their shift
- Enact HAI procedures
- [Clean and disinfect](#) NF
  - High-touch surfaces include items like doorknobs, light switches, handrails, countertops - clean and disinfect frequently
  - Workstations include items like computers, chairs, keypads, common-use items - clean and disinfect frequently

- Equipment includes items like blood pressure cuffs, hoist lifts and other shared equipment used for resident care - clean and disinfect after each use
- Use EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against COVID-19
- Confirm case definitions
- Identify HCW outside activities
- Activate resident transport protocols (for transporting residents out)
- Establish contact with receiving agencies (hospitals, other facilities)
- Identify lead at NF and determine stakeholders involved external to NF
- Engage with community partners (public health, health care, organizational leadership, local/state administrators)
- Review/establish testing plan
- Activate all communication plans
- Determine need for facility restrictions/lock-down
- Supply resource evaluations
- Maintain resident care
- Upon the first positive test result of a NF staff member or resident, work with local health authorities, DSHS, and HHSC to coordinate testing of all NF staff and residents.
- See [Section 12](#) for COVID-19 reporting.
- If needed, request deployment of the Rapid Assessment Quick Response Force.

### **Extended (24-72 hours)**

- Supply PPE for health care workers and staff
- Screen residents for signs and symptoms at least once [a day]
- Screen staff for signs and symptoms at least at the beginning of their shift
- Continue specialized HAI procedures
- Activate resident transport protocols (for transporting residents out/in)
- Establish contact with transporting/receiving agencies (hospitals, other facilities)
- Engage with external partners
- Testing
- Determine need for facility restrictions/lock-down
- Consider additional healthcare needs
- Maintain resident care
- Work with your [LHD](#) or [DSHS](#) to establish a resident recovery plan, including when a resident is considered recovered and next steps for care.

### **Long Term (72 hours plus)**

- Screen resident for signs and symptoms at least once [a day]
- Screen staff for signs and symptoms at least at the beginning of their shift
- [Continue cleaning and disinfecting procedures](#)

- Activate transport (residents in) protocols
- Establish contact with transporting/receiving agencies (hospitals, other facilities)
- Lift of facility restrictions/lock-down
- Consider additional healthcare needs
- Maintain resident care
- Report all deaths (COVID-19 and non-COVID-19 related) that occur in a NF, and those that occur within 24 hours after transferring a resident to a hospital from the NF, to HHSC via TULIP 10 working days after the last day of the month in which the death occurred.

## 10. State\Regional\Local Support

Texas HHSC will serve as the lead state agency in the state's response to an LTC COVID-19 event. HHSC actions will include:

- Developing recommendations in consultation with DSHS
- Ensuring appropriate/assistance with resident movement
- Providing subject matter experts (SME): LTC, HAI, epidemiology
- Coordination of HHSC, DSHS, emergency management and local actions

### **Texas COVID-19 Assistance Team - LTC**

In addition to the activities of [Section 8](#) of this response and those above, HHSC will coordinate formation of a Texas COVID-19 Assistance Team – LTC (TCAT-LTC). This team will include representatives from HHSC, DSHS, local health department (as applicable) and emergency management (as applicable.)

This team will assist NFs with management of a COVID-19 event by providing subject matter expertise, resource request management, and other support to facility actions through initial response activities. The TCAT-LTC will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-LTC deactivation.

To activate TCAT-NF assistance, contact the [LTCR Associate Commissioner](#).

### **Rapid Assessment Quick Response Force**

In addition to the activities of [Section 8](#) of this response and those above, HHSC and DSHS will coordinate formation of a Rapid Assessment Quick Response Force (RA-QRF) team.

The RA-QRF team will assist NFs by providing a rapid response and medical triage team that can be deployed by DSHS through the Emergency Medical Task Force upon notification of a positive COVID-19 resident. The RA-QRF team will triage, assess, and determine resource requirements for response to facilities with vulnerable populations affected by COVID-19. If needed, an additional team can be sent to assist the facility with immediate needs.

The RA-QRF team will provide initial triage, site assessment, review of the facility's policies and procedures, PPE and infection control guidelines, and provide recommendations to help reduce the spread of COVID-19. The RA-QRF will provide COVID-19 testing for residents and staff, provide immediate on-site training recommendations and PPE education.

To activate RA-QRF team assistance, contact the [LTCR Associate Commissioner](#) and [DSHS](#).

# 11. Immediate Response Guidelines

## IMMEDIATE ACTIONS (0-24 hours)

### FACILITY ACTIONS

#### REVIEW **SPICE** ACTIVITIES

##### Prevent further disease spread

- Determine number of residents potentially infected
- Determine number of staff potentially infected
- Invoke isolation precautions/plans
- Determine who has been tested
- If applicable, invoke quarantine or control order
- Prevent staff working in more than one facility when possible
- Identify if exposed staff are working in other facilities
- Upon the first positive test result of a NF staff member or resident, work with local health authorities, DSHS, and HHSC to coordinate testing of all NF staff and residents.
- Follow reporting instructions outlined in [\[section 12\]](#), Reporting COVID-19

##### Create an isolation wing/unit for residents with a COVID-19 positive status

- Identify a separate, well-ventilated area to use as an isolation area. This NF area should be an isolated wing, unit, or floor that provides meaningful separation between COVID-19 positive residents and the space where the NF cares for residents who are COVID-19 negative or untested and asymptomatic. A curtain or a moveable screen does not provide meaningful separation.

Note: **[Barriers are not required.]** Temporary walls or barriers or plastic sheeting **[still in use]** must not impede or obstruct the means of egress, fire safety components or fire safety systems (e.g., corridors, exit doors, smoke barrier doors, fire alarm pulls, fire sprinklers, smoke detectors, fire alarm panels, or fire extinguishers).

- When possible, use an area with an entrance separated from the rest of building. **[If possible,]** the isolation space should be separated so the essential NF personnel maintaining the building or providing services to residents in the isolation space are not required to go through areas where negative or asymptomatic residents are receiving care.
- Provide hand hygiene areas as needed, including inside and outside of the entrance to isolation area when possible.
- Provide separate spaces to don (put on) and doff (take off) PPE when possible. See [attachment 2](#) about optimizing the use of facemasks and do's and don'ts for facemask use, and [attachment 3](#) about donning (putting on) and doffing (taking off) PPE.

- When a single area is provided for donning and doffing PPE, these principles should be followed:
  - Provide for hand hygiene and adequate disposal of used PPE in the donning and doffing area
  - Only donning or doffing should occur at any given time – do not perform these activities at the same time
  - Only two people should be in the area at any time - use the buddy system to assure that donning and doffing is done correctly
- Use a private bedroom with its own bathroom for each resident when possible.
- Use a semi-private bedroom and cohort COVID-19 positive residents if necessary. If a resident with COVID-19 has another infectious disease that requires transmission-based precautions, they need to be in a single occupancy room.
- Accommodate a resident in the same bedroom for their entire stay while in the isolation unit/wing when possible.
- Limit resident transport and movement to medically essential purposes only.
- Use dedicated HCW and staff for the isolation area [if possible.]
- Minimize traffic in and out of the isolation area.
- Provide dedicated areas within the isolation area for HCW and staff use, including break rooms, medication rooms, and supply rooms.
- Provide adequate staff with training, skills, and competencies for COVID- 19 care.
- Provide dedicated and adequate PPE, supplies and equipment for use in the isolation area.
- Train HCW and staff on proper use and maintenance of PPE per CDC guidance.
- Use dedicated staff to provide meal service and cleaning in the isolation area [if possible].
- Offer residents the option to bring along any belongings they choose. Ensure transferred items are disinfected before they are moved out of the isolation area.

#### HCW/staff leaving and entering isolation wing/unit

- Directly after entering the isolation area and prior to donning PPE, perform hand hygiene
- Put on proper PPE
- Perform hand hygiene before and after performing resident care
- Directly before exiting the isolation area, remove PPE
- Perform hand hygiene
- Exit isolation area, and directly after leaving the isolation area, perform hand hygiene

#### Protect from infection

- [Enact PPE plans](#)
- Determine PPE supplies
- Screen residents/essential visitors
- Contact other facilities where exposed individuals might have visited/worked
- Consult with LHD or DSHS regarding testing
- Limit staff in contact with infected or exposed

#### Care for residents who are infected

- Isolate residents who are infected
- Identify cohorts with the same status (exposed, infected)
- Determine level of required care
- Determine if hospitalization and transport are required
- Notify local health care/EMS
- Track signs/symptoms
- Work with your [LHD](#) or [DSHS](#) to establish a resident recovery plan, including when a resident is considered recovered and next steps for care.

#### Creating a voluntary isolation NF

- Identify NF location to use as an isolation facility
- Identify service and supply vendors and notify them of anticipated operations start date. Example: Transportation, Oxygen Supply, Laundry, Hospice Agencies, ESRDs
- Arrange for PPE supplies and HCW/staff training.
- Discharge current residents to other NFs in the area if needed, working with residents and families, guardians, and local LTC Ombudsman.
- Standard discharge requirements apply, and a resident's rights are still protected. If current residents do not want to move to another NF, they are not required to move, and the NF should take all actions necessary to protect them from possible COVID-19 exposure.
- Follow steps for establishing an isolation wing or unit if residents do not want to move.
- When residents move, transfer all personal belongings to limit the risk of contamination.
- Work with the LHD or DSHS to test residents per the testing strategy prior to moving them to other NFs.
- Staffing considerations:
- Provide additional training specific to caring for persons with COVID-19
- Provide additional PPE training
- Provide meals to all employees to limit items brought into the NF and to limit them exiting the NF
- Provide showers and changing area for the start and end of each shift

- Increase housekeeping and laundry to accommodate increased needs in a COVID-19 positive environment
- Use an off-site location for interviewing, and orientation of additional employees
- Conduct twice daily COVID-19 conference calls 7 days a week to hear staff concerns and provide immediate support

Note: [While the updated [NF COVID-19 Emergency Rule](#) no longer requires dedicated staff for each resident cohort, the sharing of staff among different cohorts has the potential for increased transmission of COVID-19. If the NF provider is sharing staff, they must ensure they are following all infection prevention and control policies, as outlined by the CDC and CMS. The [CDC](#) still maintains that, if possible, staff should avoid working on both the COVID-19 care unit and other units during the same shift. [CMS QSO 20-39](#) outlines the Core Principles of Infection Prevention.]

## HHSC ACTIONS

See [Section 8](#): HHSC Long-term Care Regulation Activities with NFs that have Positive COVID-19 Cases

## EXTERNAL ACTIONS

Texas COVID-19 Assistance Team - NF

- Testing
- Resident Movement
- Emergency Management
- HAI
- LHD
- Resource Requests

DSHS

- Assessment
- Initial Response
- Onsite Coordination
- Monitoring

DSHS, HHSC and TDEM

- Develop and implement testing plan

## 12. Interim Guidance for Prevention, Management, and Reporting of COVID-19 Outbreaks in LTC Facilities

### Purpose

This document provides guidance to NFs, including nursing homes and SNFs, for the prevention, management, and reporting of COVID-19 outbreaks. Prompt recognition and immediate isolation of probable cases is critical to prevent outbreaks in residential facilities.

### Background

Because of their congregate nature and residents served (older adults often with underlying medical conditions), NF populations are at the highest risk of serious illness caused by COVID-19. Every effort must be made to prevent the introduction and spread of disease within these facilities.

People at high risk for developing severe COVID-19 include those who are 65 or older, immunocompromised (including cancer treatment), and have other high-risk conditions such as chronic lung disease, moderate to severe asthma and heart conditions.

People of any age with severe obesity or certain underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure, or liver disease might also be at risk.

COVID-19 is most likely to be introduced into a NF by ill HCW or visitors. Long-term care facilities should implement appropriate visitor restrictions and enforce sick leave policies for ill staff.

### Immediate Prevention Measures

**Visitor restriction** – On March 13, 2020, the Centers for Medicare and Medicaid Services (CMS) released a memorandum directing all NFs to restrict visitors except those deemed medically necessary. This is an important measure to prevent the introduction of the virus that causes COVID-19 into NFs. On September 17, 2020, CMS released additional guidance allowing certain types of visitation to occur in NFs. On September 24, 2020, HHSC issued Emergency Rules for the Expansion of Reopening Visitation requiring NFs to permit visitation, which must occur in accordance with the rules. On March 22, 2021, and again on June 1, 2021, HHSC issued updates to the [Emergency Rules for the Expansion of Reopening Visitation](#). [On April 27, 2021, CMS revised [QSO 20-39](#), guidance on NF visitation.]

**Restrict non-essential personnel** – Review and revise how the NF interacts with vendors and delivery personnel, agency staff, EMS personnel and equipment, transportation providers (when taking residents to offsite appointments, etc.), and other non-health care providers (food delivery, etc.). This should include taking necessary actions to prevent any potential transmission. For example, do not have

supply vendors bring supplies inside the NF. Instead, have vendors drop off supplies at a dedicated location, such as a loading dock.

Essential services such as dialysis, interdisciplinary hospice care, organ procurement, or home health personnel should still be permitted to enter the NF provided they are wearing all appropriate PPE and undergo the same fever and symptom screening process as NF staff. Facilities can allow entry of these essential visitors after screening.

Surveyors should not be restricted. CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a NF. For example, surveyors might have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to transmission in the next facility and must be allowed to enter. Additionally, LTCR surveyors are tested for COVID-19 every two weeks and restricted from work until the criteria for the discontinuation of transmission-based precautions is met. However, there are circumstances under which surveyors should still not enter, such as if they have a fever or any additional signs or symptoms of illness.

**Making deliveries to residents at facilities** – Families and other visitors can still deliver or bring items (i.e., food and clothes) to residents at facilities. Facilities should follow CDC guidance for appropriate disinfecting guidelines, depending on what the items are. For handling non-food items, the [CDC recommends](#) hand washing after handling items delivered or after handling mail.

