

COVID-19 RESPONSE FOR NURSING FACILITIES

Abstract

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

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1. Purpose, Goals and Summary

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.

The goals of this document include:

- 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

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.

2.To Do's for Nursing Facilities:

- Review resources listed under [List of Referenced Resources](#)
- Read the [CDC's LTC Webinar Series](#)
- Read [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](#).
 - Update from [QSO-22-15-NH](#) released 04/07/2022– Read QSO 22-15 for more information on which Emergency Declaration Blanket Waivers have been lifted.
 - Note: Temporary walls or barriers are not required and the waiver permitting temporary walls or barriers ended on 06/06/2022.
- Read [QSO 20-39 Revised](#) detailing nursing home visitation.
- Read [QSO 20-38 Revised](#) for testing requirements.
- 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.)
- 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 [[when Community Transmission levels are high](#)]. However, in facilities located in counties with low to [\[substantial\]](#) community transmission, staff may choose to not wear source control or physically distance. To determine the level of COVID-19 transmission in the community where a nursing facility is located, visit the CDC's [COVID-19 Data Tracker](#). If the two indicators suggest different transmission levels, the higher transmission level is used.

- Staff who have been appropriately trained and fit-tested can use N95 respirators. Staff who are caring for residents [\[inside isolation or quarantine areas\]](#) must wear an N95 respirator and all [CDC](#) suggested PPE during resident care encounters. Read the guidance in the section related to PPE use when caring for residents with COVID-19.
- [\[Have policies and procedures related to recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19.\]](#)
- [\[Have policies and procedures related to when staff should be restricted from work because of COVID-19 illness or \[higher-risk exposure\]\(#\) as recommended by CDC.\]](#)
- 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:
 1. those who are COVID-19-negative,
 2. those who are COVID-19-positive, and
 3. 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 symptoms of COVID-19 per [CDC Guidance](#).

Note: All residents with unknown COVID-19 status must be quarantined per CDC guidance. Residents who remain asymptomatic [\[after exposure\]](#) do not have to quarantine. Read [Control Measures for Residents](#) and [Control Measures for Staff](#) for more information.

- Isolate residents with positive cases according to [CDC Guidance](#).
- Communicate with residents, staff, and family when exposure to probable or confirmed cases occur in the NF.
- Develop and implement a policy regarding staff working with other LTC providers that limits the sharing of staff with other LTC providers, unless required in order to maintain adequate staffing at a facility.
- 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.
- Read 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](#).
- Read the ASPR TRACIE resources document: [Nursing Home Concepts of Operations for Infection Prevention and Control](#)

Note: Follow the guidance in CMS [QSO 20-38](#) to determine whether to test a resident for COVID-19.

[In general, new admissions in counties where Community Transmission levels are high must be tested upon admission; admission testing at lower levels of Community Transmission is at the discretion of the facility.]

Three tests must be performed for new and readmitted residents. First, at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. Residents who test positive must be isolated as described in the [Control Measures for Residents](#) section.

Residents must wear source control, as tolerated, for the 10 days following their admission. Residents who leave the facility for 24 hours or longer must be managed as an admission.]

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.

[Due to challenges in interpreting the result, testing is generally not required for asymptomatic residents who have recovered from COVID-19 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a PCR test is recommended.]

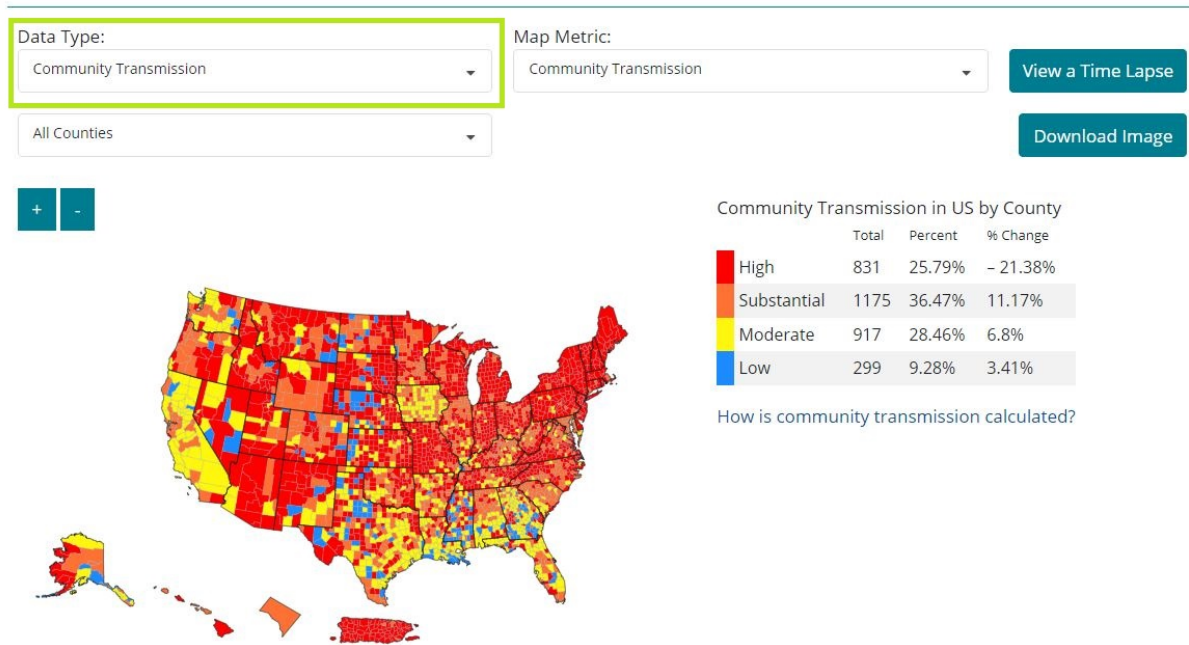
Those who do not quarantine should still watch for [symptoms of COVID-19](#) for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

Protocols for Persons Entering a Nursing Facility

Under state and federal rules related to the COVID-19 public health emergency, providers must take certain precautions regarding persons who enter the facility. The precautions required can vary depending on the role and circumstances of the person entering the facility.

[Checking County Community Transmission levels]

1. Visit the CDC's webpage for [COVID-19 Integrated County View](#)
2. Scroll down until the page shows the US map
3. Under Data Type, select Community Transmission



4. You may zoom in using the + button on the top left corner of the map
5. Put your mouse cursor above the County of choice (Travis County has been shown in this example)

Data Type:

Community Transmission

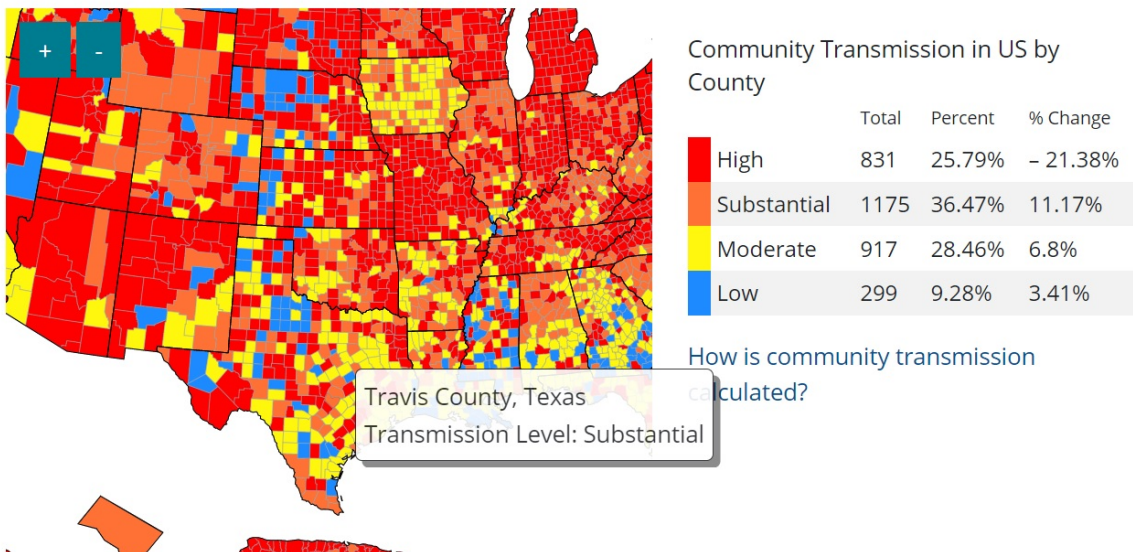
Map Metric:

Community Transmission

View a Time Lapse

All Counties

Download Image



6. Community Transmission Level for Travis County was substantial for this date. You may also click on your County for further details]

3.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.
- 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 tested staff and residents.
- Determine that all staff probable or positive for COVID-19 have been sent home until they meet the CDC criteria to return to work.
- Determine if facilities have sufficient PPE.
- 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.
- Read the CDC guidance on when to quarantine.

