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**Corrected Typos on
Slide 38 - 3/21/22**

Welcome Nursing Facility Providers!

**COVID-19 Updates and Q&A with
LTCR and DSHS**

March 9, 2022

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: LTCRPolicy@hhs.texas.gov | **Phone:** (512) 438-3161

COVID-19, updates and Q&A

Panelist

Kevin Knippa

Senior Policy Specialist
Policy & Rules
Long-term Care Regulation



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Covering in Today's Webinar

In today's webinar, time permitting, we will be covering the following:

- Alerts since our last webinar
- Information from DSHS
- Announcements
- Information from State LTC Ombudsman
- Information from TMF Health Quality Institute
- Consent for Psychoactive/Neuroleptic Medications
- Updated Training Requirements related to CNAs and NATCEP
- Refresher on Infection Prevention and Control Basics
- Live Q&A



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CDC Joining Next Webinar

Staff from the Centers for Disease Control and Prevention were unable to attend today's webinar. They will join us in May instead. The CDC will take live questions from stakeholders.

The alert for the next webinar will be posted to the [Nursing Facility Provider Portal](#) and sent out via [GovDelivery alerts](#) approximately two weeks before May 11th.



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Next Webinar

NF Provider Webinars are moving to a bi-monthly schedule. The next webinar will be held on May 11th.

The recording and slides from today's webinar will be posted to the [Nursing Facility Provider Portal](#) and sent out via [GovDelivery alerts](#).

They are typically posted/sent out within a few days after each webinar.



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Warning – Scam Alert

We have been informed about a scam that is specifically targeting senior living and has worked a couple times.

The scammers are smart and do their research. They know the names of facility leadership/management and tell staff this has been approved, and they have the facility's management on the other line approving the process.

The scam is as follows:

A caller calls the facility on a weekend night shift and tells staff answering the phone that they have an emergency PPE order, but payment is required. The caller states it must be paid for before delivery and that it is urgent. The caller then tells staff to break into the Business Office Manager's office to get petty cash to pay for the PPE. Staff are then instructed to take the money, convert it to Bitcoin and deposit it into an account.



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Fire Alarm System Cellular Communication Update

02/25/2022 – [LTC Providers May Need to Update Fire Alarm System Cellular Communication Services](#). In 2022, cellular companies will retire older 3G technology.

LTC providers with a fire alarm system supported by an older cellular communicator running on 3G signals should upgrade their fire alarm communication equipment. If your cellular communication device uses 3G to relay signals, and your cellular provider no longer supports those signals, your fire alarm system will not be able to notify emergency services if there is a fire.

Fire alarm communication devices that connect to cellular communication systems using this older technology will not work. Providers with fire alarm systems monitored by a third-party monitoring company should contact their fire alarm service company.



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COVID-19, updates and Q&A

Panelist

Angel H. Angco-Barrera, MBA, BSN, RN

Director of Public Health Nursing
Division of Regional and Local Health Operations

DSHS: dshs.texas.gov



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COVID-19, updates and Q&A

Panelist

Robert Ochoa

Senior Policy Specialist
Policy & Rules
Long-term Care Regulation



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Revised Certification Process for Nurse Aides Training and Working Under a Waiver

02/09/2022 – HHSC has published revised [Certification Process for Nurse Aides Training and Working Under a Waiver \(Provider Letter 2021-19\) \(PDF\)](#).

The revised letter clarifies that an RN or LVN can serve as the instructor for nurse aides seeking certification under the COVID-19 public health emergency waiver. The revised letter also links to the NATCEP Training Providers Directory. NPs can now locate an approved NATCEP with which to work.

[Read the details](#).



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Guidance About Amended Rules and Training Requirements for Nurse Aides and NATCEPs

02/14/2022 – HHSC has published [Training Requirements for Nurse Aides and Nurse Aide Training and Competency Evaluation Programs \(Provider Letter 2022-04\) \(PDF\)](#).

The letter provides guidance about the recently-amended rules for NATCEP providers and certified nurse aides in [Title 26, Texas Administrative Code, Chapter 556](#). The amended rules add infection control training requirements for both a NATCEP and a CNA.



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Training Requirements for Nurse Aides and NATCEPs (Revised)

03/01/2022 - [PL 2022-04 \(revised\)](#)

This letter was revised on March 1, 2022, to include information regarding HCSSAs and to provide some additional clarification.

A CNA who wants to keep his or her Texas certification current must comply with the requirements in this PL regardless of the setting where he or she is employed. For example, if a HCSSA or other licensed provider employs an individual who is a CNA, the individual must follow all requirements in order to keep his or her CNA certification up-to-date.

This letter provides guidance about the recently-amended rules for Nurse Aides and Nurse Aide Training and Competency Evaluation Program (NATCEP) providers and certified nurse aides (CNAs) in 26 Texas Administrative Code (TAC) Chapter 556. The amended rules add infection control training requirements for both NATCEPs and CNAs.



