# Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic and directed state agencies to restrict visitation at nursing facilities (NFs) to protect those most vulnerable to COVID-19. In addition, the Centers for Medicare and Medicaid Services (CMS) directed all NFs to restrict visitation and allow access only to staff or other individuals providing critical services.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all NFs via a regularly updated Frequently Asked Questions (FAQs) document.

With each update, information in this FAQ document will be arranged by topic, and if guidance changes from previous FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at PolicyRulesTraining@hhsc.state.tx.us.

The frequently asked questions document now includes a table of contents to make it easier to use. Just click on a topic or question to automatically be redirected to a specific place on the page.

These frequently asked questions are published to offer providers resources to consult when they are making decisions. They are guidance, recommendations, and best practices that LTC Regulation has collected for the convenience of the providers, to assist in decision making related to the health and safety of residents during this unprecedented time.

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# Reporting

**I'm required to submit COVID-19 death report data to the National Healthcare Safety Network system. Do I still have to submit COVID-19 and non-COVID-19 death reporting data to HHSC?**

Response: Yes. NFs are required to submit death reports to HHSC within ten working days after the last day of the month via TULIP. NFs must report all deaths that occur within the facility and those that occur within 24 hours after transferring a resident to a hospital from the NF. NFs can be cited for failing to submit timely and accurate death report information to HHSC.
See PL 20-08, PL 20-37, THSC §260A.016, §19.606 and §19.1010 for details.


**If a facility is having trouble registering or submitting data to the National Healthcare Safety Network (NHSN) system, will there be any extensions on the deadlines to submit our reports? We have heard that some facilities have been cited for failure to submit their data.**

Answer: Questions about the reporting requirements should be directed to NH_COVID_Data@cms.hhs.gov.
Questions about the NHSN system and enrollment should be directed to NHSN@cdc.gov
In addition, the following information can assist providers with challenges they have with COVID-19 reporting to NHSN:

1. The first step is enrolling your facility in National Healthcare Safety Network (NHSN) https://www.cdc.gov/nhsn/ltc/covid19/enroll.html
    a. Here is slide set for enrolling in NHSN https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/covid19-enroll-508.pdf
2. Next, review the COVID-19 module overview presentation https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/ltcf-covid19-module-508.pdf
3. Utilize the NHSN forms to gather data to be entered into NHSN
    a. Resident Impact and Facility Capacity: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-res-blank-p.pdf
    b. Staff and Personnel Impact: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.145-staff-blank-p.pdf
    c. Supplies and Personal Protective Equipment: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.146-supp-blank-p.pdf
    d. Ventilator Capacity and Supplies:

https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.147-vent-blank-p.pdf

For additional resources, visit the CDC NHSN LTCF COVID-19 website: https://www.cdc.gov/nhsn/ltc/covid19/index.html

## What can we expect as a facility after we make a report of a staff or resident that has tested positive for COVID-19? What kind of public resource response can we anticipate? Will HHSC or DSHS or local health department come to the facility to assist?

The response will depend on the level of COVID-19 event a facility is experiencing or whether the facility requests assistance. The facility must report every confirmed case of COVID-19 their local health department (LHD), or DSHS in jurisdictions where there is no LHD.

If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health department by phone. You can find contact information for your local/regional health department here: https://www.dshs.state.tx.us/rls/localservices/default.shtm?terms=local%20health%20entities Work with your local health department to complete the COVID-19 case report form if and when necessary.

HHSC will serve as the lead state agency in the state's response to an LTC COVID-19 event. HHSC actions may include:
- Development of testing recommendations, in consultation with DSHS
- Ensuring appropriate/assistance with resident movement
- Providing subject matter experts (SME): LTC, HAI, epidemiology
- Coordination of HHSC, DSHS, emergency management and local actions

In addition to the activities above, HHSC coordinates the formation of a Texas COVID-19 Assistance Team – LTC (TCAT-LTC). This team will include representatives from HHSC, DSHS, local health department (as applicable) and emergency management (as applicable.) This team will assist facilities with management of a COVID-19 event through provision of SMEs, resource request management, and support to facility actions through initial response activities. The TCAT-LTC will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-LTC deactivation. See
COVID-19 Response for Long-term Care Facilities for more information

**Do NFs need to report to HHSC when there is a case of COVID-19 in the facility?**

Yes. NFs must report the first confirmed case of COVID-19 in staff or residents, as well as the first confirmed case of COVID-19 after a facility has been without new cases for 14 days or more. to HHSC as a self-reported incident within 24 hours of the confirmed positive result.