4. Immediate Response Guidelines

IMMEDIATE ACTIONS (0-24 hours)

FACILITY ACTIONS

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
- Prevent staff from working in more than one facility when possible
- Identify if exposed staff are working in other facilities
- Follow reporting instructions outlined in [Reporting COVID-19](#)

Create an isolation area for residents with a COVID-19 positive status

- Identify a separate, well-ventilated area to use as an isolation area as needed. This NF area should be a single bedroom, 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.
- The need for an entire unit dedicated to isolation or quarantine will depend on how many residents require isolation or quarantine. The facility is not required to have an entire unit, hallway, or wing dedicated to isolation or quarantine, especially as the number of residents in each cohort changes over time.
- However, the [\[QSO-20-39-NH\]](#) requires residents to be cohorted according to their COVID-19 status (positive, negative, unknown) AND requires a facility to have a response plan that includes cohorting plans with designated spaces for residents of each COVID-19 status.
- If the facility does not currently have a designated hot zone for residents with a positive COVID-19 status, or a warm zone for residents with an unknown COVID-19 status, they must still be prepared to cohort and isolate or quarantine residents, should the need arise (e.g., outbreak in the facility, resident who tests positive for COVID-19).
- An entire quarantine unit and/or an entire isolation unit may be needed if cases continue to increase at the facility, and at different times throughout this pandemic.

Note: Temporary walls or barriers are not required and the waiver permitting temporary walls or barriers ended on 06/06/2022.

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. Read [PPE Donning and Doffing Infographic](#) 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 area when possible.
- Limit resident transport and movement to medically essential purposes only.
- Use dedicated HCP 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 HCP and staff use, including 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 HCP 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.

HCP/staff leaving and entering isolation room

- Before entering the isolation room and prior to donning PPE, perform hand hygiene
- Put on proper PPE. Read [PPE Donning and Doffing Infographic](#) for donning and doffing procedures.
- Perform hand hygiene before and after performing resident care

- Directly before exiting the isolation room, remove all PPE except respirator and face shield or goggles, in accordance with donning and doffing procedures in [PPE Donning and Doffing Infographic](#)
- After exiting the isolation room, perform hand hygiene
- Doff eye protection, then respirator respectively. Perform hand hygiene after removing the respirator

Protect from infection

- [Enact PPE plans](#)
- Determine PPE supplies
- [\[Follow CDC and CMS guidance about visitors and staff who may be ill\]](#)
- 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

Note: If the NF provider is sharing staff [\[among different cohorts\]](#), they must ensure they are following all infection prevention and control policies, as outlined by the CDC and CMS. 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

Read [Section 3](#): HHSC Long-term Care Regulation Activities with NFs that have Positive COVID-19 Cases

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

Purpose

This document provides guidance for the prevention, management, and reporting of COVID-19 outbreaks. Prompt recognition and immediate isolation of probable cases is critical to prevent outbreaks.

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 HCP or visitors. Long-term care facilities should implement appropriate visitor restrictions and enforce sick leave policies for ill staff.

Immediate Prevention Measures

Visitor restriction – Per CMS [QSO 20-39](#), guidance on NF visitation, visitation is now allowed for all residents at all times.

[Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19.

- Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation.
- For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).]

Personnel, Contractors, Vendors – 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.

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 [\[procedure as NF staff before entering the facility.\]](#)

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.

[\[Individuals entering the facility -](#)

[Ensure everyone is aware of recommended IPC practices in the facility.](#)

- [Post visual alerts \(e.g., signs, posters\) at the entrance and in strategic places \(e.g., waiting areas, elevators, cafeterias\) These alerts should include instructions about current IPC recommendations \(e.g., when to use source control and perform hand hygiene\).](#)

[Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:](#)

- [1. a positive viral test for COVID-19](#)
- [2. symptoms of COVID-19, or](#)
- [3. close contact with someone with COVID-19 infection \(for residents and visitors\) or a higher-risk exposure \(for staff\).](#)

[Instruct staff to report any of the 3 above criteria to occupational health or another point of contact designated by the facility so these staff can be properly managed.\]](#)

Read table [Comparing Symptoms of COVID-19 Infection, Flu, and Seasonal Allergies](#) for additional information on ruling out COVID-19

Education – Share the latest information about COVID-19 and read the 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 and actions residents and families can take to protect themselves in the NF.

Educate and train HCP and reinforce sick leave policies and adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have HCP demonstrate competency with putting on and removing PPE. Remind HCP 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@hhsc.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 HCP)
 - Gowns
 - Gloves
 - Eye protection (face shield or goggles).

- Read the 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.
 - Read [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 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 - Per [CDC guidance for long-term care facilities](#), residents who remain asymptomatic [after an exposure] do not have to quarantine [,regardless of vaccination status].

Residents who have had close contact with someone with COVID-19 [must wear source control, as tolerated, for 10 days after exposure. Residents who have not recovered from COVID-19 infection in the prior 30 days must have a series of three viral tests for COVID-19 infection.

- The first test must be performed immediately (but not earlier than 24 hours after the exposure) and, if negative,
- Again 48 hours after the first negative test and, if negative,
- Again 48 hours after the second negative test.

This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Continue to watch for symptoms until 14 days after exposure. Per CDC [guidance](#), Quarantine is required for the following residents after close contact with someone with COVID-19:

- Resident is unable to be tested or wear source control for the 10 days following their exposure
- Resident is moderately to severely immunocompromised
- Resident is residing on a unit with others who are moderately to severely immunocompromised
- Resident is residing on a unit experiencing ongoing COVID-19 transmission that is not controlled with initial interventions]

The CDC's two [quarantine options](#) are:

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

Option #2 - Quarantine can end after day 7 if the person tests negative on a viral test (i.e., PCR 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 options require that daily monitoring for fever and symptoms.

CDC guidance includes the following information:

- A resident can discontinue quarantine of either option described above 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 option #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.

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.

[Per CDC guidance, residents should continue to wear source control until symptoms resolve or, for those who never developed symptoms, until they meet the criteria to end isolation below.

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

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

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

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

Residents with severe to critical illness and who are *not* moderately to severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- The test-based strategy as described for moderately to severely immunocompromised patients below can be used to inform the duration of isolation.

Residents who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.]

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 HCP when encountering the resident. With PPE becoming more readily available, facilities should be able to care for a resident with COVID-19, if they are stable and do not require a higher level of care or hospitalization.

Any exposed roommates should be moved and monitored for fever and symptoms, 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 HCP 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.

Nursing facilities are healthcare settings, but they also serve as a home for residents and quality of life should be balanced with risks for transmission. In light of this, **[all asymptomatic]** residents can choose not to use source control when in communal areas of the facility. Residents at [increased risk for severe disease](#) should still continue to practice physical distancing and use source control.

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.

Indoor visitation (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present):

- [During peak times of visitation and large gatherings (e.g., parties, events) facilities should encourage physical distancing.
- If the nursing home's county COVID-19 community transmission is not high, the safest practice is for residents and visitors to wear face coverings or masks. However, the facility could choose not to require visitors wear face coverings or masks while in the facility, except during an outbreak. The facility's policies regarding face coverings and masks should be based on recommendations from the CDC, state and local health departments, and individual facility circumstances.
- Regardless of the community transmission level, residents and their visitors when alone in the resident's room or in a designated visitation area, may choose not to wear face coverings or masks and may choose to have close contact (including touch). Residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit. If a roommate is present during the visit, it is safest for the visitor to wear a face covering or mask.
- Facemask must be used by everyone (including staff and visitors) if Community Transmission levels are high.