**Resident laundry** – While it is not recommended, family members and friends of residents are not prohibited from doing laundry. Facilities are required to have policies and procedures in place for staff to handle, store, process, and transport all linens and laundry in accordance with national standards to produce hygienically clean laundry and prevent the spread of infection to the extent possible. If families choose to handle resident laundry, the NF must designate a place outside the NF for them to pick it up and drop it off and arrange for staff to take it in and out of the building.

**Active screening** – The CDC and CMS recommend, and the NF COVID-19 Response rules require, NFs screen all staff prior to entering the NF at the beginning of their shift for fever and symptoms consistent with COVID-19. Actively take their temperature and document absence of or shortness of breath, new or change in cough, sore throat and other symptoms of COVID-19. If they are ill, have them put on a facemask per CDC guidance, immediately leave the NF, and self-isolate at home.

DSHS has created a [template screening log](#) for facility staff that is available on the DSHS website. Facilities should also screen any essential visitors who are permitted to enter the building, including visiting health care providers. Maintain a log of all visitors who enter the building that at minimum includes name, current contact information, and fever and presence/absence of symptoms.

**Education** – Share the latest information about COVID-19 and review CDC's [Interim Infection Prevention and Control Recommendations for Residents with Suspected or Confirmed COVID-19 in Healthcare Settings](#).

Educate residents and families about COVID-19, actions the NF is taking to protect them and their loved ones (including visitor restrictions) and actions residents and families can take to protect themselves in the NF.

Educate and train HCW and reinforce sick leave policies and adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have HCW demonstrate competency with putting on and removing PPE. Remind HCW not to report to work when ill.

Educate facility-based and consultant personnel (wound care, podiatry, barber) and volunteers. Including consultants is important because they often provide care in multiple facilities and can be exposed to or serve as a source of pathogen transmission.

Coordinate with your long-term care ombudsman to assist with education to residents and family members. To request help from an ombudsman statewide, call 1-800-252-2412 or email [lrc.ombudsman@hpsc.state.tx.us](mailto:lrc.ombudsman@hpsc.state.tx.us).

## **Provide Supplies for Recommended Infection Prevention and Control Practices**

- Hand hygiene supplies:
  - Put alcohol-based hand sanitizer with 60–95 percent alcohol in every resident room (ideally inside and outside of the room) and other resident care and common areas (outside dining hall, in therapy gym).
  - Make sure sinks are well-stocked with soap and paper towels for handwashing.
- Respiratory hygiene and cough etiquette:
  - Make tissues and facemasks available for people who are coughing.
  - Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.
- Make necessary PPE available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. Facilities should have supplies of:
  - Facemasks
  - N95 respirators (if available and the NF has a respiratory protection program with trained, medically cleared, and fit-tested HCW)
  - Gowns
  - Gloves
  - Eye protection (face shield or goggles).
- See guidance in the section related to [PPE use when caring for residents with COVID-19](#).
- **[The NF is responsible for]** implementing a respiratory protection program compliant with the OSHA respiratory protection standard for employees if not

already in place. The program should include medical evaluations, training and fit testing.

- Develop an environmental cleaning and disinfection schedule:
  - Make sure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning and disinfection of high-touch surfaces and shared resident care equipment.
  - Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against COVID-19.
  - High-touch surfaces include items like doorknobs, light switches, handrails, countertops - clean and disinfect frequently
  - Workstations include items like computers, chairs, keypads, common-use items - clean and disinfect frequently
  - Equipment includes items like blood pressure cuffs, hoist lifts and other shared equipment used for resident care - clean and disinfect after each use
  - Consider using a checklist or log

## Control Measures for Residents

Most of the actions that can be taken to prevent or control COVID-19 outbreaks in NFs are not new and include increasing hand hygiene compliance among staff, residents, and their families through education and on the spot coaching, as well as providing facemasks and hand hygiene supplies at the entrance to the NF. Additional critical control measures are listed below:

**Monitoring** - Ask residents to report if they feel feverish or have symptoms of respiratory infection and COVID-19. Actively monitor all residents upon admission and at least three times daily for fever and respiratory symptoms (including shortness of breath, new or change in cough, sore throat, and oxygen saturation). If the resident has fever or symptoms, implement recommended infection prevention and control (IPC) measures.

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

- 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

**Quarantine** - a resident who has unknown COVID-19 status must quarantine per CDC guidance. Residents who are fully vaccinated, asymptomatic, and have not had prolonged close exposure to someone with COVID-19 do not have to quarantine.

[Residents who have recovered from COVID-19 in the last 90 days AND remain asymptomatic do not have to quarantine.]

While the CDC has provided [quarantine alternatives](#) for the general public, the CDC, DSHS, and HHSC still recommend the 14-day quarantine period as the safest option with the least risk of viral transmission to others. Quarantine for 14 days is recommended for residents who have had a potential exposure to someone with confirmed COVID-19 or are a new admission or readmission to the NF. However, facilities can use a shorter quarantine period for residents, as long as the reduced quarantine alternative adheres to CDC guidance and is consistent with the local health authority's recommendations for quarantine duration.

The CDC's two alternatives are:

Alternative #1 - Quarantine can end after day 10 without testing if the person has experienced no symptoms as determined by daily monitoring.

Alternative #2 - Quarantine can end after day 7 if the person tests negative on a viral test (i.e., molecular or antigen test) and has experienced no symptoms as determined by daily monitoring. The test must occur on day 5 or later. Quarantine cannot be discontinued earlier than after day 7.

Both alternatives require that daily monitoring for fever and symptoms continue through day 14 after exposure.

Both alternatives raise the risk of being less effective than the 14-day quarantine as currently recommended. The specific risks are as follows:

- For alternative #1, the residual post-quarantine transmission risk is estimated to be about 1 percent, with an upper limit of about 10 percent.
- For alternative #2, the residual post-quarantine transmission risk is estimated to be about 5 percent with an upper limit of about 12 percent.

The provider must determine what steps are necessary to protect the health and safety of the individual in quarantine, as well as the health and safety of other residents and staff.

CDC guidance includes the following information:

- A resident can discontinue quarantine at either alternative described above only if the following criteria are also met:
  - No COVID-19 symptoms were detected by daily symptom monitoring during the entirety of the quarantine, including up to the time at which quarantine is discontinued;
  - Daily symptom monitoring continues through day 14; and

- A resident is counseled about the need to adhere strictly through day 14 to all mitigation strategies, such as wearing a mask, avoiding crowds, practicing physical distancing, and practicing hand and cough hygiene.
- Testing under alternative #2 above should be considered only if it will have no impact on community diagnostic testing. Testing of persons seeking evaluation for an actual infection must be prioritized.
- Residents can continue to be quarantined for 14 days without testing per existing recommendations. This option is maximally effective.

If a resident stops quarantine before the 14<sup>th</sup> day, continue to watch for symptoms until 14 days after exposure. If a resident develops symptoms, he or she should immediately be isolated, and the local public health authority or health care provider should be contacted. Follow all recommendations from the CDC on when to quarantine.

**Isolation** - Once a case of COVID-19 is identified in the NF, immediate action must be taken to isolate the resident who is positive for COVID-19 away from other residents.

Symptoms of COVID-19 can vary in severity. Initially, symptoms can be mild and not require transfer to a hospital if the NF can follow the infection prevention and control practices recommended by CDC. Residents with known or probable COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should be placed in a private room with their own bathroom.

If a resident requires a higher level of care or the NF cannot fully implement all recommended precautions, the resident should be transferred to another facility capable of implementation. Transport personnel and the receiving facility should be notified about the probable diagnosis prior to transfer. While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (kept in their room with the door closed). Appropriate PPE should be used by HCW when encountering the resident.

Any [exposed] roommates should be moved and monitored for fever and symptoms [at least 3 times daily] daily for 14 days, [per the CDC]. Room-sharing might be necessary if there are multiple residents with known or probable COVID-19 in the NF. Public health authorities can assist with decisions about resident placement.

Create a plan for cohorting residents with symptoms of respiratory infection and COVID-19, including dedicating HCW to work only on affected units, [if possible].

If the resident is transferred to a higher level of care, perform a final, full clean of the room, and use an EPA-registered disinfectant that has qualified under EPA's emerging viral pathogens program for use against COVID-19. These products can be found on EPA's [List N](#).

**Source control.** All residents who are ill should wear a facemask over both the mouth and nose as tolerated, when health care or other essential personnel enter the resident's room [per CMS and CDC guidance]. Exceptions include when the resident is eating or drinking, taking medications, or performing personal hygiene like bathing or oral care.

Cloth face coverings or facemasks should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Personnel who enter the room must wear N95 respirators, if available and staff are fit-tested. Respiratory protection should be worn in addition to gown, gloves and face shield.

Visitors, if permitted into the NF, should wear a cloth face covering, facemask, or any other appropriate PPE while in the NF, **[in accordance with CMS and CDC guidance.]**

If COVID-19 is identified in the NF, conduct outbreak testing in accordance with [QSO 20-38](#). Consider having HCW wear [all recommended PPE](#) for care of all residents (regardless of symptoms) on the affected unit (or facility-wide, depending on the situation). This includes: an N95 or higher-level respirator, eye protection, gloves, and gown. HCW should be trained on PPE use, including putting it on and taking it off.

**Physical distancing** - Remind residents to practice physical distancing in accordance with CMS and CDC guidance and perform frequent hand hygiene. Physical distancing means avoiding unnecessary physical contact and keeping a distance of at least 6 feet from other people. For residents with COVID-19 positive status and residents with unknown COVID-19 status, per CMS guidance, all group activities should be cancelled.

**Bathing and showering** - NFs experiencing a COVID-19 outbreak should restrict resident movement while the NF is investigating and taking actions to stop the spread of the virus. Residents with active signs and symptoms of respiratory illness or COVID-19 should remain in their bedroom while being evaluated and treated. However, care services for other residents can be resumed once appropriate precautions have been implemented.

Ideally, residents with COVID-19 should be accommodated in a separate unit, with separate bathing or showering facilities, designated for care of individuals with COVID-19. If the separate unit does not have separate bathing or showering facilities, the NF should at least designate a bath/shower area that is separate from the ones used for residents who do *not* have COVID-19.

Alternately, the NF could use other strategies for ensuring resident safety while delivering care, including scheduling showering or bathing for residents with COVID-19 at the end of the day so there would be less overlap with residents who do not have COVID-19.

NFs should continue to follow existing CDC recommendations for cleaning and disinfection of equipment and surfaces in shared spaces, like common shower rooms or equipment that must be shared between residents, between every resident use, using the appropriate EPA-approved products for COVID-19 prevention.

HCW should also be able to wear and maintain safe use of all recommended PPE while assisting residents with personal hygiene. Some PPE, including respirators and facemasks, could be compromised if they get wet.

**Residents who can bathe independently** - If a resident is able to shower independently, they should continue to do so.

**Residents who need assistance to bathe** - If a resident needs assistance with bathing and:

- the resident has COVID-19 and is symptomatic or asymptomatic, HCW must also be able to wear and maintain safe use of all recommended PPE while assisting residents with personal hygiene; or
- the resident has recovered from COVID-19, per the test-based or non-test-based strategy (or otherwise), OR the resident has consistently tested negative and is asymptomatic, follow established policies and procedures for other care that requires close contact for bathing and showering.

**Cleaning and disinfecting the bathing or shower area** - If residents with COVID-19 have access to a private bathroom or only share a bathroom with other residents who have the same COVID-19 status, the NF should clean and sanitize the bathroom frequently.

If the bathing or showering area is shared by both residents who have COVID-19 and those who don't, clean and disinfect the area between every resident use.

**Resident education** - Educate residents and any visitors regarding the importance of hand hygiene. Assist residents in performing hand hygiene if they are unable to do so themselves. Education should also be provided to residents to cover their coughs and sneezes with a tissue, then throw the tissue away in the trash and wash their hands.

**Resident testing** - Per CMS [QSO 20-38](#), NFs must [immediately] test any resident, [vaccinated or unvaccinated,] displaying signs and symptoms of COVID-19. During outbreak conditions, a NF must test all residents [vaccinated and unvaccinated] who previously tested negative for COVID-19 until no new cases in staff or residents are identified. [Residents who have previously recovered from COVID-19 in the last 90 days and remain asymptomatic do not need to be tested.]

A resident or representative can exercise their right to decline COVID-19 testing. NFs should discuss COVID-19 testing with residents, and staff should use a person-centered approach when explaining the importance of testing for COVID-19. NFs must have procedures to address residents who refuse testing. Procedures should ensure that residents who have signs or symptoms of COVID-19 and refuse testing are isolated and placed on transmission-based precautions until the criteria for discontinuing transmission-based precautions have been met. If outbreak testing has been triggered and an asymptomatic resident refuses testing, the NF should be extremely vigilant, such as through additional monitoring, to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

Note: Please also review 'Testing of asymptomatic residents or HCW as part of an outbreak response or those who are known close contacts of persons with COVID-19' under the [Antigen Testing](#) section.

**Fully vaccinated residents (asymptomatic)** - Quarantine is no longer recommended for residents who are being admitted to a NF if they are:

- fully vaccinated;
- asymptomatic; and
- have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days.

This includes new admissions, readmissions, and a resident who was gone overnight; as long as the resident did not have prolonged close contact with someone with a COVID-19 infection and remains asymptomatic. These residents may be admitted into or return to the COVID-19 negative cohort (cold zone). Fully vaccinated residents should continue to quarantine following prolonged close contact with someone with COVID-19 infection.

Prolonged close contact = within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period.

Although not preferred, NFs could consider waiving quarantine for fully vaccinated residents following prolonged close contact with someone with COVID-19 infection as a strategy to address critical issues, such as lack of space, staff, or PPE to safely care for exposed patients or residents, when other options are unsuccessful or unavailable.