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Web-based Licensure System for Nursing Facility Administrators

02/14/2022 - [PL 2022-06](#)

The Health and Human Services Commission (HHSC) is issuing this letter to announce Long-term Care Regulation (LTCR) Credentialing Unit enhancements to the Texas Unified License Information Portal (TULIP).

Enhancements will allow NFAs to complete all licensing and application functions online. This letter also provides important dates and information related to TULIP's benefits and features, as well as instructions for making a successful transition to TULIP.



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Alert – CMS vaccine mandate

02/18/2022 – [CMS Vaccine Mandate Update](#)

HHSC is not currently assessing compliance with CMS's Omnibus COVID-19 Health Care Staff Vaccination rules, published in the Federal Register on November 5, 2021.



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TMF Health Quality Institute to host NF webinars

02/28/2022 – [TMF is hosting a series of webinars in March for nursing facility \(NF\) staff.](#)

- [Open Office Hour \(03/15 at 10:30am\)](#): *provides a panel of subject matter experts to respond to participant's' questions regarding NF challenges. It also includes a brief overview of changes to the National Healthcare Safety Network (NHSN).*
- [Reporting POC Testing in NHSN \(03/17 at 1:30pm\)](#): *covers the NHSN Point of Care (POC) Testing Data reporting requirements, the user rights needed to report POC data and staff testing results, and manual reporting.*
- [The Science Behind Vaccines, Antibodies and Herd Immunity \(03/22 at 10:30am\)](#): *explores common areas of misunderstanding, such as vaccine development, antibody protection, and how herd immunity works. It also provides tactics for communicating these concepts effectively.*



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State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412

Statewide email:

ltc.ombudsman@hhs.texas.gov

State Ombudsman: Patty Ducayet
512-438-4356 (or)

Patricia.Ducayet@hhs.texas.gov

Facebook:

https://apps.hhs.texas.gov/news_info/ombudsman/



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Provide feedback on the LTC Ombudsman Program

[NFs Encouraged to Give Feedback on the LTC Ombudsman Program](#)

Administrators of nursing facilities are invited to complete a short, online survey about experiences with the Long-Term Care Ombudsman Program. Responses will be used to strengthen programs and make recommendations for program improvement. The survey will take about five minutes to complete. Administrators access the [survey here](#).

Please complete the survey by Mar. 11, 2022.

Email [Kim Nguyen](#) or [Vicki Gottlich](#) with questions.



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COVID-19 Q&A

Panelist

Monika Maxwell, RN
TeamSTEPPS Master Trainer
Quality Improvement Specialist

TMF Health Quality Institute
tmf.org



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TMF Health Quality Institute CMS Quality Improvement Organization

Monika Maxwell, RN
TeamSTEPPS Master Trainer
Quality Improvement Specialist

NHSN FAQ 1

What is the length of time post-COVID-19 that it is still considered a COVID-19 death?

- Include a resident death related to COVID-19 complications
- Include a resident death **in the facility** and in other locations (acute care facility) where the resident was transferred for treatment
- Residents discharged from LTCF (not expected to return to the facility) are EXCLUDED from the count

See: [TOI Resident Impact and Facility Capacity](#)

NHSN FAQ 2

Which contracted and vendor HCPs should be included in NHSN COVID-19 vaccination reporting?

HCP can include any non-employee care providers who may or may not be involved in patient care, but are in the facility.

- See the non-exhaustive list, under Question 15, at [FAQs on Reporting COVID-19 Vaccination Data](#)
- See the CDC NHSN email from Jan. 24, 2022
- See the TMF QIN-QIO Online Forums post, [2 NHSN Emails: Booster Counts, Vendor Vaccinations & Medical Contraindications](#) (Login may be required)