Indoor Visitation during an Outbreak Investigation: Per QSO 20-39-NH, while it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits and visits should ideally occur in the resident's room. While an outbreak investigation is occurring, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Also, visitors should physically distance themselves from other residents and staff, when possible.

Outdoor Visitation: Per QSO 20-39-NH, outdoor visits generally pose a lower risk of transmission due to increased space and airflow. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. When conducting outdoor visitation, all appropriate infection control and prevention practices should be followed.]

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, residents, in isolation or quarantine should not participate in group activities.

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.

HCP 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, HCP 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 - During outbreak conditions, the facility has the option to perform outbreak testing through two approaches, contact tracing or broad-based (e.g., facility-wide) testing until no new cases in staff or residents are identified. Residents who have previously recovered from COVID-19 in the last [30] days and remain asymptomatic do not need to be tested. [Testing should be considered for those who have recovered in the prior 31-90 days if they develop symptoms. However, if testing is performed on these people, an antigen test instead of PCR test is recommended.] Read [QSO 20-38](#) for more information on outbreak testing.

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

If a newly admitted resident experience symptoms, regardless of their vaccination status, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

Testing for COVID-19 should continue per facility protocol and CMS requirements, including for those who are up to date with all recommended COVID-19 vaccine doses including any booster dose.

In general, testing is not necessary for asymptomatic people who have recovered from COVID-19 infection in the prior [30] days. [Testing should be considered for those who have recovered in the prior 31-90 days if they develop symptoms; however, if testing is performed on these people, an antigen test instead of PCR test is recommended.]

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

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 read the CDC's [TB Tests and mRNA COVID-19 Vaccines](#) and [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 - 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

A resident who leaves the NF, is not gone overnight does not have to be **[quarantined upon returning to the NF as long as they remain asymptomatic. The resident must be screened for COVID-19 symptoms and may require testing as described above in Quarantine section.]**

If the NF determines that a resident who left the NF and returned the same day requires [testing], 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 [may] require [testing] per CDC guidance.

Control Measures for Staff

The CDC and CMS recommend, and the NF COVID-19 Response rules require, that all staff [report any of the 3 criteria to occupational health or another point of contact designated by the facility so these staff can be properly managed:

1. a positive viral test for COVID-19
2. symptoms of COVID-19, or
3. a higher-risk exposure]

Read table [Comparing Symptoms of COVID-19 Infection, Flu, and Seasonal Allergies](#) for additional information on ruling out COVID-19 infection.

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 - 26 TAC [§554.1001](#)
- 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 - 26 TAC [§554.1601](#)
- 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.

Read 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. 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.

A well fitted KN95 respirator can be used by the healthcare personnel providing care for residents who are COVID-19 negative. KN95 respirators may also be used in non-resident areas, i.e., while in all areas of the facility outside the Isolation (COVID-19 positive) zone and Quarantine (Unknown COVID-19) zone.

Additionally, the [CDC guidance](#) states when used solely for source control (i.e. outside Isolation and Quarantine zones) the KN95 respirator could be used for an entire shift unless they become soiled, damaged, or hard to breathe through.

Full PPE is required (NIOSH-approved N-95 or equivalent or higher-level respirator, gown, gloves, and eye protection) for healthcare personnel working inside the Isolation (COVID-19 positive) zone and Quarantine (Unknown COVID-19) zone [CDC guidance](#). KN95 respirators should not be used as a part of the PPE while working in Isolation or Quarantine zones.

Please read the information from the FDA at: [Revoked EUAs for Non-NIOSH-Approved Disposable Filtering Facepiece Respirators](#). The use of all models listed on the FDA website has been revoked.

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

While it is generally safest to implement universal use of source control for everyone in a healthcare setting, a nursing facility may permit HCP in healthcare facilities located in counties with low to moderate [Community Transmission](#), to not to wear source control **[while working in COVID-19 negative areas (Cold Zone).]**

[When [Community Transmission](#) levels are high,] HCP must wear source control when they are **[working inside COVID-19 negative areas and]** in areas of the healthcare facility where they could encounter residents (e.g., cafeteria, common halls/corridors).

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 (read [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: Read [PPE Donning and Doffing Infographic](#) about donning (putting on) and doffing (taking off) PPE. Read CDC [Strategies for Optimizing the Supply of Facemasks](#) and review the three levels of surge capacity.

COVID-19 response teams

If the NF provider is sharing staff **[among different cohorts]**, they must ensure they are following all infection prevention and control policies, as outlined by the CDC and

CMS. 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.

HCP 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 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. Read the 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.

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 regardless of vaccination status.
- during outbreak conditions regardless of vaccination status, staff members who have recovered from COVID-19 in the last [30] days and remain asymptomatic do not need to be tested.

Please read [Section 8. Testing for COVID-19](#) for details regarding staff testing.

Per [guidance from the CDC](#), people who have had COVID-19 within the previous [30] days do not need to quarantine or get tested again for up to [30] days as long as they do not develop symptoms. [Testing should be considered for those who have recovered in the prior 31-90 days, if they develop symptoms; however, an antigen test instead of a PCR test is recommended. This is because some people may remain PCR positive but not be infectious during this period.]

Staff with even mild symptoms of COVID-19 must be tested for COVID-19 infection (PCR or Antigen test). When testing a person with symptoms of COVID-19, negative results from at least one viral test indicate that the person most likely does not have an active COVID-19 infection at the time the sample was collected.

- If using an antigen test, a negative result must be confirmed by either a negative PCR or second negative antigen test taken 48 hours after the first negative test.
- If using PCR test, a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for COVID-19 infection exists, consider maintaining work restrictions and confirming with a second negative PCR.

A NF must develop policies and procedures for staff refusal of 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.]

Note: Please also read 'Testing of asymptomatic residents or HCP 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. Read 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.

[Return to Work Criteria for HCP with COVID-19 Infection]

Read table [Work Restrictions for HCP with COVID-19 Infection and Exposures](#) for work restrictions under conventional, contingency and crisis capacity strategies.

1. HCP who were asymptomatic throughout their infection and are [not moderately to severely immunocompromised](#):
 - At least 7 days if a negative antigen or PCR test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or a positive test at day 5-7) have passed since the date of their first positive viral test.
2. HCP with [mild to moderate illness](#) who are not [moderately to severely immunocompromised](#) can return to work:
 - after at least 7 days if a negative antigen or PCR test is obtained within 48 hours prior to returning to work have passed since symptoms first appears (or 10 days if testing is not performed or if a positive test at day 5-7), and
 - At least 24 hours since their last fever without the use of fever reducing medication, and there is an improvement of symptoms.
3. HCP with [severe to critical illness](#) and are *not* [moderately to severely immunocompromised](#) can return to work:
 - In general, **[at least 10 days and up to]** 20 days have passed *since symptoms first appeared, and*
 - At least 24 hours have passed *since last fever* without the use of fever-reducing medications, and there is an improvement in symptoms.
 - The test-based strategy as described for moderately to severely immunocompromised HCP as described in [Potential Exposure at Work- Return to Work Criteria](#) can be used to inform the duration of isolation.
4. HCP who are [moderately to severely immunocompromised](#) may test positive beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.

- Use of a test-based strategy as described in [Potential Exposure at Work-Return to Work Criteria](#) can be used to inform the duration of isolation.
- Consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.

After returning to work, HCP should:

- Wear a facemask over both the mouth and nose for source control 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.
- 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.
- 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.

[Managing staff with exposure to COVID-19

Per [CDC guidance](#), HCP [who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for COVID-19, as long as they test negative immediately (but not earlier than 24 hours after the exposure).

Following a Higher-risk exposure staff must undergo three tests:

- Testing is required immediately (but not earlier than 24 hours after the exposure) and, if negative,
- Again 48 hours after the first negative test and, if negative,
- Again 48 hours after the second negative test.

This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.]