HHSC recommends that these decisions be made in consultation with public health officials and infection control experts.

Fully vaccinated people who do not quarantine should still watch for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

As of now, the CDC has not set a time limit regarding how long those who have been fully vaccinated may be exempt from quarantine. Testing for COVID-19 should continue per facility protocol and CMS requirements, including for those who are fully vaccinated.

### **Tuberculosis (TB) Testing and the COVID-19 Vaccine:**

The CDC issued new guidance on the interpretation of TB test results in vaccinated persons. The guidance includes clinical considerations for administering the COVID-19 vaccine to individuals who also need to be screened and tested for TB.

The CDC guidance on TB testing and COVID-19 vaccination includes the following:

- There are two kinds of tests that are used to detect TB: the TB skin test (TST), also called the Tuberculin Skin Test, and TB blood tests, also called interferon gamma release assays (IGRA). A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria.

- Inactive vaccines, including the mRNA COVID-19 vaccines, do not interfere with the results from either of these types of TB tests. [However, the reliability of a negative TST or IGRA result after COVID-19 vaccination has not been studied.
- A TST or IGRA should be deferred until 4 weeks or more after the completion of COVID-19 vaccination. If testing requirements or policies cannot be modified for the COVID-19 pandemic to accept this delay in TST or IGRA testing, it should be understood that a false negative TST or IGRA cannot be excluded, and consideration should be given to repeating negative TST or IGRA tests at least 4 weeks after the completion of COVID-19 vaccination.]

For residents who might require TB testing at the same time they are receiving an mRNA COVID-19 vaccine:

- Consult with the resident’s attending physician to weigh the risks and benefits of delaying TB testing to receive the COVID-19 vaccination.
- Conduct the TB risk assessment and screening without delay and maintain documentation.
- If delaying TB testing, document the reason for the delay.

[Please see the CDC’s [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#) for more information for guidance on TB testing and COVID-19 vaccination.]

Note: More information on [signs and symptoms of TB may be found here](#). HHS and DSHS also have a [TB Symptom Screening Form](#).

### **[Background information on Tuberculosis] (TB) Screening and testing for residents –**

For new resident admissions:

- The NF must screen all residents for TB at admission in accordance with the attending physician’s recommendations and current CDC guidelines. Residents are not required to be tested for TB upon admission to a NF.

For current residents:

- A NF must consult with the resident’s attending physician and follow the attending physician’s recommendations regarding TB screening.
- TB testing should only be considered when the resident displays signs or symptoms of TB, when the resident has a known exposure to TB, or when there is ongoing transmission of TB at the NF.
- If TB testing is warranted, the decision to test the resident for TB, and the type of TB test used, should be based on the attending physician’s recommendation.

**Recovery** - Work with your [LHD](#) or [DSHS](#) to establish a resident recovery plan, including when a resident is considered recovered and next steps for care. A recovery plan is the guidance for determining when to discontinue transmission-based precautions and continued care of a resident. The recovery plan may be different depending on whether a test-based or non-test-based strategy is used. Criteria should include:

- Discontinuation of transmission-based precautions without testing.
- Discontinuation of transmission-based precautions with testing.

**Residents who leave the NF** - Encourage residents to wear a facemask or cloth face covering (as tolerated), [\[in accordance with CMS and CDC guidance,\]](#) for source control whenever they leave their room or are around others, including whenever they leave the NF.

The NF has a responsibility to ensure the resident is making an informed decision when leaving the NF. Specifically, the NF must ensure the resident understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19. If the resident makes an informed decision and chooses to leave the NF, the NF must also educate the resident and the companion taking the individual into the community about infection control and prevention procedures, including:

- avoid crowds;
- wear a facemask or face covering, [\[in accordance with CMS and CDC guidance;\]](#)
- perform hand hygiene;
- perform cough and sneeze etiquette;
- maintain physical distancing [\[in accordance with CMS and CDC guidance;\]](#)
- be aware of others who may potentially or actually have COVID-19; and
- report any contact with another person who may potentially or actually have COVID-19 to the NF.

Upon the resident's return to the NF, the NF must ensure that:

- the resident's facemask worn outside the NF is discarded or cloth face covering is laundered;
- the resident's hands are washed thoroughly, or alcohol-based hand sanitizer is used;
- all hard surface items the resident brings back into the NF are disinfected appropriately; and
- the resident is screened, as is required for anyone entering the NF.

A resident who leaves the NF, is not gone overnight, and did not have contact with others who may potentially or actually have COVID-19 does not have to be quarantined upon returning to the NF, even if the resident leaves with someone other

than an essential caregiver or NF staff. The resident status would remain the same as it was before leaving the NF, as long as all infection prevention protocols are followed. If a resident returns on the same day, the NF should discuss with the resident (or their companion) what activities occurred while the resident was outside the NF, using the following questions as a guide:

- Were you in any crowded spaces, whether that be in public or at a larger household gathering?
- Were you unable to maintain a physical distance of at least 6 feet from someone who was not wearing a facemask, excluding mealtimes, when you were in out in public or visiting with others in a household?
- Did you encounter anyone who tested positive for COVID-19 within the last 14 days or, or who does not yet meet [CDC end of isolation criteria](#)?
- Did you encounter anyone who was exhibiting any symptoms related to COVID-19, whether that be in public or at a household gathering?

A “yes” to any of these questions should be further investigated. Ask the resident or their companion the following questions to help determine whether exposure occurred:

- If you attended a gathering at a family member or friend’s household, how many others attended? Was the gathering mostly indoors or mostly outdoors? Did attendees maintain social distancing, wear face masks, or practice other infection control measures such as proper hand hygiene?
- If you came in close contact with someone at a household gathering who was not wearing a face mask or practicing other infection control procedures, how long did that close contact occur?
- Did attendees at the household gathering maintain social distancing during mealtimes, when they were unable to wear a face mask?

If the NF determines that a resident who left the NF and returned the same day requires quarantine, the NF must document the decision and its rationale. If a resident is gone overnight, he or she will return with unknown COVID status and require quarantine [per CDC guidance. CDC guidance provides exceptions to quarantine for those who have recovered from COVID-19 within the last 90 days AND remain asymptomatic, as well as for fully-vaccinated asymptomatic residents who have not had close contact with a person infected with COVID-19.]

## Control Measures for Staff

**Active screening** – The CDC and CMS recommend, and the NF COVID-19 Response rules require, that NFs screen all staff prior to entering the NF at the beginning of their shift for fever and other symptoms consistent with COVID-19. Actively take their temperature and document absence of or shortness of breath, new or change in cough, sore throat, or other symptoms of COVID-19. If they are ill, have them put on a facemask, immediately leave the NF, and self-isolate at home.

**Staffing contingency plan** – Develop a staffing contingency plan in case a large number of staff must self-quarantine or isolate because of potential exposure, being probable of, or positive for COVID-19. NFs must:

- have sufficient staff to provide nursing and related services - 40 TAC [§19.1001](#)
- have a system for preventing, identifying, and controlling infections and communicable diseases for all residents, including staff policies for the control of communicable diseases in employees and residents - 40 TAC [§19.1601](#)
- develop and maintain an emergency preparedness plan that is based on a facility-based and community-based risk assessment, utilizing an all-hazards approach, and includes emerging infectious disease - 42 CFR [§483.73\(a\)](#)

**Hand hygiene** - Reinforce the importance of hand hygiene among all NF staff, including any contract staff. Facilities can increase the frequency of hand hygiene audits and implement short in-service sessions on the proper technique for hand hygiene.

Ensure that supplies for performing hand hygiene are readily available and easily accessible by staff. Consider keeping alcohol-based hand rub (ABHR) bottles in easily accessible areas and mounting ABHR to the sides of carts (dining tray carts, wound care carts, medication carts, etc.). Hand sanitizer is permitted and can be carried in a pocket. Permitting hand sanitizer use improves staff's adherence to hand-hygiene requirements.

[CMS indicates a preference for ABHR in their core principles of COVID-19 infection prevention in [QSO-20-39](#). The CDC also states that alcohol-based hand sanitizers are the preferred method for cleaning hands in most clinical settings. However, healthcare personnel should wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.]

Ideally, the NF will have an adequate supply of ABHR dispensers AND soap and water at handwashing stations throughout the NF. This ensures that there are a couple options to sanitize hands in all parts of the NF at all times.

See the CDC's [Hand Hygiene in Healthcare Settings](#) for more information and specific scenarios where ABHR or soap and water may be more appropriate.]

**Personal protective equipment (PPE)** - Ensure the NF maintains an adequate supply of PPE and that all required PPE is easily accessible to staff entering resident rooms. For residents with COVID-19, CDC recommends staff adhere to standard and transmission-based precautions. If the NF does not have a supply of N95 respirators, facemasks should be worn for droplet protection. Follow the CDC's [Interim Infection Prevention and Control Recommendations for Residents with Suspected or Confirmed COVID-19 in Healthcare Settings](#), which includes detailed information regarding recommended PPE.

Consider designating staff to steward these supplies and encourage appropriate use by staff and residents.

**PPE and Infection Control Education and Training** - Ensure staff are educated and trained on which PPE they should use, proper procedure for donning (putting on)

and doffing (taking off) PPE, and how to determine if the PPE is contaminated or damaged.

NFs must identify whether the following concerns exist and specifically address them through education and training:

- Improper use of PPE
- Lack of understanding of proper use of each type of PPE
- Lack of fit-testing (see [PPE Use When Caring for Residents with COVID-19](#))
- Lack of user seal check
- Improper donning and doffing procedures
- Lack of understanding of appropriate donning and doffing sequence
- safety and quality control measures
- Lack of appropriate donning and doffing locations
- Cross contamination
- lack of understanding of cold, warm and hot zones within a NF
  - cold zone - area with no COVID-19 infection present
  - warm zone - area used to monitor residents probable of COVID-19 infection
  - hot zone - area where COVID-19 infection is present

If the NF is following the [CDC's](#) or [DSHS'](#) guidance for optimizing the supply of PPE, inform staff of the expectations specific to the type of PPE they are using. PPE education and training for staff should include at least the following information:

- PPE – simple, easy to understand training that includes:
  - use of PPE in a NF without a known positive case of COVID-19
  - use of PPE in a NF with a probable or positive case of COVID-19
  - donning and doffing sequence and procedures
  - procedures, if any, for optimizing the use of PPE
  - procedures for determining if the PPE is contaminated or soiled
  - procedures for disposal of PPE
- Infection Control – simple, easy to understand training that includes:
  - concept of infection control zones including:
    - cold - clean or uncontaminated area
    - warm - potentially contaminated area
    - hot - contaminated area
  - understanding of how cross contamination occurs
- Protocols, policies, and procedures for use during:
  - monitoring for COVID-19
  - probable COVID-19
  - confirmed COVID-19

Note: See [attachment 2](#) about optimizing the use of facemasks and do's and don'ts for facemask use, and [attachment 3](#) about donning (putting on) and doffing (taking off) PPE. Review CDC [Strategies for Optimizing the Supply of Facemasks](#) and review the three levels of surge capacity.

## **COVID-19 response teams -**

[While the updated [NF COVID-19 Emergency Rule](#) no longer requires dedicated staff for each resident cohort, the sharing of staff among different cohorts has the potential for increased transmission of COVID-19. If the NF provider is sharing staff, they must ensure they are following all infection prevention and control policies, as outlined by the CDC and CMS. The [CDC](#) still maintains that, if possible, staff should avoid working on both the COVID-19 care unit and other units during the same shift. [CMS QSO 20-39](#) outlines the Core Principles of Infection Prevention.]

HCW caring for residents in a COVID-19 positive or unknown COVID-19 status cohort area should be fit-tested for N95 respirators and prepared to provide an advanced level of care for cases if necessary, or until cases can be transferred to a higher level of care. COVID-19 care teams can be implemented if not all staff can be trained and fit-tested for N95 respirators, or if supplies of N95 respirators are insufficient to equip the entire staff. See guidance in the section related to [PPE use when caring for residents with COVID-19](#).

## **[Consider restricting] staff movement between facilities -**

[Health care personnel (HCP) who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.]

Per the [NF COVID-19 Response Emergency Rule](#) updated in June 2021:

A NF must develop and implement a policy regarding staff working with other long-term care (LTC) providers that limits the sharing of staff with other LTC providers and facilities, unless required in order to maintain adequate staffing at a NF.]

**Sick leave** - Review and potentially revise sick leave policies. Staff who are ill must not come to work. Sick leave policies that do not penalize staff with loss of status, wages, or benefits will encourage staff who are ill to stay home.

**Staff testing** - A NF must test all staff for COVID-19 including individuals providing services under arrangement and volunteers, in accordance with CMS and CDC. NF staff must be tested for COVID-19:

- if they have signs and symptoms of COVID-19 [whether staff member is fully vaccinated or unvaccinated]
- during outbreak conditions [whether the staff member is fully vaccinated or unvaccinated; staff members who have recovered from COVID-19 in the last 90 days and remain asymptomatic do not need to be tested.]
- routinely [for unvaccinated staff] based on the county positivity rate for the county where the NF is located

A NF must check the county positivity at least every other week. A NF can use either the CMS-issued or locally-issued county positivity rate. A NF that chooses to use the locally-issued county positivity rate must ensure:

- the data is updated at least every week
- the source of the data is documented, e.g., a NF prints or documents the data, including the website address, the date the data was obtained, and the documented positivity rate

- the data is obtained from the same source (CMS or local), and the NF does not switch back-and-forth between the sources

<b>Community COVID-19 Activity</b>	<b>County Positivity Rate in the past week</b>	<b>Minimum Testing Frequency [of Unvaccinated Staff]</b>
Low	<5% (green)	Once a month
Medium	5% -10% (yellow)	Once a week*
High	>10% (red)	Twice a week*

Note: CMS has stated a NF should use the color code, not the number, to determine how frequently a NF must conduct routine staff testing. See the [CMS-issued county positivity rate data](#) for additional information.