The reports should include all information a facility would include in any self-reported incident. The 3613-A should also be completed and submitted within five days from the day a confirmed case is reported to CII. The provider investigation report can be submitted:

- via TULIP
- by email at ciiprovider@hhsc.state.tx.us
- by fax at 877-438-5827

See PL 20-37.

# Cohorting / Resident COVID-19 Status

**Which residents are considered to have "unknown COVID-19 status"?**

- New admissions
- Readmissions
- Residents who have spent one or more nights away from the facility
- Residents who have had known exposure or close contact with a person who is COVID-19 positive
- Residents who are exhibiting symptoms of COVID-19 while awaiting test results

**Which residents can be cohorted?**

Nursing facility residents need to be cohorted with residents who have the same COVID-19 status.

Facilities should be prepared to have three categories of residents for cohorting purposes:

- Residents without COVID-19 (confirmed negative, recovered, and meet all CDC criteria to discontinue transmission-based precautions, not showing symptoms)
- Residents with confirmed cases of COVID-19
- Residents with unknown COVID-19 status and possible cases of COVID-19 or awaiting test results

### If a resident is in a quarantine period and then gets a new roommate, does the first resident's quarantine period start over when the new roommate is admitted?

No. Residents who are in the 14-day quarantine and monitoring period do not have to start the quarantine and monitoring time over if a roommate with unknown COVID-19 status is brought in at a later date, unless the roommate later tests positive for COVID-19. If either resident later tests positive, the 14-day quarantine and monitoring period starts again the day of the diagnosis.

### If a resident leaves the facility for a medically necessary appointment and returns the same day, is the resident considered to have unknown COVID-19 status, and do the resident need to be quarantined?

No. Residents who leave the facility for medically necessary appointments and return the same day are not considered to have unknown COVID-19 status. Rather, their COVID-19 status is the same as it was when the resident left the facility for their appointment, and they can return to their assigned room. These residents should wear face coverings, as tolerated, while out of the facility.

### Can testing be used to verify COVID-19 status and decrease the number of days a resident is required to be quarantined and monitored?

No. All residents who have unknown COVID-19 status must be quarantined and monitored for the full 14-day period. Testing is not an option for decreasing the 14-day time period.

### Is there a statewide prohibition for new admissions if a facility has a positive case?

No. While local orders related to NF admissions might apply in parts of the state, there is not a statewide or federally mandated prohibition on new admissions for facilities that have COVID-19 cases. Facilities should continue to admit anyone they would normally admit but with all appropriate precautions.

### If a resident is admitted from the hospital and is designated as having "unknown COVID-19 status," are they allowed to go to therapy?

Yes. The resident can go to therapy. The NF should have a plan to ensure the resident does not have contact with COVID-19 positive or COVID-19 negative residents; the resident should wear a facemask or face covering while out of the bedroom; and infection control measures should be followed to disinfect the therapy room and all equipment before and after each use.

### Can newly admitted residents who are asymptomatic be tested for COVID-19 instead of having to be in quarantine for 14 days?

No. New admissions, readmissions, and other residents with unknown COVID-19 status must remain in quarantine and be monitored for signs and symptoms of COVID-19 for a full 14 days. CDC guidance does not provide an exception to quarantine based on testing results.

### For residents who are newly admitted or readmitted and are quarantined for 14 days, are they considered to be suspected of having COVID-19 and treated as positive, even if they have no signs or symptoms, and do staff have to wear an N95 mask? If a resident receives dialysis or regular eye injections outside the facility, should they be quarantined for 14 days after each visit?