[Higher-risk exposure](#) refers to exposure of an individual's eyes, nose, or mouth to material potentially containing COVID-19, particularly if present in the room for an aerosol-generating procedure. This can occur when staff do not wear adequate personal protective equipment during care or interaction with an individual.

Work restrictions 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.
- Staff who have traveled. HCP with [travel](#) or [community](#) exposures should consult their occupational health program for guidance on need for work restrictions. In general, HCP who have had prolonged close contact with someone with COVID-19 in the community (e.g., household contacts) should be managed as described for [higher-risk occupational exposures](#).

[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.

In general, testing is not necessary for asymptomatic people who have recovered from COVID-19 infection in the prior 30 days; testing should be considered for those who have recovered in the prior 31-90 days however, if testing is performed on these people, an antigen test instead of a PCR is recommended.]

Staff who are not restricted from work should still watch for symptoms of COVID-19. If they experience symptoms, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

Read table [Work Restrictions for HCP with COVID-19 Infection and Exposures](#) for work restrictions under conventional, contingency and crisis capacity strategies.

How Staff TB testing applies to the COVID-19 Vaccine

The CDC has issued guidance on [TB Tests and mRNA COVID-19 Vaccines](#) 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 read 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.

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. Read [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 read 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](#) or
- by email at ciiprovider@hhsc.state.tx.us

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 DAC of Survey and Compliance](#).

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. Read [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 single new case of COVID-19 infection in any staff or a nursing home-onset COVID-19 infection in a resident should be evaluated as a potential outbreak.
- 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 HCP 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 are not considered PPE or acceptable source control for staff.

Consider having HCP 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. Read 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 HCP 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 HCP, to care for known or probable COVID-19 cases. These HCP should be appropriately trained and fit-tested for N95 masks. Read the CDC's [Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#) for more information.

Movement and monitoring decisions for HCP with exposure to COVID-19 should be made in consultation with local public health authorities. To learn more, read the CDC's [Potential Exposure to COVID-19/ Return to Work Criteria](#).

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.

Remember to stay informed and up to date with all reporting requirements from you LHD/PHR, along with state and federal reporting requirements."

PPE Use When Caring for Residents with COVID-19

HCP should wear all suggested PPE when caring for residents with COVID-19 infection and suspected COVID-19 infection, in accordance with CDC guidance.

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 and doff any cloth or other alternative isolation gown; include a competency check.

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

N95 respirator fit testing -NFs must make every effort to ensure HCP who need to use tight-fitting respirators are fit-tested to identify the right respirator for the HCP and remember that OSHA requirements for adequate fit-testing are fundamental to any respiratory protection program.

Under serious outbreak conditions, there may be limited availability of respirators or fit-test kits. However, PPE production and supplies have increased throughout the pandemic and there is now an adequate supply of respirators and test kits, according to the CDC and [FDA](#). NFs must make every effort to perform fit-testing as respirator supplies allow.

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

HCP 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

Read the "[Three Key Factors Required for a Respirator to be Effective](#)" infographic.

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

User Seal Check - HCP 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.

HCP 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. HCP should follow the PPE manufacturer's instructions and recommendations for the proper use, donning, doffing, and user seal check of the N95 respirator.

Read the "[User Seal Check](#)" infographic.

Source Control Use When Caring for Residents without COVID-19

[Staff working in cold zones in facilities with low to substantial Community transmission may refrain from using facemask during COVID-19 negative resident care encounters.

Even in low to substantial Community transmission, source control is required for staff in healthcare settings who:

- Have other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- Had a [higher-risk exposure](#) (HCP) with someone with COVID-19 infection, for 10 days after their exposure; or
- Reside or work on a unit or area of the facility experiencing a COVID-19 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or
- Have otherwise had source control recommended by public health authorities

Staff working in cold zones in facilities with high Community transmission must use face mask and eye protection during COVID-19 negative resident care encounters. Staff working in facilities in counties with high transmission may choose to use NIOSH-approved N95 or equivalent or higher-level respirators during all resident care encounters or in specific units or areas of the facility at higher risk for COVID-19 transmission if:

- the resident is not up to date with all recommended COVID-19 vaccine doses (Up to date)
- the resident is unable to use source control
- the area is poorly ventilated
- during facility outbreaks

Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) must be worn during all COVID-19 negative patient care encounters if Community Transmission levels are high.

The table below summarizes the use of Source Control and Eye Protection in Cold Zones (i.e., During COVID-19 Negative resident encounters).

**[Source Control and Eye Protection in Cold Zones
(During COVID-19 Negative Resident Encounters)]**

Equipment	Low to Substantial Community Transmission	High Community Transmission
Facemask	Generally not required (See above)	Required
KN95 (These should not be used instead of a NIOSH-approved respirator)	Not Required	May be used as source control in place of a facemask

Equipment	Low to Substantial Community Transmission	High Community Transmission
NIOSH approved N95 Respirator	Not Required	Recommended
Eye Protection	Not Required	Required

[When used solely for source control in the COVID-19 negative areas, facemasks and respirators may be used for an entire shift unless they become soiled, damaged, or hard to breathe through.

In areas of high transmission in which HCP are using eye protection for all resident encounters, extended use of eye protection may be implemented. Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different residents, without removing eye protection between encounters. Eye protection should be removed, cleaned, and disinfected if it becomes visibly soiled or difficult to see through.

Continue to check the CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic](#) and [Strategies for Optimizing the Supply of Eye Protection](#) for the most recent updates to the guidance above.]

6. Visitation

Types of Visitation

Read [QSO 20-39-NH](#) for the latest guidance on visitation, which is now allowed for all residents at all times, per CMS.

[Please refer to [QSO 20-39-NH](#) for additional guidance related to Indoor Visitation, Outdoor Visitation and Indoor Visitation during an Outbreak Investigation.

Indoor visitation (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present): The safest practice is for residents and visitors to wear source control and physically distance, particularly if either of them are at risk for severe. During peak times of visitation and large gatherings (e.g., parties, events) facilities should encourage physical distancing.

- If the nursing home's county COVID-19 community transmission is not high, the safest practice is for residents and visitors to wear face coverings or masks. However, the facility could choose not to require visitors wear face coverings or masks while in the facility, except during an outbreak. The facility's policies regarding face coverings and masks should be based on recommendations from the CDC, state and local health departments, and individual facility circumstances.
- Regardless of the community transmission level, residents and their visitors when alone in the resident's room or in a designated visitation area, may choose not to wear face coverings or masks and may choose to have close contact (including touch). Residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit. If a roommate is present during the visit, it is safest for the visitor to wear a face covering or mask.
- Facemask must be used by everyone (including staff and visitors) if Community Transmission levels are high.

Indoor Visitation during an Outbreak Investigation: While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits and visits should ideally occur in the resident's room. While an outbreak investigation is occurring, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Also, visitors should physically distance themselves from other residents and staff, when possible.

Outdoor Visitation: [Per [QSO 20-39-NH](#), Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. However, weather

considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. When conducting outdoor visitation, all appropriate infection control and prevention practices should be followed.]

7. Activities, Dining, and Volunteers

Nursing facilities should refer to [CDC](#) and [CMS](#) guidance regarding group activities and communal dining.

CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection prevention and control. [The safest approach is for everyone, particularly those at high risk for severe illness, to wear a face covering or mask while in communal areas of the facility.]

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. Per CMS and CDC, the safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the facility.

Group Activities and Communal Dining

[While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. The safest approach is for everyone, particularly those at high risk for severe illness, to wear a face covering or mask while in communal areas of the facility. For more information, see the Implement Source Control section of the CDC guidance [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).]

Residents during their period in isolation and quarantine should not participate in group activities [and communal dining]. Residents with a positive COVID-19 status require isolation until they meet the criteria to discontinue transmission-based precautions.

- [In counties where [Community Transmission](#) levels are not high, visitors may eat with their loved ones during communal dining.
- [In counties where [Community Transmission](#) levels are not high, visitors must use facemasks, and must refrain from eating while in communal areas.

Visitors who may have COVID-19 infection or have been exposed, and are participating in urgent visits, must not eat with residents during communal dining, regardless of [Community Transmission](#) levels.