A NF must develop policies and procedures for staff refusal of routine testing, outbreak testing, and testing because the person has signs or symptoms of COVID-19. Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return to work criteria are met.

If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed. Per [guidance from the CDC](#), people who have had COVID-19 within the previous 90 days do not need to quarantine or get tested again for up to 90 days as long as they do not develop symptoms. People who develop symptoms again within 90 days of onset of COVID-19 might need to be tested again if there is no other cause identified for their symptoms.

A NF should consult its human resources and legal departments for guidance on staff refusal of routine testing. A NF's policies about an employee's individual position regarding testing should be based on the employee's reasons for declining and the facilities' policy on hiring and refusal of routine testing. A NF is not required to exclude an employee from work for refusal of routine testing. However, a NF must ensure that an employee's refusal of routine testing does not potentially endanger the health and safety of the residents or other staff. A NF must ensure ICP precautions are followed.

Note: Please also review 'Testing of asymptomatic residents or HCW as part of an outbreak response or those who are known close contacts of persons with COVID-19' under the [Antigen Testing](#) section.

**Work exclusion** – Staff who are confirmed or probable to have COVID-19 must stay at home. See below for guidance on when they may return to work.

**Staff return to work** – After being diagnosed with COVID-19, an employee can return to work per the [guidance below](#).

- A test-based strategy is NO LONGER RECOMMENDED to determine when to allow HCW with COVID to return to work.

- HCW with severe to critical illness or who are severely immunocompromised can return to work 20 days after their positive test if at least 24 hours have passed since their last fever without the use of fever reducing medication, and there is an improvement of symptoms.
  - Note: HCW who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.
- HCW with mild to moderate illness can return to work 10 days after symptoms first appeared and at least 24 hours since their last fever without the use of fever reducing medication, and there is an improvement of symptoms.
  - HCW who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when 20 days have passed since the date of their first positive viral diagnostic test.

After returning to work, HCW should:

- Wear a facemask over both the mouth and nose for source control at all times while in the NF, [in accordance with CMS and CDC guidance].
- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for residents with probable or confirmed COVID-19.
- Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Both the provider and the employee must take all necessary measures to ensure the safety of everyone in the NF, including adhering to all infection control procedures such as hand hygiene, respiratory hygiene, and cough etiquette.
- Be restricted from contact with severely immunocompromised residents (e.g., transplant, hematology-oncology) until 14 days after illness onset.
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Note: If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, base their return to work on the criteria associated with that diagnosis.

**Fully vaccinated staff (asymptomatic)** - Fully vaccinated staff with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.

Work restrictions for fully vaccinated staff with higher-risk exposures should still be considered for:

- Staff who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment)

- These conditions might impact the level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.
- Staff who have traveled.
  - Staff should continue to follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler.

Fully vaccinated people who do not quarantine should still watch for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

As of now, the CDC has not set a time limit regarding how long those who have been fully vaccinated may be exempt from quarantine. Testing for COVID-19 should continue per facility protocol and CMS requirements, including for those who are fully vaccinated.

### **How Staff TB testing applies to the COVID-19 Vaccine**

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.

[Please be aware of the following CDC guidelines on TB testing and COVID-19 vaccination:

- TB tests include the Tuberculin Skin Test (TST) and the blood draw for interferon gamma release assay (IGRA).
- Inactive vaccines, including the mRNA COVID-19 vaccines, do not interfere with the result from either of these TB tests. However, the reliability of a negative TST or IGRA result after COVID-19 vaccination has not been studied.
- A TST or IGRA should be deferred until 4 weeks or more after the completion of COVID-19 vaccination. If testing requirements or policies cannot be modified for the COVID-19 pandemic to accept this delay in TST or IGRA testing, it should be understood that a false negative TST or IGRA cannot be excluded, and consideration should be given to repeating negative TST or IGRA tests at least 4 weeks after the completion of COVID-19 vaccination.]

For health care professionals who require baseline TB screening and testing at the same time they are to receive an mRNA COVID-19 vaccine:

- Perform TB symptom screening on all health care personnel.
- If utilizing the IGRA, draw blood for this test prior to COVID-19 vaccination.
- If utilizing the TST, administer the test prior to COVID-19 vaccination.
- If the COVID-19 vaccine has been given and TB testing needs to be performed, defer the TST or IGRA until 4 weeks after COVID-19 vaccine 2-

dose completion. If this is not possible, prioritization of test for TB infection needs to be weighed with the importance of receiving COVID-19 vaccination based on potential COVID-19 exposures and TB risk factors.

- All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying the TST or IGRA with their providers.

The reliability of a negative TST or IGRA result after COVID-19 vaccination has not been studied. A TST or IGRA should be deferred until 4 weeks or more after the completion of COVID-19 vaccination. If testing requirements or policies cannot be modified for the COVID-19 pandemic to accept this delay in TST or IGRA testing, it should be understood that a false negative TST or IGRA cannot be excluded, and consideration should be given to repeating negative TST or IGRA tests at least 4 weeks after the completion of COVID-19 vaccination.]

For health care professionals who require TB testing for other reasons at the same time they are to receive an mRNA COVID-19 vaccine:

- Perform TB symptom screening
- Test for infection should be performed before or at the same time as the administration of the COVID-19 vaccine. If this is not possible, prioritization of the test for TB infection needs to be weighed with the importance of receiving the COVID-19 vaccination, based on potential COVID-19 exposures and TB risk factors.
  - Health care personnel with high-risk conditions for TB progression should be fully evaluated as soon as possible.
  - Health care personnel without high-risk conditions for TB progression should proceed with contact tracing (i.e., symptom screening, chest imaging, specimen collection), but delay test for TB infection if prioritized for receiving the COVID-19 vaccine.
  - All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying the TST or IGRA with their providers.

Documentation for health care personnel: Conduct the TB risk assessment and screening without delay and maintain documentation. If delaying TB testing, document the reason for the delay of testing.

[Please see the CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#) for more information for guidance on TB testing and COVID-19 vaccination.]

Note: More information on [signs and symptoms of TB may be found here](#). HHS and DSHS also have a [TB Symptom Screening Form](#).

**[Background on Tuberculosis] (TB) Screening and testing for health care personnel –**

For new health care personnel:

- As a baseline reference, conduct and document a TB test, a TB risk assessment, and a TB symptom evaluation at the time of hiring.

For current health care personnel:

- TB testing is recommended only when there is known TB exposure or ongoing TB transmission at a NF.
- 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 in which TB transmission has occurred.
- Treatment is encouraged for all health care personnel with untreated LTBI.
- Annual TB education for health care personnel should include the following topics:
  - TB risk factors;
  - The signs and symptoms of TB disease; and
  - TB infection control policies and procedures.

### **Shortened quarantine options for staff**

The criteria for when an employee can return to work depends on whether the employee has symptoms of COVID-19 or has been diagnosed with COVID-19 and is in isolation, or whether the employee has been exposed to COVID-19 and requires quarantine.

Follow the CDC's [Return to Work Criteria](#) when an employee has confirmed or probable COVID-19 and requires isolation.

To determine whether an employee had potential exposure at work to someone with confirmed COVID-19 and must be excluded from work and quarantined, refer to the CDC's [Potential Exposure at Work](#) risk assessment tool. Exclusion from work and quarantine for 14 days are recommended for an **[unvaccinated]** employee who has had unprotected, prolonged [close contact](#) with a resident, visitor, or other staff member with confirmed COVID-19.

While the CDC has provided [quarantine alternatives](#) for the general public, the CDC, DSHS, and HHSC still recommend the 14-day quarantine period as the safest quarantine option with the least risk of viral transmission to others. Quarantine for 14 days is recommended for **[unvaccinated]** employees who have had a potential exposure to someone with confirmed COVID-19. However, facilities can use a shorter quarantine period for employees, as long as this alternative adheres to CDC guidance and is consistent with the local health authority's recommendations for quarantine duration.

The CDC's two alternatives are:

Alternative #1 - Quarantine can end after day 10 without testing if the person has experienced no symptoms as determined by daily monitoring.

Alternative #2 - Quarantine can end after day 7 if the person tests negative on a viral test (i.e., molecular or antigen test) and has experienced no symptoms as determined by daily monitoring. The test must occur on day 5 or later. Quarantine cannot be discontinued earlier than after day 7.

Both alternatives require that daily monitoring for fever and symptoms continue through day 14 after exposure.

Both alternatives raise the risk of being less effective than the 14-day quarantine as currently recommended. The specific risks are as follows:

- For alternative #1, the residual post-quarantine transmission risk is estimated to be about 1 percent with an upper limit of about 10 percent.
- For alternative #2, the residual post-quarantine transmission risk is estimated to be about 5 percent with an upper limit of about 12 percent.

The provider must determine what steps are necessary to protect the health and safety of the individual in quarantine, as well as the health and safety of other employees and residents. If an employee returns to work following a reduced quarantine period, facilities can require the employee to wear full PPE regardless of where the individual works in the NF, or limit work activities. Facilities can utilize other precautions or restrictions to minimize the risk of viral transmission.

**Environmental cleaning and disinfection** – Increase environmental cleaning. [Clean and disinfect](#) all frequently touched surfaces such as doorknobs/handles, elevator buttons, bathroom surfaces/fixtures, remote controls and wheelchairs. Limit the sharing of personal items and equipment between residents. Provide additional work supplies to avoid sharing (pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Make sure EPA-registered hospital-grade disinfectants are available to allow for frequent disinfection of high-touch surfaces and shared resident care equipment. Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the NF. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against COVID-19.

### **COVID-19 and Waste Disposal**

The handling of general waste for residents with confirmed or suspected COVID-19 should be handled the same way it is handled for other residents without COVID-19. The [CDC indicates](#) that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. This means PPE, trash, and food can be placed in regular trash, and linens can be handled with routine procedures, unless your facility has other COVID-19 policies and procedures for handling potentially infectious waste.

COVID-19 waste is not considered biohazard and does not need to be in red bags, per CDC and DSHS. Rather, it can be discarded as regular trash.

The following items are the only items that should be considered biohazard regulated waste and require biohazard disposal procedures:

- liquid or semi-liquid blood or other potentially infectious materials (OPIM);
- items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed;
- items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
- contaminated sharps; and
- pathological and microbiological wastes containing blood or OPIM.

OSHA's definition of [Other Potentially Infectious Materials](#): (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. Please see the CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#) for more information.

## Reporting COVID-19

All confirmed cases of COVID-19 must be reported to the city health officer, county health officer, or health unit director having jurisdiction (in instances where there is no local health authority, report to DSHS) immediately.

You can find contact information for your local/regional health department on the [DSHS Local Health Entities](#) website. Work with your local health department to complete the COVID-19 Case Report form if and when necessary.

NFs are also required to report the first confirmed case of COVID-19 in staff or residents, and the first confirmed case of COVID-19 after a NF has been without cases for 14 days or more, to HHSC [Complaint and Incident Intake](#) by calling 1-800-458-9858 or through TULIP within 24 hours of the positive test.

Form 3613-A Provider Investigation Report should also be completed and submitted within five days from the day a confirmed case is reported to CII. The provider investigation report may be submitted:

- via [TULIP](#)
- by email at [ciiprovider@hhsc.state.tx.us](mailto:ciiprovider@hhsc.state.tx.us); or
- by fax at 877-438-5827

All deaths (COVID-19 and non-COVID-19) that occur in a NF, and those that occur within 24 hours after transferring a resident to a hospital from an NF, must be reported to HHSC through TULIP within 10 working days after the last day of the month in which the death occurred.

Additionally, if the LHD, DSHS, or TDEM recommend that all or part of the NF staff immediately leave the NF and self-isolate at home because they are ill, immediately notify the HHSC [LTCR Associate Commissioner](#) or the [LTCR Director of Survey Operations](#).

In addition, CMS requires NF providers to report the following weekly to the CDC via the National Healthcare Safety Network (NHSN) even if there are no new cases:

- Suspected and confirmed COVID-19 cases among residents and staff, including residents previously treated for COVID-19;
- Total deaths, including COVID-19 deaths among residents and staff;
- Personal protective equipment and hand hygiene supplies in the NF;
- Ventilator capacity and supplies in the NF
- PPE shortages;
- Resident beds and census;
- Access to COVID-19 testing while the resident is in the NF;
- Staffing shortages;
- [Antigen test result information](#) from NFs conducting antigen tests within their facility.
- [COVID-19 vaccination data]

Failure to submit weekly NHSN reports could result in civil monetary penalties. See [42 CFR §483.80\(g\)\(3\)](#).

Starting May 8, 2020, NFs must register with the CDC's [NHSN](#) for LTC facilities. Follow the guidance for [LTCF COVID-19 Module Enrollment](#).

No later than 11:59 p.m. Sunday, May 17, 2020 NFs must submit their first set of data. To be compliant with the new requirement, facilities must submit the data through the NHSN reporting system at least once every seven days.

CMS also requires NFs to keep all residents and their representatives up to date on the conditions inside the NF, such as when new cases of COVID-19 occur. Inform residents, their representatives, and families by 5 p.m. the next calendar day following the occurrence of a single confirmed infection of COVID-19 or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. Provide updates weekly, or sooner, when there are new COVID-19 cases, or three or more residents or staff with new-onset of respiratory symptoms.

Follow the guidance in CMS [QSO 20-29](#).

## Outbreak Management

If an outbreak of COVID-19 is probable or identified in your facility, strict measures must be put in place to halt disease transmission.

**Outbreak definitions** – A confirmed outbreak of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid/unpaid staff. All confirmed outbreaks will be reported to the LHD or PHR immediately, as well as to HHSC.