A newly admitted or readmitted resident is not automatically considered suspected of having COVID-19 and treated as positive. The resident is considered to have unknown COVID-19 status. Because there is the potential for COVID-19 infection, a NF should follow many of the same infection prevention and control protocols as caring for a resident who has signs and symptoms of infection. If PPE supply allows, consider having staff wear all recommended PPE (gown, gloves, eye protection, N95 respirator, or facemask if not available) for the care of these residents, regardless of the presence of symptoms.

A resident receiving regular medically necessary services outside the facility does not have to be quarantined when they return to the facility. Residents who must regularly leave the facility for medically necessary purposes should wear a facemask whenever they leave their bedroom, including for procedures outside of the facility. Residents should also continue to practice physical distancing. The CDC's Nursing Home Infection Prevention Assessment Tool for COVID-19

provides guidance and recommended prevention measures for situations like this where the resident leaves the facility regularly for medically necessary reasons.

## For residents who are newly admitted or readmitted and are quarantined for 14 days, are they considered to be suspected of having COVID-19 and treated as positive, even if they have no signs or symptoms, and do staff have to wear an N95 mask?

No. Residents who are in 14-day quarantine because they are newly admitted or readmitted to the NF are considered to have "unknown" COVID-19 status. DSHS describes "unknown COVID-19 status" as people who have not yet been diagnosed with COVID-19 but might have been exposed, especially during times of localized or widespread COVID-19 transmission within the facility or community from where the resident is transferring, and could therefore be within the incubation phase of the infection. Staff providing care to residents with unknown COVID-19 status should wear all CDC recommended PPE, including N95s (or facemasks for droplet protection if N95s are not available), eye protection, gloves and gowns.

## It has taken my facility more than 14 days to receive test results. How do I treat that resident and those around them?

Because a resident with unknown COVID-19 status should have been in quarantine pending the result of the test and might have recovered, receiving a positive result 14 days after the test was taken decreases the utility of that result.

For a person whose test comes back positive: whether a staff member or resident, the facility must ensure that person has met the criteria to discontinue isolation. The CDC criteria to discontinue transmission-based precautions or return to work criteria can be symptom-based (i.e., 10 days since symptom onset AND at least 72 hours of no fever/improving symptoms) or test-based (i.e., at least two subsequent negative PCR tests). If the person was asymptomatic for the entire duration, they can use a time-based strategy (i.e., 10 days from the time of the positive test) to end their isolation period.

Any positive result reflects possible transmission within the facility and should prompt repeat testing at the facility. Facilities should work with their local health authorities to develop a plan for retesting.

Per CDC, the test-based strategy is no longer recommended in the majority of

cases because it may result in prolonged isolation, as many individuals will continue to shed the virus, but are no longer infectious. A test-based strategy could be considered for some individuals (e.g., those who are severely immunocompromised) in consultation with a local infectious diseases expert, if concerns exist for the individual being infectious for more than 20 days.

## Can NF residents go outdoors on facility property (to the gazebo or within the fenced area of the property, for example) so long as there are 10 people or fewer?

For residents who are COVID-19 negative, including those who have fully recovered from COVID-19 and meet CDC criteria for the discontinuation of transmission-based precautions, group activities (including dining and therapies) that adhere to the following criteria are acceptable:

- Limit the number of people in an area of the facility participating in an activity to a number that will ensure physical distance is maintained at all times.
- Maintain physical distancing of at least 6 feet between each resident.
- Staff and residents perform appropriate hand hygiene before and after each activity.
- Staff wear facemasks and residents wear facemasks or face coverings.
- Do not use shared items.
- Clean and sanitize the activity area and all items used before and after each activity.

For residents with COVID-19 positive status and residents with unknown COVID-19 status, per CMS guidance, all group activities should be cancelled. Meals can be served in the dining room for residents who require assistance with feeding if physical distancing is practiced.