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.

Read 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.

8. Testing for COVID-19

CMS-mandated Testing

CMS [QSO 20-38-NH](#) details policy and regulatory revisions regarding NF testing requirements in response to COVID-19.

Testing requirements are organized into three categories:

- Testing based on triggers
 - any staff, regardless of vaccination status 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 most recent positive result
 - For information on testing staff with a [higher-risk exposure](#) to COVID-19 and residents who had close contact with a COVID-19 positive individual, when the facility is not in an outbreak status, read the CDC's [Interim Infection Prevention and Control Recommendations to Prevent COVID-19 Spread in Nursing Homes](#) and [Interim Guidance for Managing Healthcare Personnel with COVID-19 Infection or Exposure to COVID-19](#).

Facilities have the option to perform outbreak testing through two approaches:

- Contact tracing - If the facility has the ability to identify close contacts of the individual with COVID-19, they can choose to conduct focused testing based on known close contacts.
- Broad-based (e.g., facility-wide) testing - If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-wide or group-level (e.g., unit, floor, or other specific areas of the facility).

When prioritizing individuals to be tested, facilities should prioritize individuals with signs and symptoms of COVID-19 first, then perform testing triggered by an outbreak *investigation* (as specified below on table).

Testing Summary Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, regardless of vaccination status, with signs or symptoms must be tested.	Residents, regardless of vaccination status, with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, regardless of vaccination status, that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, regardless of vaccination status, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific areas of the facility).	Test all residents, regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific areas of the facility).
Routine testing	[Not generally recommended]	Not generally recommended

Routine Testing of Staff

[Routine testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility. See the [CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) guidance for additional information.]

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 **[or a second antigen test conducted 48 hours after the first negative 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 NHSN 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 read 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. 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 with any questions related to registration or reporting through DSHS.

Testing of asymptomatic residents or HCP 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 (HCP) should be excluded from work.
- If confirmatory PCR test is positive, then resident should transfer to COVID-19 unit. HCP 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. HCP 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, **[asymptomatic]** residents should **[be tested as described in [Control Measures for Residents](#) section]** after exposure, and HCP should follow [risk assessment guidance](#). CDC guidance for [Duration of Transmission-Based Precautions](#) should be followed for **[symptomatic]** residents. 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). Read the [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 **[30]** 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.

9. Vaccine Requirements

CMS published [QSO-22-11-ALL](#) on January 20, 2022, which outlines new requirements related to the COVID-19 vaccine in nursing facilities.

HHSC is not currently assessing compliance with CMS's Omnibus COVID-19 Health Care Staff Vaccination rules.

Educating Residents

All residents and/or resident representatives 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 must be provided with education regarding each dose of the vaccine. Residents and resident representative member(s) 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.

Please read [COVID-19 Vaccine During Pregnancy](#)- infographic for information regarding COVID-19 vaccine during pregnancy and breastfeeding.

Offering Vaccinations

NFs must offer residents 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 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.

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

CMS published [QSO-22-11-ALL](#) on January 20, 2022, which outlines new requirements related to the COVID-19 vaccine for staff in nursing facilities.

HHSC is not currently assessing compliance with CMS's Omnibus COVID-19 Health Care Staff Vaccination rules.

10. Comprehensive Mitigation Plan

[The NF COVID-19 Response Emergency Rule (also known as the mitigation rules) has expired on July 26th, 2022. Many of the requirements in the mitigation rules are still applicable through other state and federal requirements.

- A nursing facility must notify HHSC of COVID-19 activity as required by 26 TAC §554.1923(b).
- A nursing facility must cohort residents based on their COVID-19 status and apply transmission-based precautions as recommended by the CDC.
- A nursing facility must have an Infection Prevention and Control Program based on national standards (26 TAC §554.1601).
- A nursing facility must implement transport protocols for residents who may need a higher level of care outside of the facility (26 TAC §554.502) and implement person-centered care planning (26 TAC §554.802) when providing care to residents being treated for and recovering from COVID-19.
- A nursing facility must continue to follow guidelines for visitors, staff and residents per CMS and CDC guidance.
- Please note that the limitation of sharing of staff with other LTC providers has expired with the emergency rule expiration. Both temporary capacity increase and temporary Medicaid bed allocation increase will discontinue after the emergency rule expiration.]

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. HCP – Healthcare Personnel
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. RN – Registered nurse
36. SME – Subject matter expert
37. SNF – Skilled nursing facility
38. 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 Use of COVID-19 Antigen Testing in Nursing Homes](#)

[COVID-19 One-Stop Shop Toolkits](#)

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

[Potential Exposure at Work](#) combines [Criteria for Return to Work for Healthcare Personnel with COVID-19 Infection \(Interim Guidance\)](#) and [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)

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

[Doffing PPE: Disinfect Your Shoes](#)

[Ending Isolation and Precautions for Adults with COVID-19: Interim Guidance](#)

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

[Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19](#)

[Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#)

[Interim Infection Prevention and Control Recommendations to Prevent COVID-19 Spread in Nursing Homes](#)

Infographics:

- [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](#)

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

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

[Nursing Homes and LTC Facilities](#)

[How to Protect Yourself & Others](#)

[Strategies to Optimize the Supply of PPE and Equipment](#)

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

[Strategies for Optimizing the Supply of Isolation Gowns](#)

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

[Symptoms of COVID-19](#)

[Testing Guidelines for Nursing Homes](#)

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

[Vaccine Recipient Education](#)

[When to Quarantine](#)

CMS

[CMS April 2, 2020, Guidance](#)

[CMS Blanket \(1135\) Waivers](#)

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

[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](#)

[QSO 20-39-NH Nursing Home Visitation – COVID-19](#)

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

[In Vitro Diagnostics EUAs](#)

HHS

[The Difference Between Isolation and Quarantine](#)

HHSC

[CII – Reporting to HHSC](#)

[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](#)

[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: Comparing Symptoms of COVID-19 Infection, Flu, and Seasonal Allergies

Those who present with a symptom or symptoms that are consistent with allergies and COVID-19 will need to be evaluated on a case-by-case basis. COVID-19, influenza, and seasonal allergies cause many of the same signs and symptoms. However, there are some differences.

Symptom or sign	COVID-19	Influenza (Flu)	Seasonal Allergy
Cough	Often (dry)	Often	Sometimes
Fever	Often	Often	Rare
Muscle aches	Often	Often	Rare
Itchy nose, eyes, mouth or inner ear	Rare	Sometimes	Often
Sneezing	Rare	Rare	Often
Sore throat and stuffy nose	Often	Often	Rare
Diarrhea	Sometimes	Sometimes (in children)	Rare
Vomiting	Sometimes	Sometimes (in children)	Rare
Change in or loss of taste or smell	Often	Sometimes	Rare

Attachment 2: Work Restrictions for HCP with COVID-19 Infection or Exposure

Work Restrictions for HCP With COVID-19 Infection		
Conventional	Contingency	Crisis
10 days OR 7 days with negative test*, if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations such as types of residents they care for)
Work Restrictions for Asymptomatic HCP with COVID-19 Exposures		
Conventional	Contingency	Crisis
No work restriction Please see Control Measures for Staff for Higher-risk exposures	No work restriction	No work restriction

*Negative test result within 48 hours before returning to work

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with COVID-19 Infection or Exposure to COVID-19 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

ATTACHMENT 3: PPE Donning and Doffing Infographic

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

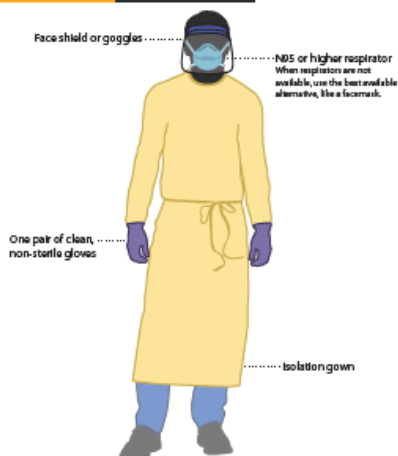
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- 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/facemask) 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



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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