A probable outbreak is defined as one or more cases of respiratory illness within a one-week period without a positive test for COVID-19. Use the probable outbreak definition if your facility is awaiting test results from either a resident or paid/unpaid staff. You are required to report probable outbreaks to your local health department, local health authority or DSHS pending COVID-19 test results. If you suspect a resident or staff member might have COVID-19, do not wait for test results to implement outbreak control measures.

If you have two or more residents or staff with similar symptoms, report to your local health authority as you would for any other cluster of illness. Maintain a low threshold of suspicion for COVID-19 as early symptoms can be non-specific and include atypical presentations such as diarrhea, nausea, and vomiting, among others.

Implement universal use of facemask for HCW while inside the NF [\[in accordance with CMS and CDC guidance\]](#). Follow the DSHS' [guidance for optimizing the supply of PPE](#) when deciding how long staff should wear one facemask. Masks should be discarded upon exit, and a new mask should be worn upon reentry.

Homemade facemasks should only be used when all other options have been entirely exhausted and should only be used as source control. These masks are not considered protective.

Consider having HCW wear all recommended PPE for COVID-19 (gown, gloves, eye protection, N95 respirator) for the care of all residents [\[on the affected unit\]](#), regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks. Refer to DSHS' [strategies for optimizing the supply of PPE](#).

Restrict residents [\[in the affected unit\]](#) (to the extent possible) to their rooms except for medically necessary purposes. If residents leave their room, residents should wear a facemask [\[as tolerated and in accordance with CMS and CDC guidance\]](#), perform hand hygiene, limit their movement in the NF, and keep a distance of 6 feet between themselves and other residents.

Implement protocols for cohorting residents based on their COVID-19 status: COVID-19 positive, COVID-19 negative, and unknown COVID-19 status. NF providers may consider designating HCWs for each cohort. [\[If possible, staff should avoid working on both the COVID-19 care unit and other units during the same shift, per CDC.\]](#)

Consider designating entire units within the NF, with dedicated HCW, to care for known or probable COVID-19 cases. These HCW should be appropriately trained and fit-tested for N95 masks if at all possible. See guidance in section related to [PPE use when caring for residents with COVID-19](#).

Movement and monitoring decisions for HCW with exposure to COVID-19 should be made in consultation with local public health authorities. To learn more, refer to the CDC's [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#).

Maintain a line list of all confirmed and probable COVID-19 cases within your facility. Include details such as name, date of birth, age, gender, whether staff or resident, room number or job description, date of symptom onset, fever, symptoms, and others. If your facility does not already have a [line list template](#), you can find one on the DSHS website.

## PPE Use When Caring for Residents with COVID-19

HCW should wear an N95 respirator and all suggested PPE when caring for residents with COVID-19, [in accordance with CDC guidance]. If there is widespread COVID-19 infection in the building, staff should wear an N95 respirator and all suggested PPE when caring for residents.

Per the CDC, “all suggested PPE” includes:

- N95 respirator
- eye protection
- gloves
- gown

If PPE supply is limited, implement [strategies to optimize PPE supply](#), which might include extended use of respirators, facemasks, and eye protection, and limiting gown use to high-contact care activities and those where splashes or sprays are anticipated. Broader testing could be utilized to prioritize PPE supplies.

**Cloth gowns** - Follow manufacturer’s recommendations for cleaning and laundering, including the number of times the gown can be laundered and re-worn. This might differ by manufacturer and type of cloth gown. Immediately remove the gown to be laundered if it becomes soiled.

Certain types of gowns, sometimes called Level 1 or “minimal risk” gowns, do not provide protection from splashes/sprays of blood or body fluids, depending on the material the gown is made of. For these situations:

- Use a disposable, impervious isolation gown when a splash, spray, or cough might be expected.
- If the NF does not have disposable, impervious isolation gowns, use a disposable plastic apron over the cloth gown in these situations.

The NF also should train staff on how to correctly don/doff any cloth or other alternative isolation gown; include a competency check.

Review the CDC’s [Strategies for Optimizing the Supply of Isolation Gowns](#) for more information.

**N95 respirator fit testing** - Under serious outbreak conditions in which respirator supplies are severely limited, HCW may not have the opportunity to be fit-tested on a respirator before using it. NFs should make every effort to ensure HCW who need to use tight-fitting respirators are fit-tested to identify the right respirator for the HCW. Under serious outbreak conditions, there may be limited availability of respirators or fit-test kits.

If NFs cannot fit-test HCW for N95 respirators, they should follow the [NIOSH guidance](#) for respirator use in a serious outbreak.

While it is not ideal, even without fit-testing, a respirator will provide better protection than a facemask or using no respirator at all. NFs should assist the HCW in choosing a respirator that fits best.

Even if HCW begin using respirators without proper fit-testing, NFs should make every effort to perform fit-testing as respirator supplies allow. NFs should always perform fit-testing for workers who cannot successfully seal check their own respirators.

HCW should review the following [OSHA Respiratory Protection Training Videos](#):

- Respiratory Protection for Healthcare Workers
- The Differences Between Respirators and Surgical Masks
- Respirator Safety: Donning & Doffing
- Respirator Types
- Respirator Fit Testing
- Maintenance and Care of Respirators
- Medical Evaluations
- Respiratory Protection Training Requirements
- Voluntary Use of Respirators
- Counterfeit and Altered Respirators: The Importance of NIOSH Certification

Review [attachment 7](#), the “Three Key Factors Required for a Respirator to be Effective” infographic.

NFs should document that the HCW has reviewed the OSHA respiratory protection training videos.

**User Seal Check** - HCW wearing tight-fitting respiratory protection should perform a “[user seal check](#)” each time they put on their respirator. A fit test ensures that the respirator fits and provides a secure seal. A user seal check ensures that it’s being worn right each time.

HCW can either perform a positive-pressure or negative-pressure seal check:

- A positive-pressure check is accomplished by covering the respirator surface on a filtering facepiece (N95) and trying to breathe out. Cover the surface using your hands. If slight pressure builds up, that means air isn’t leaking around the edges of the respirator.
- A negative-pressure check is accomplished by covering the respirator surface on a filtering facepiece (N95) and trying to breathe in. Cover the surface using your hands. If no air enters, the seal is tight.

The seal check method may vary by manufacturer and model and will be described in the user instructions. HCW should follow the PPE manufacturer’s instructions and recommendations for the proper use, donning, doffing, and user seal check of the N95 respirator.

Review [attachment 4](#), the “User Seal Check” infographic.

## 13. Expansion of Visitation

### Types of Visitation for Expansion of Reopening Visitation

[CMS provided revised guidance through [QSO 20-39](#) detailing nursing home visitation on April 27, 2021. HHSC also details requirements for NFs in the [NF Expansion of Reopening Visitation COVID-19 Emergency Rule](#) and guidance and information in provider letter [PL 2021-20](#).]

## 14. Activities, Dining, and Volunteers

[In response to the updated guidance from the CDC/CMS regarding group activities and communal dining, HHSC retired PL 2020-53: Guidance for Activities, Dining, and Volunteers. Facilities should refer to [CDC](#) and [CMS](#) guidance.

CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection prevention and control, including physical distancing (maintaining at least 6 feet between people), as well as the use of face masks or face coverings (source control).

Clean and sanitize the activity area and all items used before and after each activity, per [CMS](#) and [CDC](#) guidance.

Facilities should consider additional limitations based on status of COVID-19 infections in the NF.

### Group Activities

Group activities may be considered for residents who do not have suspected or confirmed COVID-19, including those who have fully recovered and residents who have not had close contact with a person with COVID-19.

If all residents participating in the activity are fully vaccinated against COVID-19, then they may choose to have close contact and to not wear source control (face mask or face covering) during the activity.

If unvaccinated residents are present, then all participants in the group activity should wear source control and unvaccinated residents should physically distance at least 6 feet from others, per CMS and CDC.

For residents with COVID-19 positive status and residents with unknown COVID-19 status, per CMS guidance, all group activities should be cancelled. Residents with a positive COVID-19 status require isolation until they meet the criteria to discontinue transmission-based precautions. Residents with an unknown COVID-19 status must quarantine per CDC guidance.

### Communal Dining

Per CDC, fully vaccinated residents can participate in communal dining without the use of source control (face mask or face covering) or physical distancing. If unvaccinated residents are dining in the communal area, all residents should use source control when not eating, and unvaccinated residents should continue to maintain physical distance of at least 6 feet from others.

For residents with COVID-19 positive status and residents with unknown COVID-19 status, per CMS guidance, all communal dining should be cancelled. Residents with a positive COVID-19 status require isolation until they meet the criteria to discontinue transmission-based precautions. Residents with an unknown COVID-19 status must quarantine per CDC guidance.

Meals can be served in the dining room for residents who require assistance with feeding if physical distancing is practiced.

## Volunteers

Per QSO 20-38, volunteers are considered “staff” and must adhere to CMS testing requirements, as well as all core principles of COVID-19 infection prevention and control.

See the CDC’s [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination, Infection Control for Nursing Facilities, QSO 20-38, and QSO 20-39](#) for more information.]

## 15. Testing for COVID-19

[CMS offers revised guidance through [QSO 20-38](#) detailing policy and regulatory revisions regarding NF testing requirements in response to COVID-19. CMS provided revised guidance on April 27, 2021.]

### CMS-mandated Testing

CMS issued [QSO 20-38-NH](#) announcing the publication of a new rule for COVID-19 testing requirements.

Testing requirements are organized into three categories:

- Testing based on triggers
  - any staff, [vaccinated and unvaccinated] with signs or symptoms of COVID-19 must be tested and restricted from work
  - residents, [vaccinated and unvaccinated] with signs or symptoms of COVID-19 must be tested
- Testing due to an outbreak
  - an 'outbreak' occurs when a staff member or any resident tests positive for COVID-19
  - this does not include residents who were admitted with COVID-19
  - after an outbreak all staff and residents should be tested, [regardless of vaccination status]
  - staff and residents who initially test negative should be retested every 3 to 7 days until no new cases are identified for at least 14 days from first positive result
- Routine testing:

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency [of Unvaccinated Staff]
Low	<5% (green)	Once a month
Medium	5% -10% (yellow)	Once a week*
High	>10% (red)	Twice a week*

Facilities should refer to the county positivity rate in the previous week and monitor their county positivity rate every other week. CMS publishes the county positivity rates at: [Nursing Facility Data](#), under the COVID-19 Testing section.

POC testing kits are sufficient for all CMS testing requirements. Facilities that do not have the ability to conduct POC testing must have arrangements with a laboratory that can quickly perform large amounts of tests. Results must be received within 48 hours of testing. Facilities unable to arrange with a laboratory that meets the above requirements should document all actions to arrange testing.

CMS [QSO 20-37](#) informed NFs that any NF that performs or analyzes every test intended to detect or diagnose COVID-19 must report all results for everyone tested.

## Antigen Testing

It is important to note the following for a NF that uses antigen testing to meet the CMS-mandated testing requirements. Antigen diagnostic tests quickly detect fragments of proteins found on or within the virus by testing samples collected from the nasal cavity using swabs. If an antigen test result is negative and there is no known exposure and no symptoms present, you can proceed under the assumption that the negative test is accurate. If an antigen test is negative and there is known exposure and/or symptoms, the test result must be verified with a PCR test.

Antigen tests received by NFs become their property and can be used following the conditions of EUA for the test. Information on NFs that will receive tests, how they will be distributed, when they will be distributed, information on training, and further information on CLIA waivers and testing can be found on the [Frequently Asked Questions: COVID-19 Testing at SNF/NF](#).

For facilities receiving POC Antigen Test Kits from US HHS:

- Testing based on triggers
- Facilities will need to be CLIA certified or receive a waiver with [Form CMS-116](#) to your [regional CLIA licensing group](#)
- [CLIA regulations](#) for testing apply
- Facilities are required to report each test result--positive, negative, or otherwise
- Per CMS, facilities are required to report test results

Per [CMS updated requirements](#), all NFs conducting antigen tests within their facility, must report antigen test result information through NHSN. Governor Abbott's [Executive Order GA-10](#) requires all facilities to report testing result information to DSHS and local health departments. NFs reporting test result information to NSHN will no longer have to report to DSHS.

The FDA has approved certain EUA saliva tests. A table with information about authorized COVID-19 molecular diagnostic tests can be found under the table of [Individual EUAs for Molecular Diagnostic Tests for COVID-19](#) on the FDA webpage. The table lists EUAs issued for each individual test with certain conditions of authorization required of the manufacturer and authorized laboratories. For guidance on confirmatory testing, please see the CDC's guidance: [Considerations for Use of COVID-19 Antigen Testing in Nursing Homes](#).

NFs facing issues with registering through DSHS must keep all testing result documentation until the NF is able to submit reports. Once the NF successfully registers with the DSHS reporting system (or alternative method created by DSHS), the NF will then submit all previous testing result data. If POC testing does not provide complete lab report information, NFs should provide what information they do have.

Reporting to DSHS can be completed using one of the following methods:

- Directly into NEDSS

- Faxed to DSHS regional office
- Faxed to DSHS central office

Reporting to DSHS can be completed using one of the following methods:

- Fax
- Other method indicated by LHD (Contact LHD to determine requirements)

Note: Beginning November 14, 2020, NFs that are submitting COVID-19 laboratory data into NHSN should discontinue their direct reporting to DSHS NEDSS. Reporting through NHSN will fulfill the state reporting requirement for facilities actively entering data in NHSN. Facilities must continue to comply with their [local health authority](#) directive for reporting. Any facilities not reporting to NHSN must continue to report to DSHS NEDSS.

NFs may contact [COVID-19ELR@dshs.texas.gov](mailto:COVID-19ELR@dshs.texas.gov) with any questions related to registration or reporting through DSHS.