NHSN FAQ 3

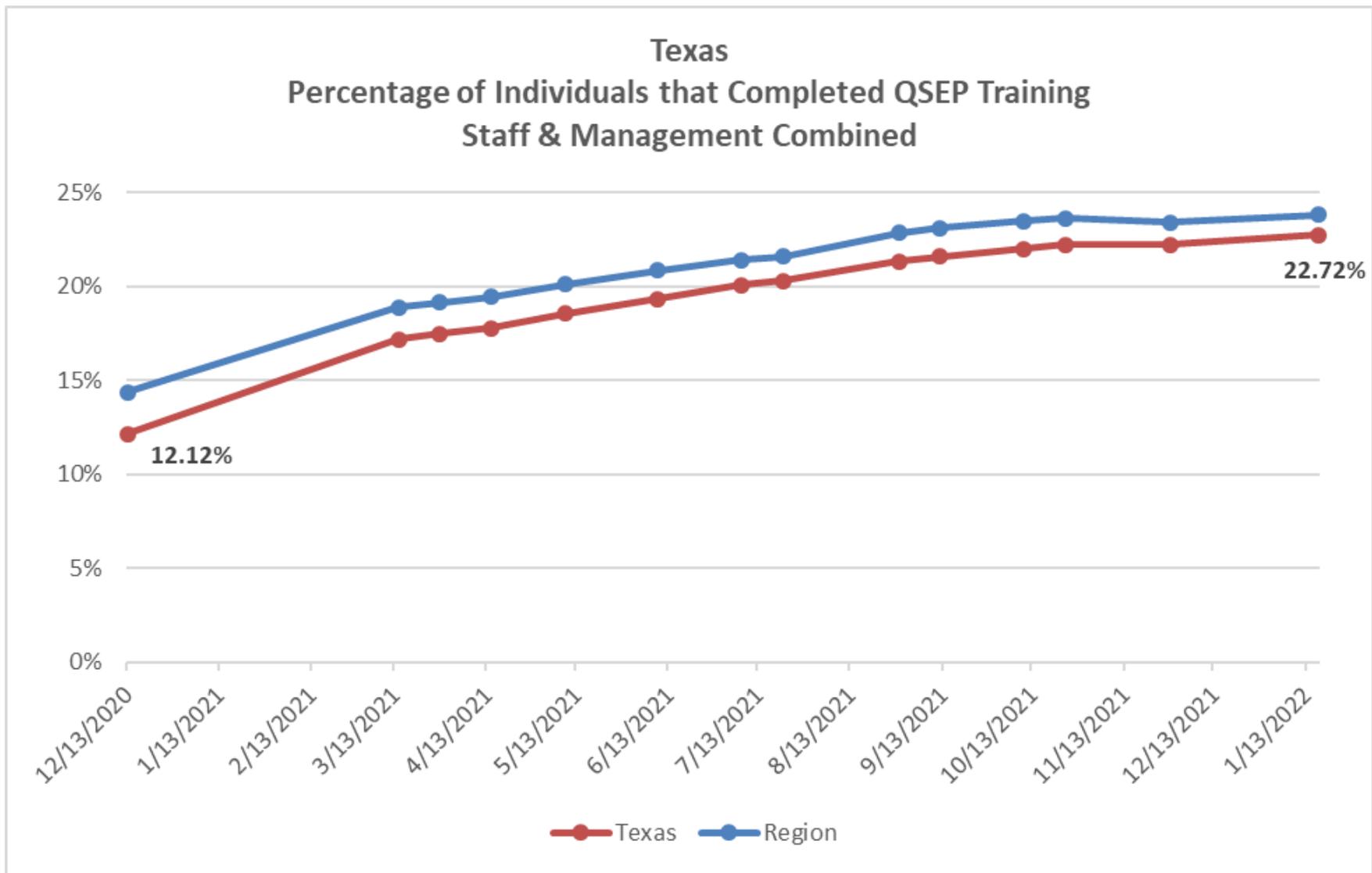
We run a day care in our nursing home. Do we count the children in our NHSN data?