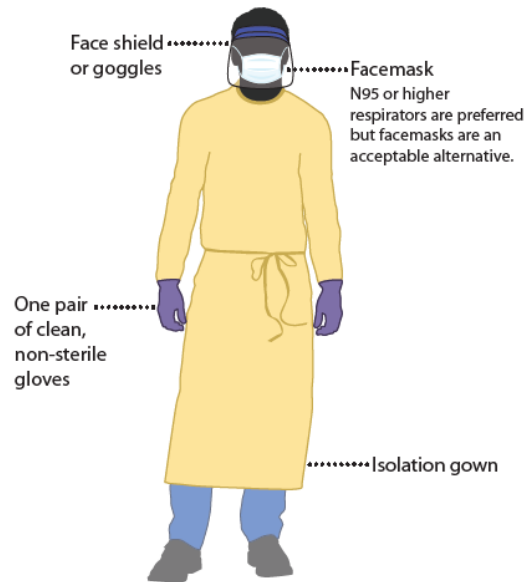
COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



CS 110816-C 03/23/2020

Acceptable Alternative PPE – Use Facemask



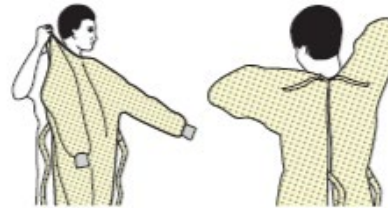
cdc.gov/COVID19

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



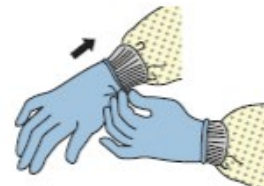
3. GOGGLES OR FACE SHIELD

- 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



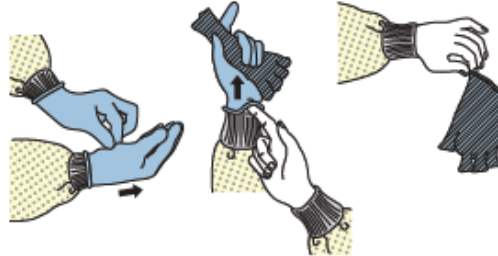
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

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

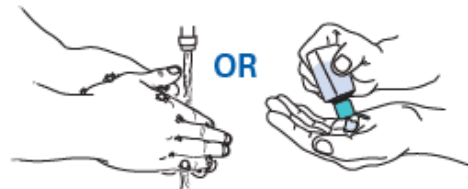


4. MASK OR RESPIRATOR

- 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



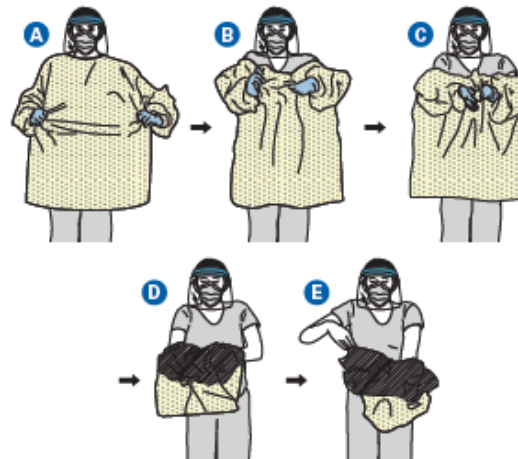
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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

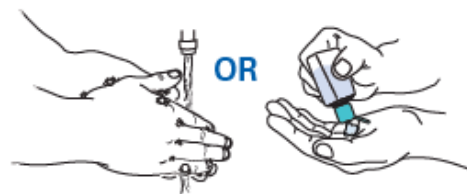


3. MASK OR RESPIRATOR

- 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.¹ 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.²

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).³

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 63:31152-13600.
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. Vecuoi 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.

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For a monthly update on news at NIOSH, subscribe to NIOSH eNews by visiting www.cdc.gov/niosh/eNews.

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.



CS316480A June 2, 2020 11:30 AM

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>.

[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.



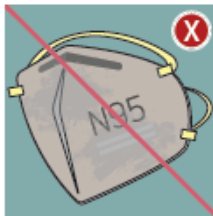
Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.



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.



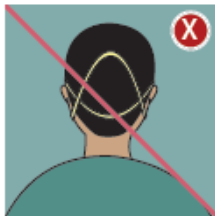
Select other PPE items that do not interfere with the fit or performance of your respirator.



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/hcp/using-pps.html>



CS317033A June 8, 2020 3:07 PM

cdc.gov/coronavirus

ATTACHMENT 5: Three Key Factors Required for a Respirator to be Effective - Infographic

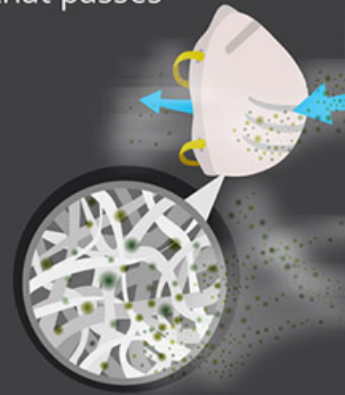
Three Key Factors Required for a Respirator to be Effective



- 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.