### **Testing of asymptomatic residents or HCW in NF as part of an outbreak response or those who are known close contacts of persons with COVID-19**

If an antigen test is positive, perform confirmatory PCR test.

- Residents should be placed in transmission-based precautions in a single room or, if single rooms are not available, remain in their current room pending results of confirmatory testing. They should **not** be transferred to a COVID-19 unit or placed in another shared room with new roommates. Health care workers (HCW) should be excluded from work.
- If confirmatory PCR test is positive, then resident should transfer to COVID-19 unit. HCW should remain excluded from work until they meet [return to work criteria](#).

If an antigen test is presumptive negative OR if the antigen test is positive but the confirmatory PCR test (performed within 2 days) is negative:

- In facilities experiencing an outbreak, residents should be placed on [appropriate](#) transmission-based precautions for facilities with an outbreak. HCW can be allowed to continue to work with continued [symptom monitoring](#). The NF should continue serial viral testing (antigen or PCR test) every 3-7 days until no new cases are identified for 14 days.
- If a person is a known close contact of a person with confirmed COVID-19, residents should remain in quarantine for 14 days from exposure, and HCW should follow [risk assessment guidance](#). [Alternatives](#) to the 14-day quarantine period are described in the [Options to Reduce Quarantine for Contacts of Persons with COVID-19 Infection Using Symptom Monitoring and Diagnostic Testing](#). Health care facilities could consider reducing the quarantine period as a measure to mitigate staffing shortages, space limitations, or PPE supply shortages; however, these alternatives are not a preferred option because of

the special nature of health care settings (e.g., residents at risk for severe illness, critical nature of health care personnel, challenges with social distancing). See [guidance](#) on use of antigen testing for this purpose and when a negative antigen test can be used to determine that a person is not infected with COVID-19.

Note: Asymptomatic people who have recovered from COVID-19 infection in the past 90 days and live or work in a NF performing facility-wide testing [should not be tested](#) for COVID-19 unless they develop symptoms and their medical provider recommends testing.

## 16. Vaccine Requirements

[CMS published [QSO 21-19](#) on May 11, 2021, which outlines new requirements related to the COVID-19 vaccine in nursing facilities.

The new requirements include:

- Testing based on triggers
- Educating staff and residents
- Offering vaccines, when available
- Submitting weekly vaccination reports through NHSN

CMS began reviewing for vaccine reporting requirements on June 14, 2021.

“Staff” refers to: those individuals who work in the NF on a regular (i.e. at least once a week) basis, including individuals who may not be physically in the NF for a period of time due to illness, disability, or scheduled time off, but who are expected to return to work.

This also includes individuals under contract or arrangement, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, or volunteers, who are in the NF on a regular basis, as the vaccine is available.

### Educating Staff & Residents

All residents and/or resident representatives and staff must be educated on the COVID-19 vaccine they are offered, in a manner they can understand, and receive the FDA COVID-19 Emergency Use Authorization (EUA) Fact Sheet before being offered the vaccine.

Education must cover the benefits and potential side effects of the vaccine. This should include common reactions, such as aches or fever, and rare reactions such as anaphylaxis.

Residents and/or resident representatives and staff must be provided with education regarding each dose of the vaccine. Residents, resident representatives, and staff member must be provided the opportunity to refuse the vaccine and to change their decision about vaccination at any time.

CMS recommends NFs use The CDC’s LTC Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility for information and resources to build confidence among staff and residents.

### Offering Vaccinations

NFs must offer residents and staff the COVID-19 vaccine when supplies are available to the NF.

The vaccine may be offered and provided directly by the NF or indirectly, such as through an arrangement with a pharmacy partner, local health department, or other appropriate health entity.

Screening individuals prior to offering the vaccination for prior immunization, medical precautions and contraindications is necessary to determine appropriateness for vaccination at any given time.

If a resident or staff member requests vaccination against COVID-19, but missed earlier opportunities for any reason NFs must:

- Offer the vaccine to that individual as soon as possible.
- Provide information on vaccination opportunities from other sources (if unavailable at the NF).
- Provide evidence (upon request) of efforts made to make the vaccine available to staff and residents.

## Reporting

NFs must submit weekly COVID-19 reports to NHSN. Weekly NHSN reports are required each week, even if no vaccine activity has occurred. Please note that NFs not reporting vaccination data to NHSN are still required to submit COVID-19 vaccine reports to HHSC as described in PL 2021-01.

Please review [PL 2021-01 COVID-19 Vaccination Reporting](#) and the [NF COVID-19 Vaccination Data Reporting and Emergency Communication System Enrollment Emergency Rule](#) for more information.

## Documentation

Documentation - Residents

NFs must keep documentation regarding:

- Education provided to resident, including the date it was offered, and samples of materials used.
- Whether the resident accepted the vaccine and when it was offered,
- Whether the resident refused the vaccine – if refusal was due to medical contraindication or prior immunization, appropriate documentation must be made in resident’s medical record.

Include the name of the resident representative if applicable.

Documentation - Staff

NFs must keep documentation regarding:

- Education provided to staff, including the date it was offered, and samples of materials used.
- The vaccination status of each staff member (including whether staff member is fully-vaccinated vs. not fully vaccinated).
- For staff immunized outside of the NF, NF should request vaccination documentation from staff member to confirm status.]

## 17. Comprehensive Mitigation Plan

[Please review [Emergency Rule: Nursing Facility Requirements for Licensure and Medicaid Certification](#) for information on mitigation plans for nursing facilities with positive COVID-19 cases.]

### Comprehensive Mitigation Plan - NF Without COVID-19 Positive Cases

1. Keep COVID-19 from entering your facility:
  - a. Restrict visitors in accordance with the [Expansion of Reopening Visitation rules](#).
  - b. Develop policies for universal use of source control for everyone in the NF.
  - c. Actively screen anyone entering the building.
  - d. Cancel all group activities for COVID-19 positive residents and those with unknown COVID-19 status, per CMS guidance.
  - e. For residents who are COVID-19 negative, including those who have fully recovered from COVID-19 and meet CDC criteria for the discontinuation of transmission-based precautions, group activities.
2. Identify infections early:
  - a. Actively screen all residents for fever and symptoms of COVID-19 at least **[once a day]**.
  - b. If symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions.
    - i. Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms.
    - ii. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
  - c. Notify LHD or DSHS immediately (<24 hours) if these occur:
    - i. Severe respiratory infection causing hospitalization or sudden death
    - ii. Clusters ( $\geq 3$  residents and/or HCW) of respiratory infection
    - iii. Individuals with probable or confirmed COVID-19
3. Prevent spread of COVID-19:
  - a. Actions to take now:
    - i. Cancel all group activities for COVID-19 positive residents and those with unknown COVID-19 status, per CMS guidance.
    - ii. Encourage physical distancing among residents.
    - iii. Encourage all residents to wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the NF for essential medical appointments.
    - iv. Ensure all HCW wear a facemask while in the NF.
4. Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:

- a. If you anticipate or are experiencing PPE shortages, reach out to the LHD or DSHS.
  - b. Consider extended use of respirators, facemasks, and eye protection or prioritization of gowns for certain resident care activities.
5. Identify and manage severe illness.

## **Comprehensive Mitigation Plan - NF with COVID-19 Positive Cases**

Determine exactly what level of infection exists at the NF and implement a comprehensive mitigation plan. Work with LHD or DSHS to ensure that test kits are available, and that testing is conducted quickly and efficiently. After the first positive test of a NF staff member or resident, test all residents and staff of the NF for COVID-19. NFs with current positive cases and that have not done comprehensive testing must conduct an assessment of their current infection levels. Test all NF staff and residents who were either not previously tested or were tested previously but are now exhibiting symptoms of COVID-19.

Design and implement a comprehensive mitigation plan. The mitigation plan must address the specific level of infection that is discovered in the NF and include specific actions to accomplish the following:

- Upon the first positive test result of a NF staff member or resident, work with local health authorities, DSHS, and HHSC to coordinate testing of NF staff and residents.
- Isolate residents who are COVID-19 positive in the most effective manner available. Consider a transfer to a different (possibly a COVID-19 dedicated facility) or move them to a COVID-19 isolation wing of the NF.
- Limit transport and movement of residents who are COVID-19 positive to isolation or medically essential purposes only.
- Move residents who are not COVID-19 positive to areas within the NF designated for their care.
- Staff who are confirmed to have COVID-19 must stay at home and may only return to work in accordance with the CDC or DSHS Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 guidance.
- Require NF staff to only work in one facility at a time.
- Take immediate measures to inform all who interact (or may have recently interacted) with the NF of the positive result so that further limitations can be enacted to control the spread of infection to family or other service providers. Follow CDC, CMS and DSHS guidance, and this NF COVID-19 Response Plan.
- Implement enhanced cleaning and disinfection techniques.
- Limit all unnecessary visitation.
- To assist in controlling infection, limit access to the NF to designated entrances.
- Implement enhanced screening techniques

# Glossary of Acronyms in Alphabetical Order

1. ABHR – Alcohol-based hand rub
2. AIIR – Airborne infection isolation room
3. CDC – The Centers for Disease Control and Prevention
4. CFA – Comprehensive functional assessment
5. CLIA – Clinical Laboratory Improvement Amendments
6. CMS – The Centers for Medicare and Medicaid Services
7. CNA – Certified nursing aide
8. DSHS – Texas Department of State Health Services
9. EMS – Emergency medical services
10. EPA – Environmental Protection Agency
11. EUA – Emergency Use Authorization
12. FDA – Food and Drug Administration
13. HA – Health authority
14. HAI – Health care associated infection
15. HCW – Healthcare worker
16. HHSC – Texas Health and Human Service Commission
17. ICAR – Infection control assessment and response tool
18. IPC – Infection prevention and control
19. LHA – Local health authority
20. LHD – Local health department
21. LSC – Life safety code
22. LTC – Long-term care
23. LTCF – Long-term care facility
24. LTCR – Long-term Care Regulation
25. LVN – Licensed vocational nurse
26. MDS – Minimum data set
27. NHSN National Healthcare Safety Network
28. NIOSH – The National Institute for Occupational Safety and Health
29. NF – Nursing facility
30. OSHA – Occupational Safety and Health Administration
31. PASRR – Pre-admission screening and resident review
32. POC – Point-of-care, relating to COVID-19 testing
33. PPE – Personal protective equipment
34. QAPI – Quality Assurance and Performance Improvement
35. RA-QRF – Rapid Assessment Quick Response Force
36. RN – Registered nurse
37. SME – Subject matter expert
38. SNF – Skilled nursing facility

39. TCAT – Texas COVID-19 Assistance Team
40. TDEM - Texas Division of Emergency Management

# List of Referenced Resources

## ASPR TRACIE

[COVID-19 Workforce Virtual Toolkit](#)

[Nursing Home Concepts of Operations for Infection Prevention and Control](#)

## CDC

CDC LTC Webinar Series:

- [Clean Hands](#)
- [Closely Monitor Residents](#)
- [Keep COVID-19 Out](#)
- [PPE Lessons](#)
- [Sparkling Surfaces](#)
- [Cleaning and Disinfecting Your Facility](#)

[Considerations for Memory Care Units in Long-term Care Facilities](#)

[Considerations for Use of COVID-19 Antigen Testing in Nursing Homes](#)

[COVID-19 Testing Resources for Nursing Homes](#)

[Criteria for Return to Work for Healthcare Personnel with COVID-19 Infection \(Interim Guidance\)](#)

Discontinuation of Transmission-Based Precautions and Disposition of Residents with COVID-19 in Healthcare Settings (Interim Guidance) [\[is now Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings –updated 06/02/2021\]](#)

[Doffing PPE: Disinfect Your Shoes](#)

Duration of Isolation & Precautions for Adults – [End of Isolation Criteria \[is now Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19 - updated 03/16/2021\]](#)

[Guidelines for Environmental Infection Control in Health-Care Facilities](#)

Infection Control after Vaccination [\[is now Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination -updated 04/27/2021\]](#)

[Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 \[-updated 03/16/2021\]](#)

[Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States \[is now Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States last updated 07/16/2021\]](#)

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \[-updated 02/23/2021\]](#)

Interim Infection Prevention and Control Recommendations for Residents with Suspected or Confirmed COVID-19 in Healthcare Settings - Includes PPE Recommendations [is now [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes -updated 03/29/2021](#)]

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 [is now [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV2 -updated 03/11/2021](#)]

Infographics:

- [COVID-19 Personal Protective Equipment \(PPE\) for Healthcare Personnel](#)
- [Facemask Do's and Don'ts for Healthcare Personnel](#)
- [How to Safely Remove Personal Protective Equipment Example 1](#)
- [How to Safely Remove Personal Protective Equipment Example 2](#)
- [Respirator On / Respirator Off](#)
- [Sequence for Putting On PPE](#)
- [Use Personal Protective Equipment \(PPE\) When Caring for Residents with Confirmed or Suspected COVID-19](#)

Key Strategies to Prepare for COVID-19 in Long-term Care Facilities [is now [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes -updated 03/29/2021](#)]

[LTCF COVID-19 Module Enrollment \(NHSN\)](#)

[National Healthcare Safety Network \(NHSN\)](#)

[Running Essential Errands \[-updated 05/12/2021\]](#)

[Strategies to Optimize the Supply of PPE and Equipment -updated 07/16/2020](#)

[Strategies for Optimizing the Supply of Facemasks \[-updated 11/23/2020\]](#)

[Strategies for Optimizing the Supply of Isolation Gowns \[-updated 01/21/2021\]](#)

[Strategies to Mitigate Healthcare Personnel Staffing Shortages \[-updated 03/10/2021\]](#)

[Symptoms of COVID-19 \[updated 02/22/2021\]](#)

[Testing Guidelines for Nursing Homes \[-updated 01/07/2021\]](#)