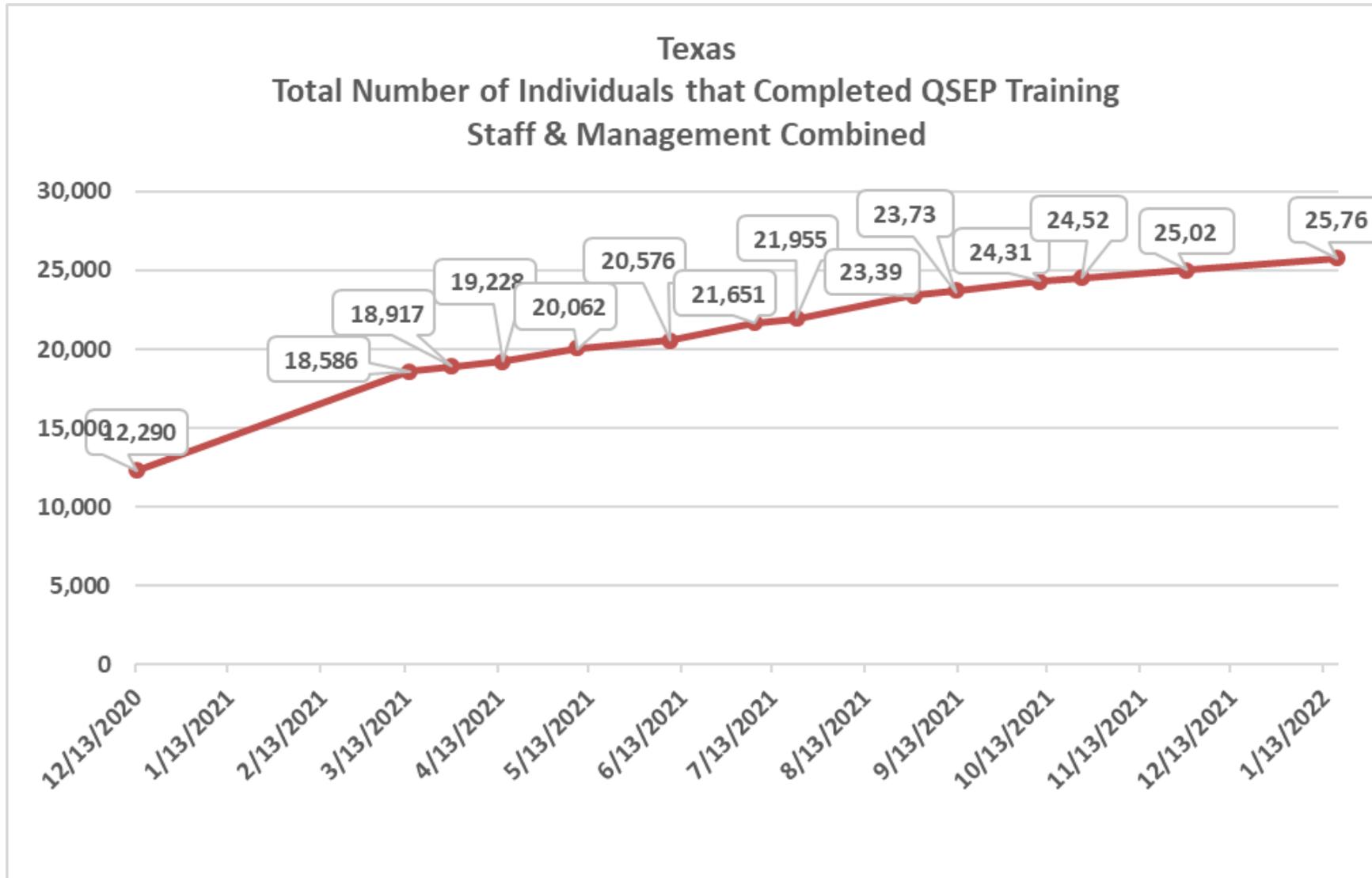
No. Per NHSN, children in a day care are not counted.

TIP: Consider how you count the employees of the day care? Follow the NHSN  instructions for HCPs.

NHSN System Updates

[Reporting COVID-19 Vaccination Data: Refresher Training and Updates](#)
[– February 2022 slide set](#)





CMS-Targeted COVID-19 Training

For frontline nursing home staff and management learning

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training Instructions – English](#)
- [QSEP Group Training Instructions – Spanish](#)

TMF QIN-QIO Videos and Resources

- **New** [Fuel Versus Friction Tip Sheet](#)

This tool offers fuel-based interventions intended to **increase vaccine uptake** and friction-based interventions that **respond to hidden barriers** that hold people back from vaccination.

- **New** [TMF COVID-19 Infographic: Who Gets Sick and Dies?](#)

Who Stays Well After Direct Exposure to COVID-19?

Vaccinated = 94% effective (6 people out of 100 get sick)



Unvaccinated = 11% effective (89 people out of 100 get sick)



Source: [Centers for Disease Control and Prevention \(CDC\), Jan. 28, 2022: COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence — 25 U.S. Jurisdictions, April 4–December 25, 2021](#)

Who Gets COVID-19? Each person represents 100 cases in a population of 200,000

Unvaccinated



Fully Vaccinated



Fully Vaccinated + Booster



Who Dies of COVID-19? Each person represents 1 death in a population of 200,000

Unvaccinated



Fully Vaccinated



Fully Vaccinated + Booster



TMF QIN-QIO Videos and Resources

- **New** [Nursing Home Recorded Events](#) Section with four categories filled with videos:
 - › COVID-19 and Infection Prevention
 - › LTC Connect
 - › NHSN
 - › Nursing Home Office Hours
 - › Check back often as more recordings are added.
- **New** [Infection Prevention and Control Mini-Toolkit](#)

Upcoming TMF QIN-QIO Training

March 15, 2022

Nursing Home Office Hours: Open Q&A Session

10:30 a.m. CT

[Register](#)

March 17, 2022

LTC Connect: Reporting POC Testing in NHSN

1:30 p.m. CT

[Register](#)

Upcoming TMF QIN-QIO Training

March 22, 2022

Nursing Home Office Hours: The Science Behind Vaccines, Antibodies and Herd Immunity

10:30 a.m. CT

[Register](#)

March 29, 2022

Nursing Home Office Hours: Understanding Religious and Medical Exemptions for Vaccinations

10:30 a.m. CT

[Register](#)

Upcoming TMF Training

April 5, 2022

Nursing Home Office Hours: Vaccine Safety and Efficacy: Responding to Misinformation

10:30 a.m. CT

[Register](#)

April 12, 2022

Nursing Home Office Hours: COVID-19 Impacts on Nursing Home Measures: Hospital Admissions and Readmissions

10:30 a.m. CT

[Register](#)

Need Assistance?