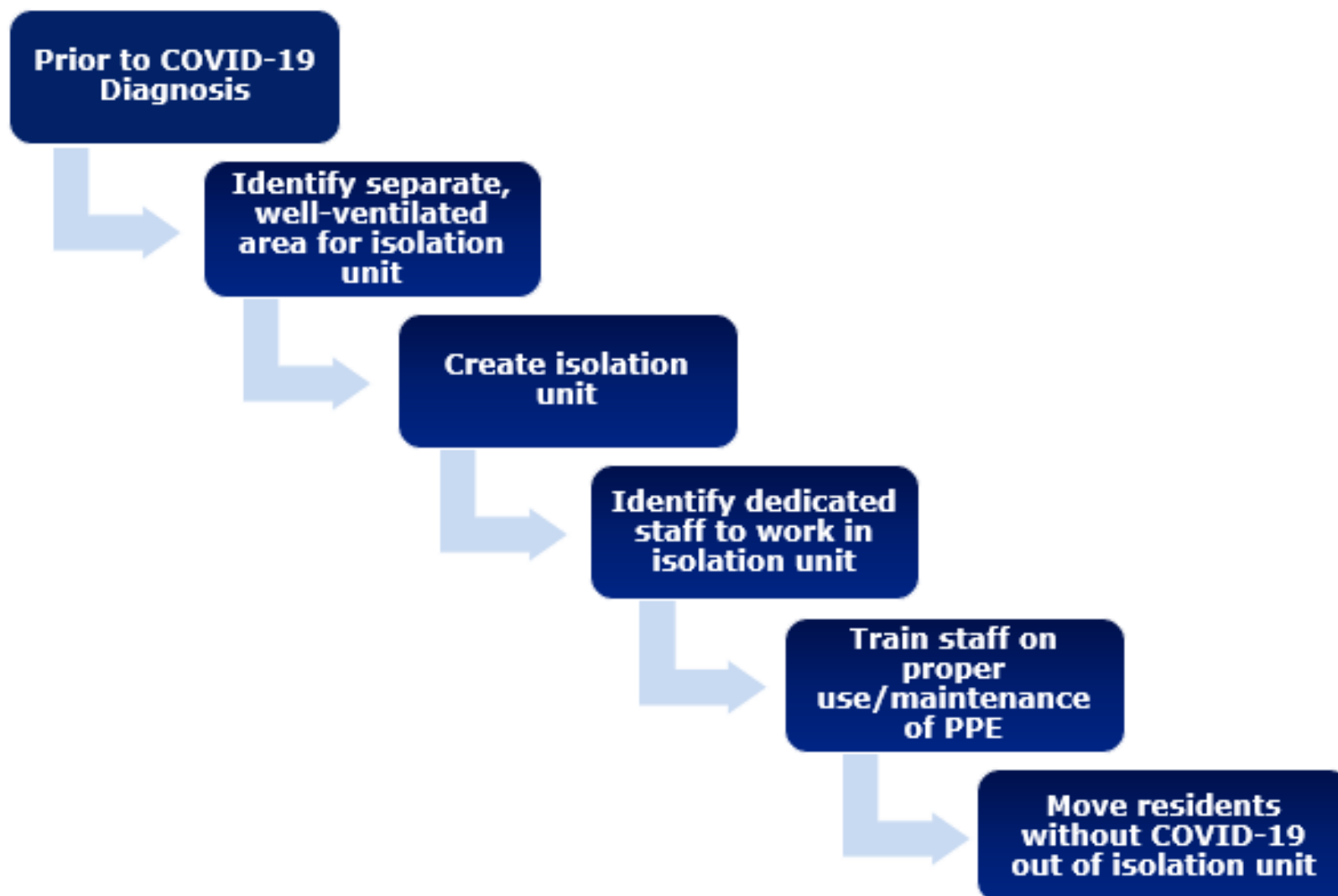


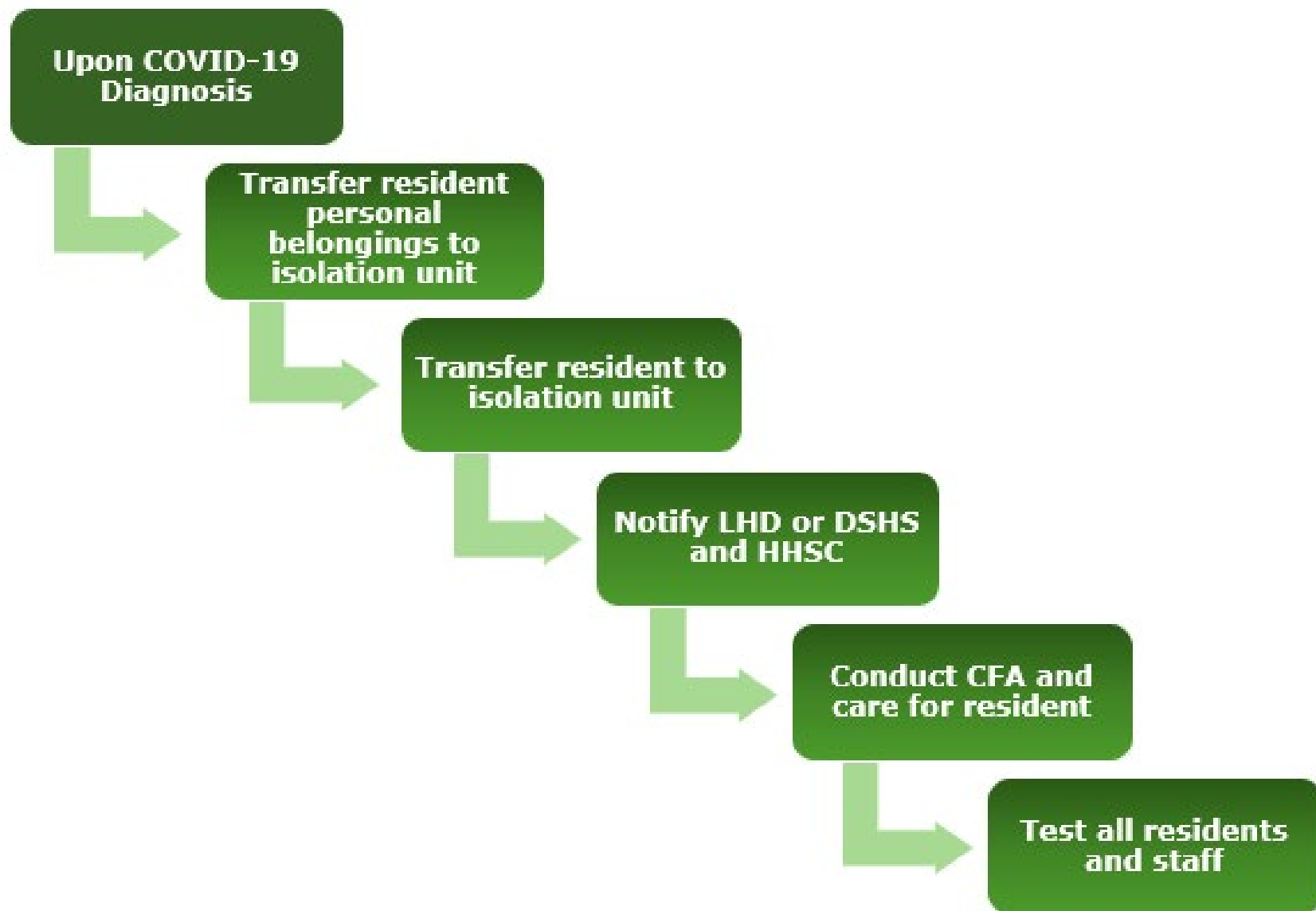
- ③ The respirator filter must capture more than 95% of the particles from the air that passes through it.

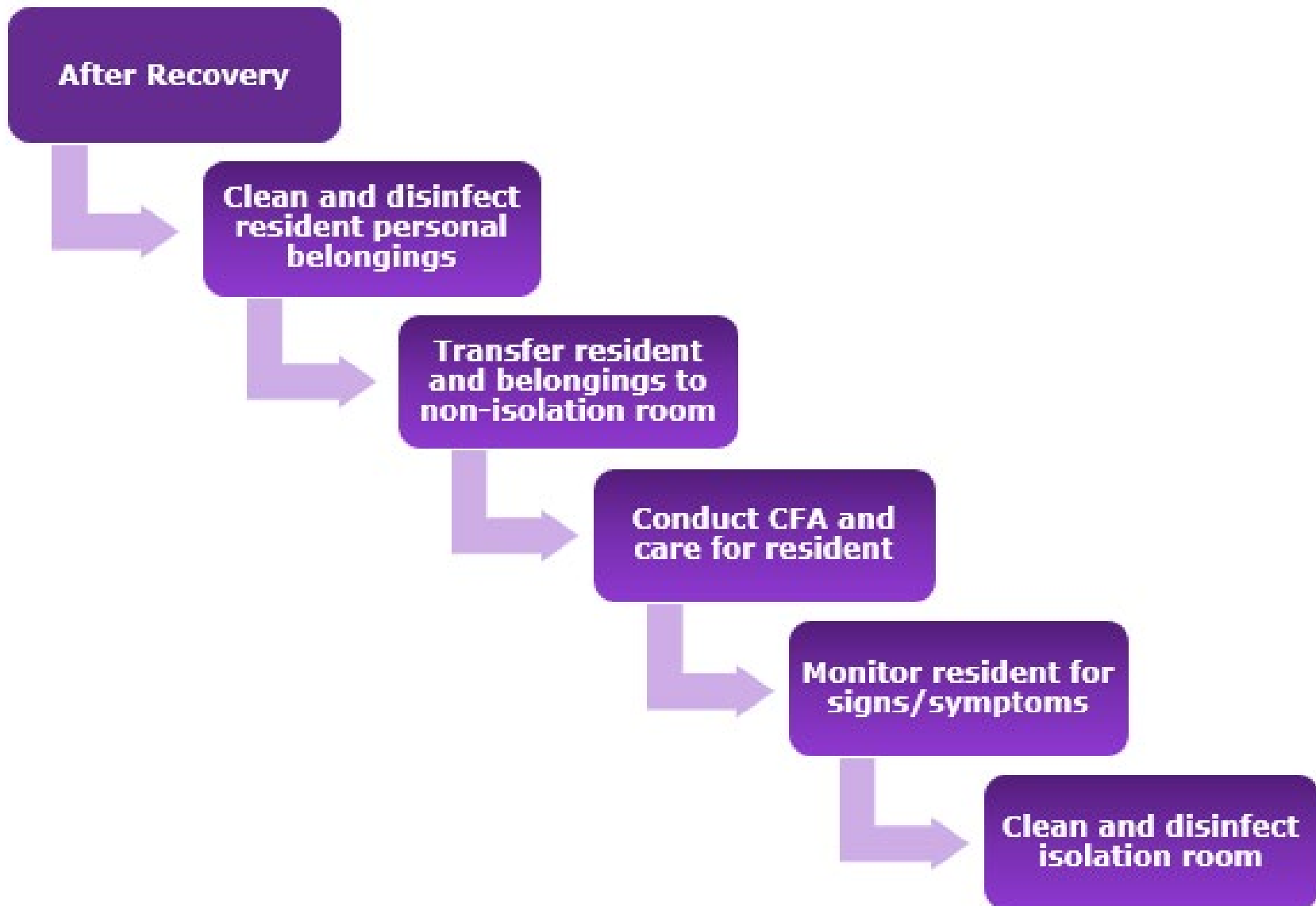


*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not

ATTACHMENT 6: Isolation Unit







ATTACHMENT 7: COVID-19 Vaccine During Pregnancy

COVID-19 Vaccines are Safe and Help Protect You and Your Baby

Pregnant people are more likely to have severe COVID-19 illness and complications.