[Tuberculosis \(TB\) Signs & Symptoms](#)

[When to Quarantine \[-updated 03/12/2021\]](#)

## **CMS**

[CMS April 2, 2020 Guidance](#)

[CMS Blanket \(1135\) Waivers \[-04/08/2021\]](#)

[Frequently Asked Questions: COVID-19 Testing at Skilled Nursing Facilities/Nursing Homes](#)

[QSO 20-14 Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes \[-updated 03/10/2021\]](#)

[QSO 20-26 Upcoming Requirements for Notification of Confirmed COVID-19 \(or COVID-19 Persons under Investigation\) Among Residents and Staff in Nursing Homes](#)

[QSO 20-29 Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes](#)

[QSO 20-30 Nursing Home Reopening Recommendations for State and Local Officials](#)

[QSO 20-34-NH Changes to Staffing Information and Quality Measures Posted on the Nursing Home Compare Website and Five Star Quality Rating System due to the COVID-19 Public Health Emergency](#)

[QSO 20-38-NH Interim Final Rule \(IFC\), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care \(LTC\) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool \[-updated 04/27/2021\]](#)

[QSO 20-39-NH Nursing Home Visitation – COVID-19 \[-updated 04/27/2021\]](#)

## **DSHS**

[Complying with Governor’s Order to Report COVID-19 Lab Test Results in Texas](#)

[DSHS COVID-19](#)

[DSHS COVID-19 LTC Facility Staff Symptom Monitoring Log](#)

[DSHS Local Health Entities](#)

[Information on PPE](#)

[Line List Template](#)

[Strategies for Optimizing the Supply of PPE](#)

## **EPA**

[List N: Disinfectants for Use Against COVID-19](#)

## **FDA**

[Individual EUAs for Molecular Diagnostic Tests for COVID-19](#)

## **HHS**

[The Difference Between Isolation and Quarantine](#)

## **HHSC**

[CII – Reporting to HHSC](#)

PL 2021-20: [COVID-19 Response – Expansion of Reopening Visitation](#) - updated 06/08//2021

[Expansion of Reopening Visitation Emergency Rules for Nursing Facilities](#) [-updated 06/01/2021]

[Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities](#)

[Infection Control Basics and Personal Protective Equipment \(PPE\) Training for Essential Caregivers](#)

[LTCR Regional Contact Information](#)

[[NF COVID-19 Response Emergency Rule](#) – effective 06/01/2021]

[TB Symptom Screening Form](#)

[TULIP](#)

## **NIOSH**

[Proper N95 Respirator Use for Respiratory Protection Preparedness](#) - includes respirator use during a serious outbreak condition

[User Seal Check](#) - N95 respirator

## **OOG**

[Governor Abbot's Executive Orders](#)

## **OSHA**

[Definition of Terms – Other Potentially Infectious Materials](#)

[OSHA Respiratory Protection Training Videos](#), including:

- [Respiratory Protection for Healthcare Workers](#)
- [The Differences Between Respirators and Surgical Masks](#)
- [Respirator Safety: Donning & Doffing](#)
- [Respirator Types](#)
- [Respirator Fit Testing](#)
- [Maintenance and Care of Respirators](#)
- [Medical Evaluations](#)
- [Respiratory Protection Training Requirements](#)
- [Voluntary Use of Respirators](#)
- [Counterfeit and Altered Respirators: The Importance of NIOSH Certification](#)
- OSHA Respiratory Protection Standard ([29 CFR §1910.134](#))

# ATTACHMENT 1: Infographic - NF Actions for COVID-19 Response



## Activities Required for COVID-19 Response

Residents of a long-term care facility are susceptible to COVID-19 infection. There are actions that a provider should take to identify a COVID-19 situation, help prevent the spread within a facility, and care for residents who become infected.

### In Advance

- Review CDC, DSHS and HHSC guidance
- Review infection prevention and control P&P
- Review emergency preparedness P&P
- Conduct supply/resource evaluation
- Educate and train HCP
- Educate residents and families
- Have a communication plan
- Clean and disinfect facility
- Review/create cohort plan
- Create isolation unit
- Limit access to essential visitors only
- Screen all essential visitors
- Monitor residents for signs/symptoms
- Maintain resident care

### Immediately (0-24 hours)

- Supply PPE to HCW
- Supply facemask to residents who are ill
- Supply face covering to residents who are not ill
- Activate isolation/cohort plan
- Activate communication plan
- Report COVID-19 positive case to LHD/DSHS and HHSC
- Test all staff and residents for COVID-19
- Determine need for restrictions/lockdown
- Continue infection prevention and control
- Continue to limit access to essential visitors only
- Continue to screen all essential visitors
- Continue to monitor residents for signs/symptoms
- Continue to clean and disinfect facility
- Maintain resident care



### Extended (24-72 hours)

- Supply PPE to HCW
- Supply facemask to residents who are ill
- Supply face covering to residents who are not ill
- Continue infection prevention and control
- Continue to monitor residents for signs/symptoms
- Evaluate need for restrictions/lockdown
- Continue to limit access to essential visitors only
- Continue to screen all essential visitors
- Continue to clean and disinfect facility
- Engage with external partners
- Maintain resident care

### Long Term (72 hours plus)

- Supply PPE to HCW
- Supply facemask to residents who are ill
- Supply face covering to residents who are not ill
- Continue infection prevention and control
- Continue to monitor residents for signs/symptoms
- Plan for lifting of restrictions/lockdown
- Continue to limit access to essential visitors only
- Continue to screen all essential visitors
- Continue to clean and disinfect facility
- Maintain resident care

## ATTACHMENT 2: CDC Guidance - Optimization of Facemasks Infographic and Do's and Don'ts for Facemask Use Infographic

**EXTENDED USE**

The practice of wearing the same facemask for repeated close contact with several different residents, without removing the facemask between resident encounters.

**ADJUST facemask**

- Staff should take care not to touch their facemask.
- If staff touch or adjust their facemask, they must immediately perform hand hygiene.

**REMOVE facemask**

- Staff should leave the resident care area if they need to remove the facemask.

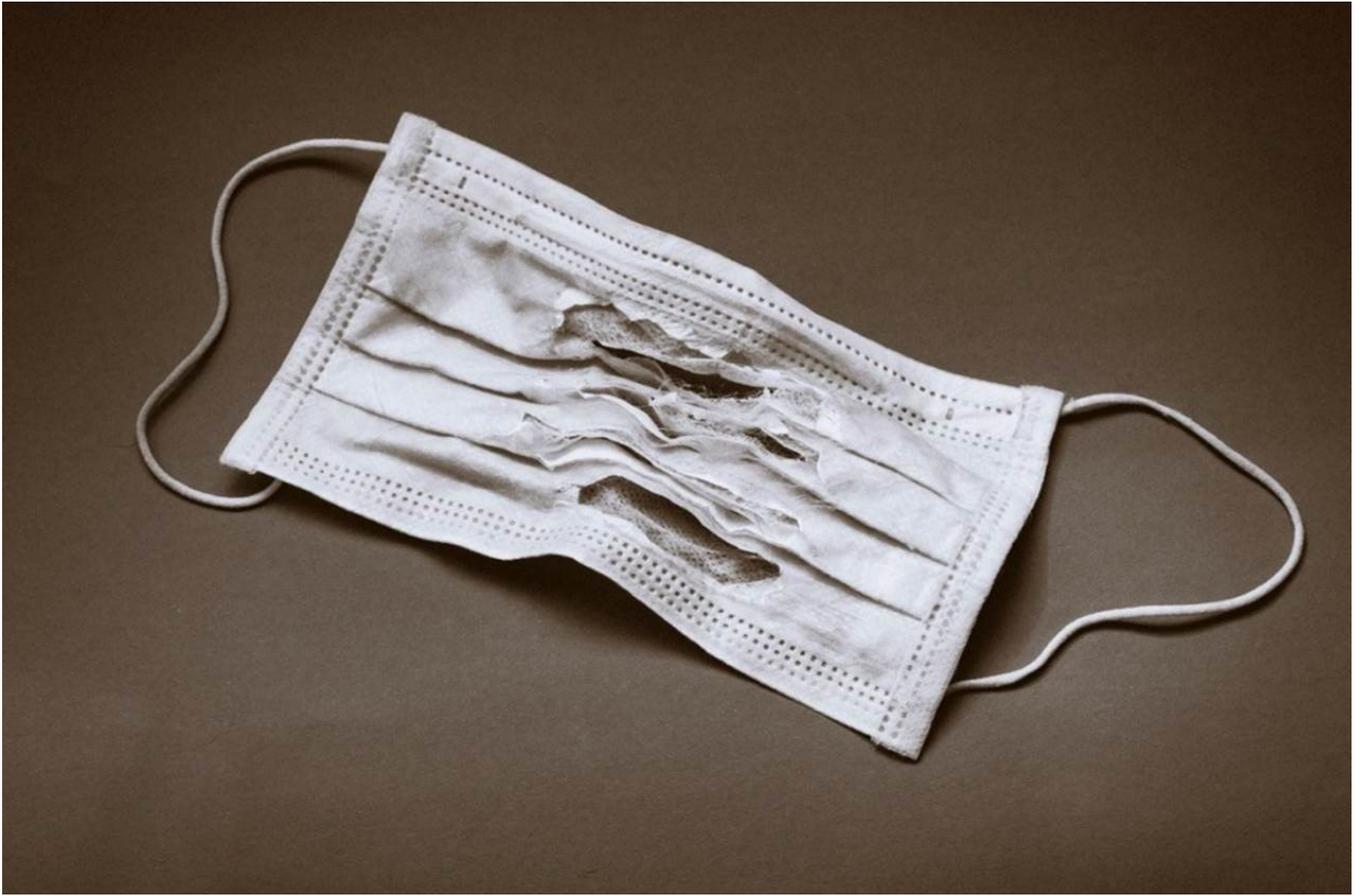
**STORE facemask**

- Carefully fold so the outer surface is held inward and against itself to reduce contact with the outer surface during storage.
- Folded facemask can be stored between uses in a clean sealable paper bag or breathable container.

**DISCARD facemask**

- Remove and discard if facemask is soiled, damaged, or hard to breathe through.

Example of a damaged facemask.



# HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](http://who.int/epi-win)

## Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

## Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI•WIN



# ATTACHMENT 3: PPE Donning and Doffing Infographic

## Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

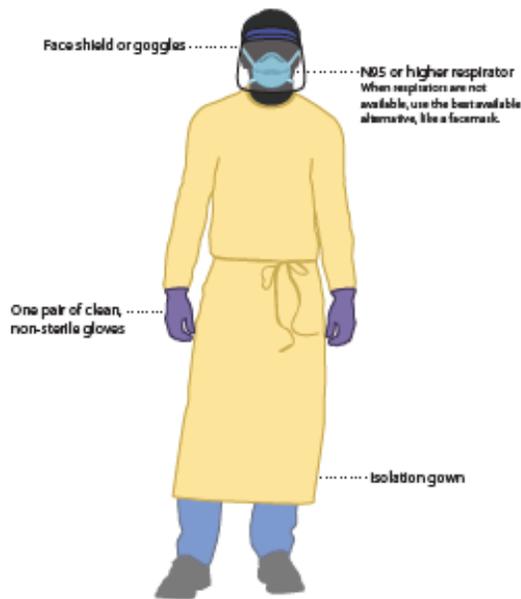
### Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- Demonstrate competency in performing appropriate infection control practices and procedures.

### Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/face mask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

#### Preferred PPE – Use N95 or Higher Respirator



#### Acceptable Alternative PPE – Use Facemask



CS116014 08/10/20

[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

## Donning (putting on the gear):

*More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.*

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.\*
  - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
  - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Put on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

## Doffing (taking off the gear):

*More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.*

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.\*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).\*** Do not touch the front of the respirator or facemask.
  - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

*\*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

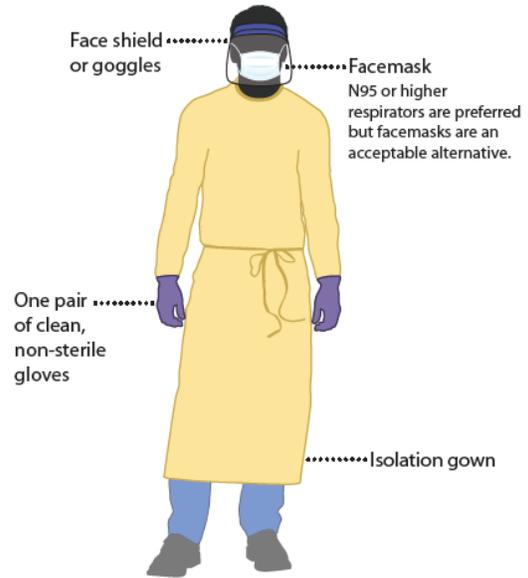
[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

# COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

## Preferred PPE – Use N95 or Higher Respirator



## Acceptable Alternative PPE – Use Facemask



CS 110816-C 03/23/2020

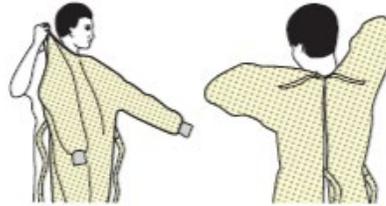
[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



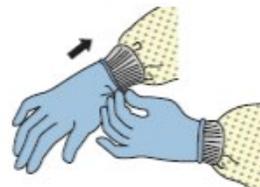
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



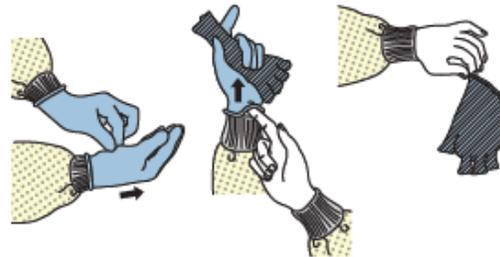
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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door.** Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



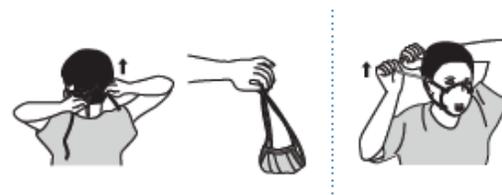
### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

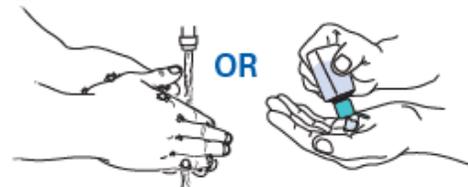


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

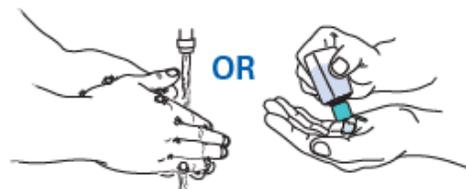


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**



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# ATTACHMENT 4: User Seal Check Infographic

## Filtering out Confusion: Frequently Asked Questions about Respiratory Protection

### User Seal Check

Over 3 million United States employees in approximately 1.3 million workplaces are required to wear respiratory protection. The Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134) requires an annual fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is used in the workplace.<sup>1</sup> Once a fit test has been done to determine the best respirator model and size for a particular user, a **user seal check** should be done every time the respirator is to be worn to ensure an adequate seal is achieved.