- Email nhnetwork@tmf.org
- Submit requests for assistance with NHSN reporting problems or quality improvement assistance

Rule update: Form 3713

Panelist

Christine Riley, RN

Nurse III - Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation



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Written Consent for Antipsychotic and Neuroleptic Medications

On January 2, 2022, HHSC adopted new rules that amend requirements related to consent for the prescription of antipsychotic or neuroleptic medication to residents of nursing facilities. The new rule implements [House Bill \(HB\) No. 2050](#) of the 86th Legislature.

Texas Administrative Code (TAC), Title 26, [§554.1207](#) requires written consent from the resident receiving antipsychotic and neuroleptic medications. Written consent can also be given by a person authorized by law to consent on the resident's behalf. Consent for antipsychotic and neuroleptic medications must be documented on a form prescribed by HHSC, which is [Form 3713](#).



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Written Consent for Antipsychotic and Neuroleptic Medications

What are antipsychotic medications?

Antipsychotic medications are divided into typical and atypical antipsychotics.

- Typical Antipsychotics are dopamine receptor antagonists (DRA), and are also known as first-generation antipsychotics. These antipsychotics are associated with significant extrapyramidal side effects, which can affect motor control and coordination
- Atypical antipsychotics are serotonin-dopamine antagonists, also known as second-generation antipsychotics. These antipsychotics have less risk of extrapyramidal side effects compared to typical antipsychotics, but are associated with significant weight gain and development of metabolic syndrome.



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Written Consent for Antipsychotic and Neuroleptic Medications

What are antipsychotic medications?

According to [NCBI](#), antipsychotic medications are also known as neuroleptics.

Read [Antipsychotic Medications](#) and [Neuroleptic Medications](#) from National Center for Biotechnology Information (NCBI) for more information.



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Written Consent for Antipsychotic and Neuroleptic Medications

What are antipsychotic medications?

Antipsychotics may be used to treat many conditions. Some of these conditions include:

- schizophrenia and schizoaffective disorders
- mania
- major depressive disorder with psychotic features
- delusional disorders
- severe agitation
- Tourette disorder
- borderline personality disorder
- dementia and delirium
- substance-induced psychotic disorder



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Written Consent for Antipsychotic and Neuroleptic Medications

What are antipsychotic medications?

Other indications may include Attention Deficit Hyperactivity Disorder (ADHD), eating disorders, insomnia, obsessive compulsive disorder, post-traumatic stress disorder (PTSD), Huntington disease, Parkinson disease, Lesch-Nyhan syndrome, and pervasive developmental disorder.

Reminder: Any use of a psychotropic medication must have clinical justification and documented rationale for each resident.



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Written Consent for Antipsychotic and Neuroleptic Medications

What are antipsychotic medications?

§483.45 Pharmacy Services, F758

Definition from F758: ***"Indications for use"*** is the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals



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Written Consent for Antipsychotic and Neuroleptic Medications

For residents who are already taking antipsychotic or neuroleptic medications (i.e. residents with an existing prescription): Facility staff must complete Form 3713 as soon as possible.

This includes residents who are newly admitted to the facility from the community or hospital with a current prescription for an antipsychotic or neuroleptic medication.



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Written Consent for Antipsychotic and Neuroleptic Medications

If Form 3713 has not been completed and antipsychotic or neuroleptic medications are administered to a resident, the facility must document communication with all parties involved.



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(Continued on the next slide)

Written Consent for Antipsychotic and Neuroleptic Medications

This documentation should discuss whether the medication should continue and include notes from healthcare professionals at the NF, healthcare professionals outside the NF, the resident, and the person authorized to consent for the resident if applicable.

Healthcare professionals include but are not limited to the resident's attending physician, physician in the community or hospital setting, registered nurse, licensed vocational nurse, advanced practice registered nurse, physician assistant, clinical pharmacist, or psychiatrist.



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Written Consent for Antipsychotic and Neuroleptic Medications

For residents who are being prescribed an antipsychotic or neuroleptic at the NF for the first time:

Form 3713 must be completed before the first dose is administered



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Written Consent for Antipsychotic and Neuroleptic Medications

Form 3713

The prescriber of the medication, that person's designee, or the facility's medical director must complete Section I of Form 3713.

Texas Health and Human Services Commission (HHSC) cannot specify who can be the designee for the prescriber. Prescribers should consult their own board, such as the Texas Medical Board, to determine who can act as their designee. The rule permits the prescriber to delegate this type of activity if the prescriber's license permits it.



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Written Consent for Antipsychotic and Neuroleptic Medications

Form 3713

The resident or the resident's legally authorized representative must sign in Section II of Form 3713. The rule requires consent in writing by the resident or by a person authorized by law to consent on behalf of the resident. Verbal consent does not meet the rule requirements. Staff signing on behalf of the resident is not permitted either.