See NF COVID-19 Response Plan and QSO 20-39

## Can we have group games for residents if the residents are more than 6 feet apart in NFs?

For residents who are COVID-19 negative, including those who have fully recovered from COVID-19 and meet CDC criteria for the discontinuation of transmission-based precautions, group activities (including dining and therapies) that adhere to the following criteria are acceptable:

- Limit the number of people in an area of the facility participating in an activity to a number that will ensure physical distance is maintained at all times.
- Maintain physical distancing of at least 6 feet between each resident.

- Staff and residents perform appropriate hand hygiene before and after each activity.
- Staff wear facemasks and residents wear facemasks or face coverings.
- Do not use shared items.
- Clean and sanitize the activity area and all items used before and after each activity.

For residents with COVID-19 positive status and residents with unknown COVID-19 status, per CMS guidance, all group activities should be cancelled. Meals can be served in the dining room for residents who require assistance with feeding if physical distancing is practiced.
See NF COVID-19 Response Plan and QSO 20-39

## Do NFs need to call ahead to the hospital if the facility is transferring a resident with respiratory symptoms?

Yes. NFs should work closely with local hospitals and health authorities to share all information needed to protect residents, health care workers, and hospital patients.

## The form attached to PL 20-11 is confusing. Should NFs admit residents from the hospital if the resident is suspected or confirmed to have COVID-19?

Yes. The form is intended to help a NF determine whether it can safely meet the needs of a resident coming from the hospital. The NF must serve the resident if it has the resources and ability to meet the resident's needs, such as available isolation rooms, sufficient PPE, and sufficient staff to care for residents under transmission-based precautions. See QSO-20-14-NH and CDC guidance.

## Should a NF readmit a resident who has been hospitalized when the resident is released from the hospital?

Yes. A NF should readmit a resident after hospitalization. If the resident was diagnosed with COVID-19, the individual should be admitted under transmission-based precautions for COVID-19. If a NF is unable to comply with the requirements for transmission-based precautions, readmission must wait until transmission-based precautions can be discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory- confirmed COVID-19.

**Note**: Per CMS guidance, NFs should admit any individual they would normally admit to their facility, including individuals from hospitals where a case of COVID- 19 was/is present. Also, if possible, the NF should dedicate a unit/wing exclusively for any residents coming in or returning from the hospital. This can serve as a step- down unit where a resident should remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room).

NFs are encouraged to use the Hospital to Post-Acute Care Facility Transfer COVID- 19 Assessment form when assessing their ability to meet the needs of a resident who is coming into the NF from a hospital or emergency room. If the assessment indicates a resident is presumptive or confirmed to have COVID-19, the receiving NF should use that information to determine whether it has sufficient staff, PPE, and room to quarantine and properly care for the resident. See PL20-11.

## Should NF residents be confined to their rooms?

Answer: If a resident is under transmission-based precautions, the individual should be confined to his or her room. CMS has also directed the following:

- Implement active, daily screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice physical distancing and perform frequent hand hygiene.

See CMS QSO-20-14-NH and CMS SOM Appendix PP, F880.

## If a resident is admitted from the hospital after recovering from COVID-19 per the CDC symptom-based recovery requirements, will the resident still be considered to be "unknown COVID-19 status"? Will that resident need to be placed into a 14-day quarantine?

Any newly admitted or readmitted resident must be placed under a 14-day quarantine, with all accompanying precautions, regardless of their COVID-19 status prior to admission. Under the emergency mitigation rule, "a person who is a new admission, readmission, [or] has spent one or more nights away from the facility…must be quarantined and monitored for fever and symptoms of COVID-19, per CDC Guidance." Current CDC guidance is for new admissions to be quarantined for 14 days. The emergency mitigation rule also requires staff who are caring for quarantined residents to wear an N95 mask, gown, gloves, and goggles or a face shield. All facemasks and N95 masks must be in good

functional condition, as described in the COVID-19 Response for Nursing Facilities.