### What is a User Seal Check?

A user seal check is a procedure conducted by the respirator wearer to determine if the respirator is being properly worn. The user seal check can either be a positive pressure or negative pressure check.

During a **positive pressure user seal check**, the respirator user **exhales** gently while blocking the paths for air to exit the facepiece. A successful check is when the facepiece is slightly pressurized before increased pressure causes outward leakage.

During a **negative pressure user seal check**, the respirator user **inhales** sharply while blocking the paths for air to enter the facepiece. A successful check is when the facepiece collapses slightly under the negative pressure that is created with this procedure.

A user seal check is sometimes referred to as a fit check. A user seal check should be completed each time the respirator is donned (put on). It is only applicable when a respirator has already been successfully fit tested on the individual.

### How do I do a User Seal Check while Wearing a Filtering Facepiece Respirator?

Not every respirator can be checked using both positive and negative pressure. Refer to the manufacturer's instructions for conducting user seal checks on any specific respirator. This information can be found on the box or individual respirator packaging.

The following positive and negative user seal check procedures for filtering facepiece respirators are provided as examples of how to perform these procedures.



Centers for Disease Control  
and Prevention  
National Institute for Occupational  
Safety and Health

## How to do a positive pressure user seal check

Once the particulate respirator is properly donned, place your hands over the facepiece, covering as much surface area as possible. Exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure is being built up inside the facepiece without any evidence of outward leakage of air at the seal. Examples of such evidence would be the feeling of air movement on your face along the seal of the facepiece, fogging of your glasses, or a lack of pressure being built up inside the facepiece.

If the particulate respirator has an exhalation valve, then performing a positive pressure check may be impossible. In such cases, a negative pressure check should be performed.

## How to do a negative pressure user seal check



Negative pressure seal checks are typically conducted on particulate respirators that have exhalation valves. To conduct a negative pressure user seal check, cover the filter surface with your hands as much as possible and then inhale. The facepiece should collapse on your face and you should not feel air passing between your face and the facepiece.

In the case of either type of seal check, if air leaks around the nose, use both hands to readjust the nosepiece by placing your fingertips at the top of the metal nose clip. Slide your fingertips down both sides of the metal strip to more efficiently mold the nose area to the shape of your nose. Readjust the straps along the sides of your head until a proper seal is achieved.<sup>2</sup>

If you cannot achieve a proper seal due to air leakage, you may need to be fit tested for a different respirator model or size.

## Can a user seal check be considered a substitute for a fit testing?

No. The user seal check does not have the sensitivity and specificity to replace either fit test methods, qualitative or quantitative, that are accepted by OSHA (29 CFR 1910.134). A user should only wear respirator models with which they have achieved a successful fit test within the last year. NIOSH data suggests that the added care from performing a user seal check leads to higher quality donnings (e.g., reduces the chances of a donning with a poor fit).<sup>3</sup>

## Where can I Find More Information?

This information and more is available on the [NIOSH Respirator Trusted-Source webpage](#).

### References

1. OSHA [1998]. Respiratory Protection. 29 CFR 1910.134. Final rule. Fed Reg 63:31152-1300.
2. NIOSH [2010]. How to properly put on and take off a disposable respirator. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2010-138. <https://www.cdc.gov/niosh/docs/2010-138/pdf/2010-138.pdf>
3. Vecusa DJ, Bergman MS, Zhuang Z, and Shaffer RE [2012]. Evaluation of the benefits of the user seal check on N95 filtering facepiece respirator fit. *J Occup and Environ Hyg.* 9(6):408-416. *Hosted courtesy of NIOSH*

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DOI: <https://doi.org/10.26616/NIOSHPUB2018130>  
DHHS (NIOSH) Publication No. 2018-130

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# Facemask Do's and Don'ts

For Healthcare Personnel

## When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

## When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

## When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away\*, and clean your hands again.

\*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



CS316480A June 2, 2020 11:30 AM

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

# Respirator On / Respirator Off

## When you put on a disposable respirator

Position your respirator correctly and check the seal to protect yourself from COVID-19.



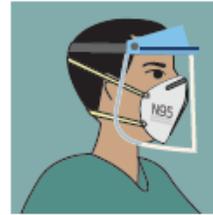
Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.



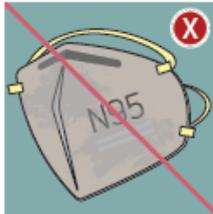
Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.



Place both hands over the respirator, take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.



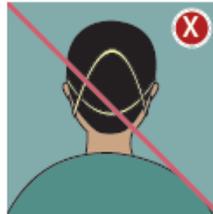
Select other PPE items that do not interfere with the fit or performance of your respirator.



Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.



Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.



Do not crisscross the straps.



Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.



Do not touch the front of the respirator during or after use! It may be contaminated.

## When you take off a disposable respirator



Remove by pulling the bottom strap over back of head, followed by the top strap without touching the respirator.



Discard in a waste container.



Clean your hands with alcohol-based hand sanitizer or soap and water.

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

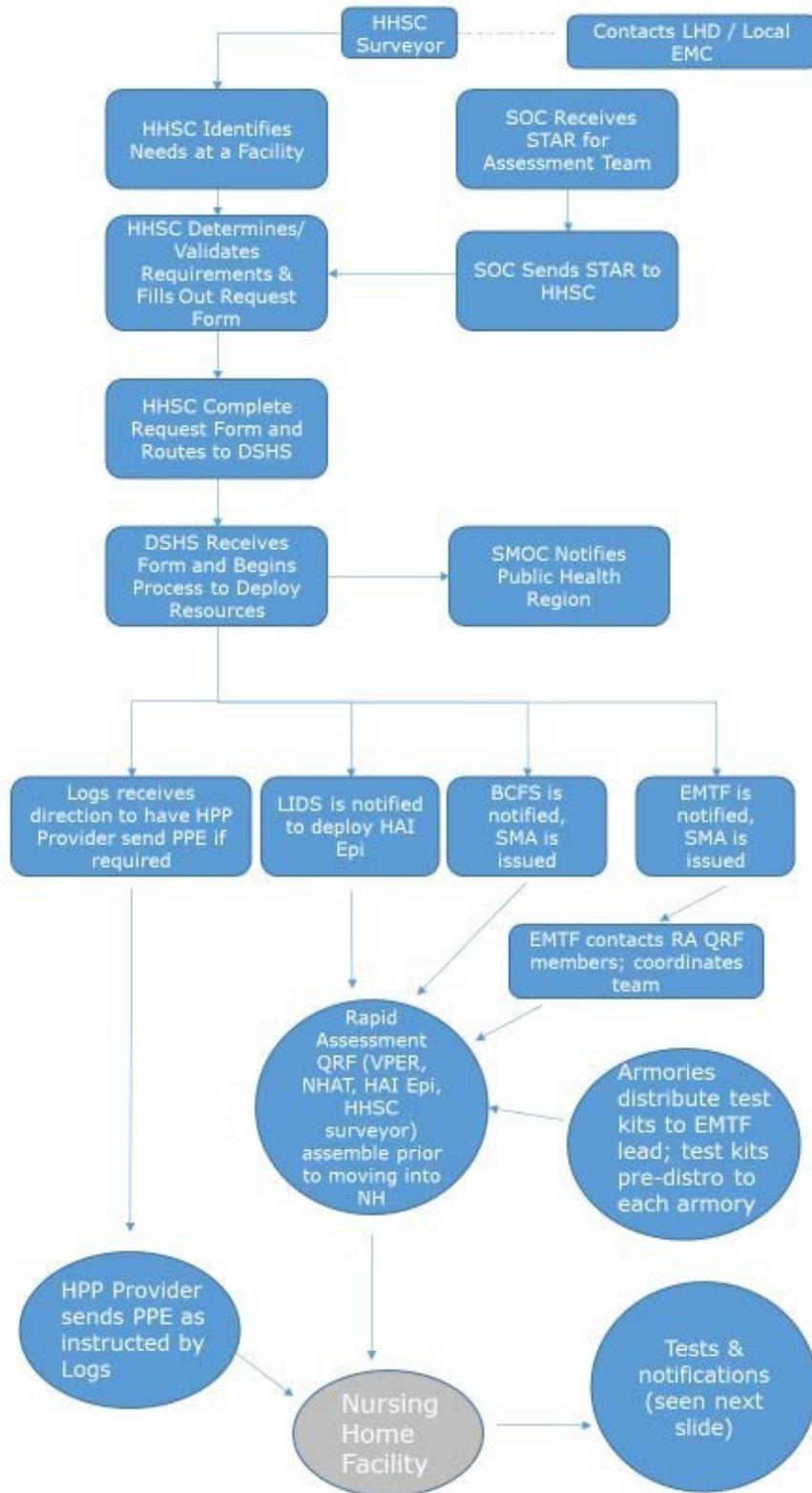
Additional information is available about how to safely put on and remove personal protective equipment, including respirators: <https://www.cdc.gov/coronavirus/2019-ncov/hq/using-pps.html>



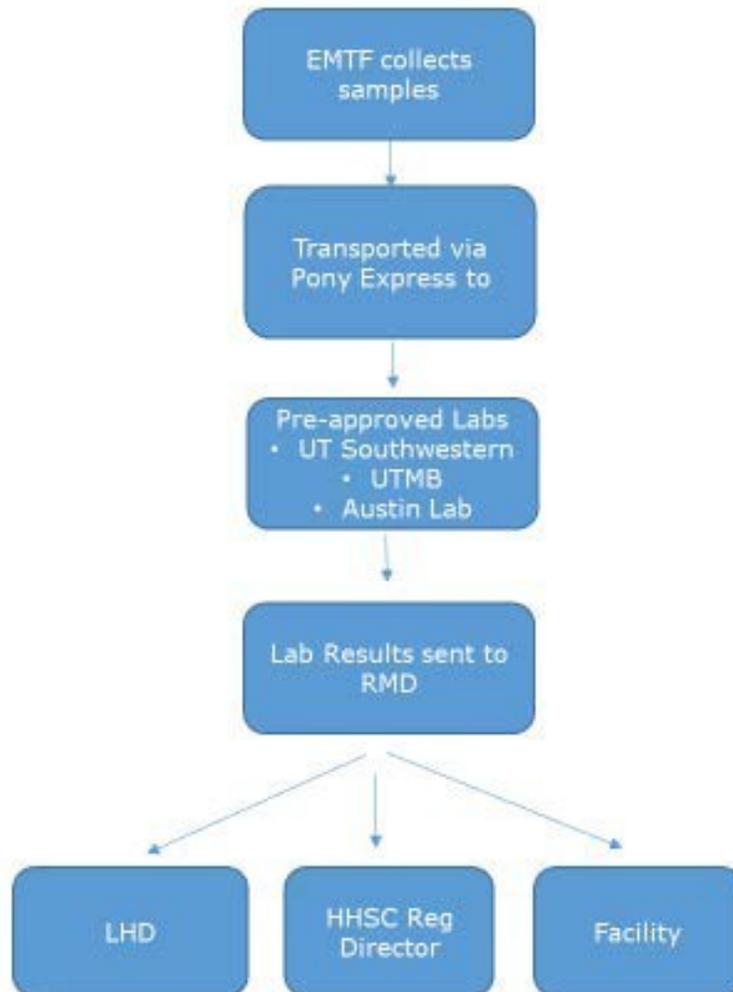
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[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# ATTACHMENT 5: RA-QRF Deployment Process



# ATTACHMENT 6: RA-QRF Testing and Notification



# ATTACHMENT 7: Three Key Factors Required for a Respirator to be Effective - Infographic

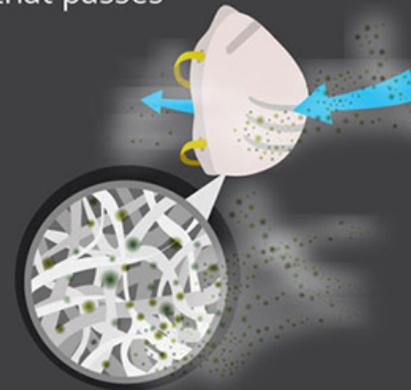
## Three Key Factors Required for a Respirator to be Effective



- ① The respirator must be put on correctly and worn during the exposure.
- ② The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal.



- ③ The respirator filter must capture more than 95% of the particles from the air that passes through it.



\*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not the chin area.

## ATTACHMENT 8: Isolation Unit