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Consent for other Psychoactive Medications

The resident's written consent is not required for psychoactive medications that are not considered antipsychotic or neuroleptic medications. However, the rule still requires documented consent for all psychoactive medications.



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Consent for other Psychoactive Medications

The person prescribing the medication, their designee, or the facility's medical director must provide the resident (and if applicable, the person authorized to consent on behalf of the resident) with the following information:

- The condition being treated;
- The beneficial effects on that condition expected from the medication;
- The potential side effects of the medication;
- The associated risks of the medication; and
- The proposed course of medication.



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Consent for other Psychoactive Medications

The facility may document consent in the resident's clinical record using a form prescribed by the facility, or by a statement from the prescriber of the medication or that person's designee. The record must show how consent was obtained from the appropriate person.



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Written Consent for Antipsychotic and Neuroleptic Medications

Resources

- 26 TAC [§554.1207](#) Prescription of Psychoactive Medication
- [PL 21-43](#) Updates to Nursing Facility Rules
- [Texas Health and Safety Code, Chapter 242, Section 242.505. Prescription of Psychoactive Medication](#)
- [Texas Health and Safety Code Chapter 313 Consent to Medical Treatment Act](#) (for information on who may consent on behalf of the resident)



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COVID-19 Q&A

Panelist

Bijendra Bhandari
Infection Prevention Policy Specialist
Policy & Rules
Long-term Care Regulation



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Training Requirements for Nurse Aides and NATCEP

PL [2022-04](#) issued 03/01/2021 -

Training Requirements for Nurse Aides and Nurse Aide Training and Competency Evaluation Programs

Effective August 8, 2021, HHSC adopted amended rules for NATCEP providers and CNAs. The amended rules:

- allow a NATCEP to offer certain components of required training online;
- increase the number of hours of infection control training a NATCEP must provide; and
- require all CNAs to complete a course in infection control each year.



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Training Requirements for Nurse Aides and NATCEP

[PL 2022-04](#) : Training Requirements for NATCEPs

A NATCEP must teach eight hours of infection control training that includes the proper use of personal protective equipment (PPE) before the nurse aide can have direct contact with a nursing facility resident. A NATCEP must incorporate eight hours of infection control, including proper PPE use, into their training curriculum.



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Training Requirements for Nurse Aides and NATCEP

[PL 2022-04](#) - Additionally, a CNA must complete a course in infection control and proper use of PPE every year.

Beginning April 1, 2022, all CNA renewal applications must include attestation that the CNA completed the training annually.

Rule [§556.9\(d\)\(3\)](#) – *A nurse aide must complete an HHSC course in infection control and proper use of PPE every year.*

Both HHSC and CMS provide online infection control training free of charge. A CNA must take either the HHSC or CMS training to meet this requirement:

- [HHSC's Infection Control for Nurse Aides Computer-based Training, Modules 1 through 5](#); or
- [CMS' Targeted COVID-19 Training for Frontline Staff](#).



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Training Requirements for Nurse Aides and NATCEP

When a CNA submits a renewal application to HHSC, they are required to indicate whether they have completed the IPC/PPE training on an annual basis. A CNA does not submit IPC/PPE training completion certificates to HHSC but should keep copies of those certificates in case HHSC asks to see them.



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Nursing Facility In-Service Education for CNAs

§[554.1001\(a\)\(4\)\(G\)\(ii\)](#) in-service training for nurse aides

(G) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must:

(ii) include at least two hours of training on infection control and personal protective equipment per year



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CNA and NF IPC Training

Please note that the CNA Rule [§556.9\(d\)\(3\)](#) IPC and PPE training and Rule [§554.1001\(a\)\(4\)\(G\)\(ii\)](#) in-service IPC training are two separate training requirements.

- The CNA rule requires a CNA to complete the HHSC or CMS IPC/PPE training on an annual basis as part of the renewal of the nurse aide certification.
- The NF rule requires a NF to provide at least two hours of IPC/PPE inservice training every year. A NF can choose any IPC/PPE training. This is not part of the renewal of the nurse aide certification



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Training Requirements for Nursing Facility Administrator

26 TAC [§555.35\(C\)\(a\)\(3\)](#) requires NFAs complete an HHSC course in IPC/PPE as part of their continuing education for license renewal.