# Personal Protective Equipment (PPE)

## What PPE should be used by staff caring for residents with unknown COVID- 19 status?

Staff caring for residents with unknown COVID-19 status should wear all CDC recommended PPE (N95s, eye protection (googles or face shield), gloves and gowns – facemasks for droplet protection can be used if N95s are not available).

## How do nursing facilities get personal protective equipment (PPE)?

Providers should work with their local health departments and emergency management if they need PPE:

- Public Health Region
- https://www.dshs.state.tx.us/regions/default.shtm
- Local Public Health Organizations https://www.dshs.state.tx.us/regions/lhds.shtm
- Texas Division of Emergency Management: https://tdem.texas.gov/
- Regional Advisory Council (RAC)

## When is an N95 vs. a facemask vs. a face covering required?

Per the emergency mitigation rule, an N95 mask, along with gown, gloves, and goggles or a face shield is required to be worn by staff members caring for COVID-19 positive residents and residents with unknown COVID-19 status. Per the expanded reopening visitation rule, a facemask, gown, gloves, and goggles or a face shield is also required for essential caregivers visiting residents with unknown COVID-19 status (essential caregiver visits are not permitted for COVID-19 positive residents).

Facemasks are to be worn by facility staff and essential caregivers at all times while in the facility. Facemasks are required to be worn by residents outside of their rooms if tolerated. Cloth face coverings should not be worn by staff but may be worn by residents if facemasks are not available. See PL-20-38 for PPE requirements for visitors.

# Resources

## Does the guidance provided by the Special Infection Control Assessment (SICA) team supersede the COVID-19 Response for Nursing Facilities?

No. Guidance by SICA teams does not supersede the COVID-19 Response for NFs. SICA guidance is an additional, consultative resource to assist providers with best practices. Questions regarding information provided by SICA teams can be sent to the Regional Director of your area.

## Can facilities apply for money to buy communication devices to help residents stay connected with family and friends. How do I apply?

All nursing facilities are encouraged to apply for up to $3,000 per facility in federal Civil Money Penalty (CMP) funds. These funds are to be used for the purchase of communication devices to aid in connecting residents with their loved ones during the COVID-19 pandemic. Use awarded funds to buy items such as tablets, webcams, headphones, and certain accessories. Visit the CMP webpage and read the Special Application Period for Communicative Devices in Nursing Facilities section for complete details and an application.

## How can I sign up for email alerts from Texas Health and Human Services?

Please visit the following link and select the topics you are interested in: https://service.govdelivery.com/accounts/TXHHSC/subscriber/network

## Where can I get my COVID-19 Medicaid questions answered?

Managed Care Organizations can email MCO_COVID-19_Inquiries@hhsc.state.tx.us. All others can email Medicaid_COVID_Questions@hhsc.state.tx.us.

## Where do NF providers go for COVID-19 information?

Answer: Reliable sources of information include:
- The Centers for Disease Control and Prevention
- The Centers for Medicare and Medicaid Services
- The Texas Department of State Health Services
- The Health and Human Services Commission

- [CMS COVID-19 Long-Term Care Facility Guidance](#)

## Persons Allowed in Nursing Facilities

### Should hospice workers be allowed to enter nursing facilities?

Yes. Per the HHSC emergency rule in Title 40, Chapter 19, §19.2801(b)(1), hospice workers are considered essential and can be allowed to enter NFs if they pass screening. However, facilities must decide on a case-by-case basis if a hospice worker is providing critical services, which would be based on the specific circumstances of the visit. For example, a hospice worker providing assistance with ADLs or bathing may not be considered essential or critical, while providing pain management at end-of-life might be. If a facility chooses to not allow a hospice worker into the facility to perform non-critical services, the facility must provide those services instead. The decision, reasoning, and arrangement for providing these services must be documented.

### When is visitation going to be allowed again?

HHSC issued the [expanded reopening visitation rules](#) on September 24th. See [PL 20-38](#) for additional information.

### Are dentists considered essential visitors?

Yes. Dentists <u>are</u> considered essential. They can provide routine and emergency services within a facility as long as they enter with appropriate PPE and pass screening.