Doctors, the CDC and DSHS recommend COVID-19 vaccines for people who are:



Pregnant



Breastfeeding



Trying to get pregnant now or in the future

There is no evidence of miscarriages, stillbirths, or preterm births linked to COVID-19 vaccines.

Vaccinated people, pregnant or breastfeeding vaccinated people give their babies antibodies that can help protect against COVID-19.



TexasAIM Safe Care for Every Mother
A program of the Texas Department of State Health Services



TEXAS Health and Human Services
Texas Department of State Health Services

Have questions? Ask your doctor or go to CovidVaccine.texas.gov

ATTACHMENT 8: Nursing Facility Communications Template

The purpose of this template is to assist NFs in providing routine COVID-19 related communications with residents, families and community members.

COMMUNICATION PRIORITIES	ITEMS TO CONSIDER (this is not an exhaustive list of all items that should be communicated)
New cases of COVID-19:	<i>Where can this information be found? (ex. website, weekly email update, phone number, contact person; "2 new cases among residents", "outbreak testing to continue until xx/xx/xx if no new cases arise before then"...) </i>
Updates to COVID-19 policies and procedures:	<i>How has the pandemic affected how the resident lives? (ex. Residents are cohorted based on their COVID-19 status (positive, negative, unknown))</i> <i>When does a resident or staff member require quarantine or isolation?</i> <i>What are the facility's infection prevention and control practices to minimize the spread of COVID-19 in the facility? (ex. staff wear PPE in accordance with CDC guidance, based on the residents they are caring for)</i>
Visitation and connection options Refer to QSO 20-39-NH , PL 2021-20	<i>How does the NF facilitate interaction and visitation for residents?</i> <i>How does the NF ensure all residents have the opportunity to receive visitors? (ex. visitation schedule, appointment times)</i>

Transfer and discharge rights Refer to 26 TAC Chapter 554, Subchapter F Admission, Transfer, and Discharge Rights in Medicaid-Certified Facilities COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers	<i>What is the NF's transfer and discharge policy during normal operations?</i> <i>How have the transfer and discharge policies changed during the pandemic?</i> <i>Where can residents and family members find this information?</i>
Options for residents and family members to share feedback Refer to facility policy for how to provide feedback, submit grievances	<i>How can residents and family members express concerns regarding care, COVID-19 policies and procedures, resident rights, etc.?</i>
Screening protocol Refer to [CDC guidance]	<i>What is the facility policy about screening residents and visitors?</i> <i>What happens if visitors do not pass screening?</i>
Testing protocol Refer to testing protocols in 42 CFR §483.80(h) and QSO 20-38	<i>What is the facility policy about staff testing during outbreaks and staff exposure?</i> <i>What is the facility policy about resident testing during outbreaks and resident exposure?</i>

ATTACHMENT 9: Resident Communication and Visitation Plan

The purpose of this template is to help the nursing facility facilitate conversations with residents and resident representatives on the resident's preferred communication strategies and methods for visitation.

Resident name:	
Date of Admission:	
Diagnoses:	
Age:	

Goal: Resident, resident representative, and care team will be informed and involved in facilitating open communication and resident visitation. Barriers to communication and visitation will be identified and overcome if possible.

About the resident: (include general background information, cognition status; strengths and difficulties/barriers regarding hearing, speech and vision...)	
What are the residents' preferred methods of communication? (ex. yes/no questions, open-ended questions, communication board, video chat, talking on the phone, writing, sign language, hand gestures, facial expressions ...)	

How does the resident communicate and interact with staff? (ex. verbal, nonverbal, sign-language, prefers a language other than English, can read or write, prefers short or long conversations, can follow simple instructions; use of assistive devices such as glasses, hearing aid, communication board...)	
Who are the resident's preferred visitors and essential caregivers?	
How does the resident communicate and interact with essential caregivers, visitors, friends and family members? (ex. verbal, nonverbal, sign language, speaks in a language other than English, talk on the phone, in-person visits, write letters, email, video chat, likes to talk on the phone with her daughter every Sunday afternoon...)	

How does the facility determine the frequency and schedule for visits and other forms of communication? (ex. visitation schedule, visitation hours, appointment times, staff to facilitate visitation, staff to assist with facilitating virtual visitation...)	
What strategies are available when the resident's preferred visitation methods are compromised? (ex. back-up plan, notification of resident representative, communication from the facility on behalf of the resident...)	
Other information:	

ATTACHMENT 10: CDC vaccine recommendations:

COVID-19 Vaccine Type	Primary Series	1 st Booster Dose	2 nd Booster Dose
Pfizer	2 doses @ 21 days apart	Yes, everyone 12 years and older should get a booster at least 5 months after completing primary series Pfizer or Moderna are preferred in most situations. * Teens 12-17 years old may only get a Pfizer vaccine booster	2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine at least 4 months after the 1st booster for: - Adults ages 50 years and older - People who are moderately or severely immunocompromised
Moderna	2 doses @ 28 days apart	Yes, adults 18 years and older should get a booster at least 5 months after completing primary series. Pfizer or Moderna are preferred in most situations. *	
Johnson & Johnson (J&J)	1 dose only	Adults 18 years and older may receive a J&J booster at least 2 months after receiving the J&J vaccine. Pfizer or Moderna are preferred in most situations. *	
[Novavax	2 doses @ 3-8 weeks apart	3 rd Dose: At least 2 months after 2nd dose, and can be Pfizer-BioNTech or Moderna]	

*Although mRNA vaccines are preferred, Johnson & Johnson COVID-19 vaccine [may be considered in some situations](#).

ATTACHMENT 11: CDC vaccine recommendations for Immunocompromised Persons:

COVID-19 Vaccine Type and age group	Number of doses to complete primary series	1 st Booster and Timing	2 nd Booster and Timing
Pfizer 12+ years	3 doses - Second dose given 21 days after first dose - Third dose given at least 28 days after second dose	1st booster, given at least 3 months after third dose - Pfizer or Moderna are preferred in most situations. * - Teens 12-17 years old may only get a Pfizer vaccine booster.	2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine at least 4 months after the 1st booster
Moderna 18+ years	3 doses - Second dose given 28 days after first dose - Third dose given at least 28 days after second dose	1st booster, given at least 3 months after third dose - Pfizer or Moderna are preferred in most situations. *	2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine at least 4 months after the 1st booster
Johnson & Johnson (J&J) 18+ years	2 doses - First dose J&J - Second dose Pfizer or Moderna given at least 28 days after receiving J&J vaccine	1st booster, given at least 2 months after second dose - Pfizer or Moderna are preferred in most situations. *	2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine at least 4 months after the 1st booster
[Novavax]	2 doses @ 3 weeks apart	3 rd Dose: At least 2 months after 2nd dose and can be Pfizer-BioNTech or Moderna]	

*Although mRNA vaccines are preferred, Johnson & Johnson COVID-19 vaccine [may be considered in some situations](#). See [COVID-19 Vaccines for Moderately or Severely Immunocompromised People](#) for more information.

ATTACHMENT 12: Description of a NF; COVID-19 Environment

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.

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. Read [section 7](#) 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, gastronomy (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 read the most recent version of the [QSO 20-39-Revised](#) for more information.

Impact of visitors on COVID-19 response:

Some people will present as asymptomatic 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.

Visitors, residents, and resident representatives should be made aware of the potential risk of visiting and necessary precautions related to COVID-19 in order to visit the resident.