NFAs must either complete:

- HHSC [Infection Control for NF Administrators Computer-based Training](#) or
- CMS [Targeted COVID-19 Training \(for management\)](#)



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Reminder: IPC Basics

Screening

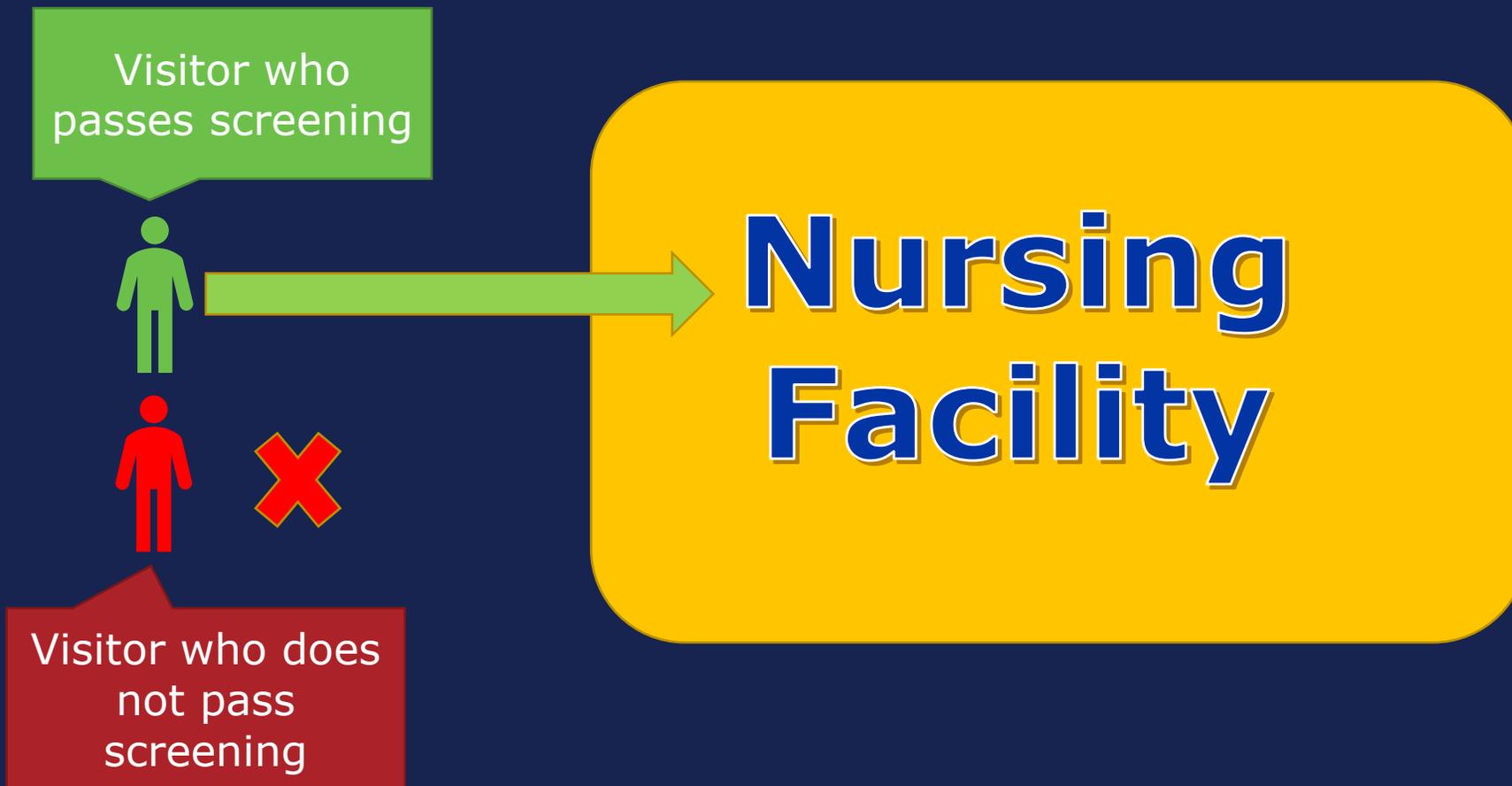
A nursing facility must screen **staff** and **residents** according to the screening criteria in the [NF COVID-19 Emergency Response Rule](#).

A nursing facility must screen visitors according to CMS requirements in [QSO 20-39](#). Per CMS, “visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for [quarantine](#), should not enter the facility. Facilities should screen all who enter for these visitation exclusions.”



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Screening



Reminder: IPC Basics

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.).

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.

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.



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Hand Hygiene

When using alcohol-based hand sanitizer:

PUT PRODUCT ON HANDS AND RUB HANDS TOGETHER



COVER ALL SURFACES UNTIL HANDS FEEL DRY



THIS SHOULD TAKE AROUND 20 SECONDS



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Reminder: IPC Basics

Source Control

For substantial to high community transmission:

- All residents and visitors (regardless of vaccination status) should wear masks during the visits. Residents should wear source control as tolerated. Visitors must wear source control.

For low to moderate community transmission:

- It is recommended for everyone to wear source control. If the **resident and the visitors are fully-vaccinated** and the resident is NOT moderately to severely immunocompromised, the visitors and the resident can choose not to wear a mask and have physical contact.

(continued on next slide)



Reminder: IPC Basics

Source Control

Communal dining and activities, including outings: It is recommended for all residents, regardless of vaccination status, to wear a facemask while in communal areas of the facility. Please refer to the CDC [Interim Infection Prevention and Control Recommendations](#) for additional information.

NFs in areas of [low to moderate transmission levels of COVID-19](#) may consider allowing fully vaccinated residents to not use source control when in communal areas of the facility. (Check the level of transmission with the [COVID-19 County Check](#).) However, residents at [increased risk for severe disease](#) should still continue to practice physical distancing and use source control, as tolerated.



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Person with COVID-19	Person without COVID-19	Chance of spread	
	Neither wears face covering + Less than 6 feet apart		VERY HIGH
	Only healthy wears face covering + Less than 6 feet apart		HIGH
	Only infected wears face covering + Less than 6 feet apart		MEDIUM
	Both wearing face covering + Less than 6 feet apart		LOW
	Both wearing face covering + Stay at least 6 feet apart 		VERY LOW

Reminder: IPC Basics

Instructional Signage

The NF must have instructional signage throughout the facility and proper visitor education on:

- COVID-19 signs and symptoms
- Infection control precautions
- Other applicable facility practices (ex. use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)



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Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.



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AIRBORNE PRECAUTIONS



EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.



Put on a fit-tested N-95 or higher level respirator before room entry.

Remove respirator after exiting the room and closing the door.



Door to room must remain closed.

CSPB-200149-A



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Reminder: IPC Basics

Cleaning and Disinfecting

From CDC's [Infection Control for Nursing Homes](#)

- Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas.
- Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
- Use an EPA-registered disinfectant from [List N:disinfectants for Coronavirus \(COVID-19\)](#) to disinfect surfaces that might be contaminated with COVID-19. Ensure HCP are appropriately trained on its use and follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).



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FOLLOW THE CDC GUIDELINES*

DISINFECTANTS ARE NOT CLEANERS

Follow a simple 2-step process for the greatest protection against viruses and bacteria



* Centers for Disease Control and Prevention, "Guidance for Cleaning and Disinfecting"



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Reminder: IPC Basics

Personal Protective Equipment (PPE)

Full PPE includes:

- NIOSH-approved N95 or equivalent or higher-level respirator
- Gown
- Gloves
- Eye protection (goggles or face shield)

Full PPE is *required* for healthcare personnel working inside the Isolation (COVID-19 positive status) zone and Quarantine (unknown COVID-19 status) zone per CDC guidance.

All other staff (working outside of the Isolation or Quarantine zones) must wear at least a surgical face mask while in the NF.



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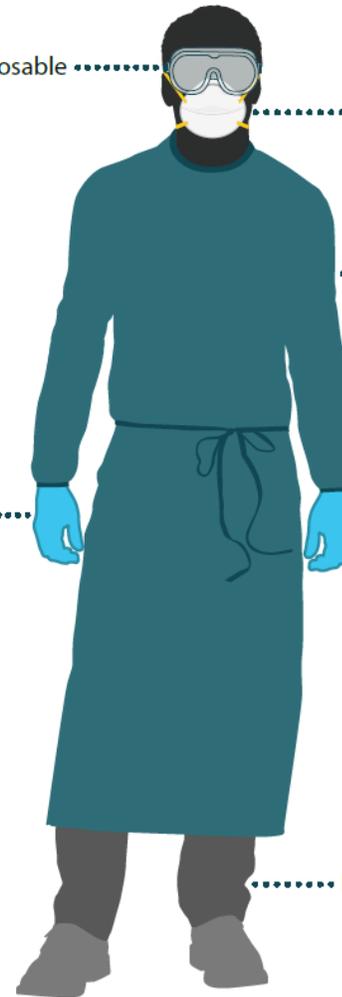
Goggles or disposable full-face shield

NIOSH-approved N95 filtering facepiece respirator or higher

Gown

One pair of clean, nonsterile gloves

No shoe or boot covers



Reminders

GovDelivery Alerts

Don't forget to sign up for GovDelivery alerts <https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>. Select "Nursing Facility Resources" as a topic option to receive webinar updates.

CMS/CDC COVID-19 Training

CMS is offering free online training for nursing facilities related to COVID-19.

[Click here](#) to view currently available pre-recorded trainings. Facilities also have access to the [CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](#).



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Next Webinar

NF Provider Webinars will now be held every other month. The next webinar will be held on Wednesday, May 11, 2022 at 2:30pm.

Registration information is sent at least two weeks before each webinar and is sent via [GovDelivery email](#). An alert is also posted to your [Nursing Facility Provider Portal](#) under the Communications section.



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COVID-19, updates and Q&A

Panelist

Kevin Knippa

Senior Policy Specialist
Policy & Rules
Long-term Care Regulation



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Questions?

For more information:

Web: [Coronavirus \(COVID-19\) Provider Information](#)

Web: [Provider Portal: LTC Providers - Nursing Facilities \(NF\)](#)

Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161



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Thank you!

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: LTCRPolicy@hhs.Texas.gov | Phone: (512) 438-3161