### Are private sitters considered providers of essential services if residents have dementia diagnosis and high risk for falls?

Providers will have to determine if they consider private sitters essential *other* health care workers as described in [QSO-20-14-NH](#). If so, these workers may be permitted to come into the facility as long as they are screened and meet the CDC guidelines for health care workers.

### Do end-of-life circumstances apply to anyone receiving hospice services?

No. While HHSC emergency rules do list hospice workers as essential, the rules also say NFs must comply with any more restrictive direction issued by executive order or another applicable authority. Since CMS does not use the term "hospice"

when describing allowable visitation in end-of-life situations, facilities should decide on a case-by-case basis when a resident receiving hospice services is near the end of life and follow CMS and CDC guidance for visitation. See QSO-20-14-NH and CDC guidance.

## Is it okay for family members to do laundry for residents and leave it at the front door? If so, how do they get the laundry?

It is not recommended. NFs 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. See guidance in CMS SOM Appendix PP, F880.

## If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering a NF?

Answer: The required screenings do *not* apply to emergency services personnel entering the facility in an emergency such as a fire or a resident requiring life-saving actions. See CDC guidance, CMS QSO-20-14-NH, CMS COVID-19 Long-Term Care Facility Guidance and CMS SOM Appendix PP, F880.

## Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into a NF?

Yes. These are considered essential services, and these vendors may be granted access to the facility if they are properly screened and follow all appropriate CDC guidelines for transmission-based precautions. See CMS QSO-20-14-NH, CMS COVID-19 Long-Term Care Facility Guidance and CDC guidance.

## When screening staff or any other visitor, does it have to be done outside of the facility or can it be done inside at the front door or lobby area? What if temperatures taken outside are reading as higher than usual due to an excessively hot day?

Per the emergency mitigation rule and the expanded reopening visitation rule, anyone entering the facility must be screened for signs and symptoms for COVID-19 before entering the facility. This requires that screenings occur outside of the building. If a facility has a vestibule, foyer or other entryway that is

# Staff Questions

## If the lab results come back positive for a staff member, but more than 14 days have passed since the test was administered, does the staff member still have to self-quarantine?

A positive COVID-19 result, even if it comes late, reflects possible transmission of the virus within the facility and should prompt repeat testing at the facility.

In addition, the person who tested positive, whether it is a staff member or resident, will not require continued isolation if the person has met the criteria to discontinue isolation. The criteria to discontinue isolation can be symptom-based (i.e., 10 days since symptom onset AND at least 72 hours of no fever/improving symptoms) or test- based (i.e., at least two subsequent negative PCR tests). If the person was asymptomatic for the entire duration, they can use a time-based strategy (i.e., 10 days from the time of the positive test) to end their isolation period.

Per CDC, the test-based strategy is no longer recommended in the majority of cases because it may result in prolonged isolation, as many individuals will continue to shed the virus, but are no longer infectious.

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

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

According to the CDC, two options a provider can use to clear the employee to return to work are:

1.  **Symptom-based strategy** - the employee can return to work when three conditions have been met:
    Employee with mild to moderate illness who is not severely immunocompromised:
    a.  at least 10 days have passed since symptoms first appeared **AND**
    b.  at least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
    c.  cough and shortness of breath have improved

    **Note:** an employee who was not severely immunocompromised and was asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

    Employee with severe to critical illness or who are severely immunocompromised:
    a.  at least 10 days and up to 20 days have passed since symptoms first appeared **AND**
    b.  at least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
    c.  cough and shortness of breath have improved
    d.  consider consultation with infection control experts

    **Note:** an employee who is severely immunocompromised but who was asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

2.  **Test-based strategy –** The employee can return when three conditions have been met:
    a.  Fever-free without the use of fever-reducing medication **AND**
    b.  Cough and shortness of breath have improved **AND**
    c.  Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19

After the employee returns to work, both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility. The employee should wear a facemask at all times while in the health care facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. They should also be restricted from contact with severely immunocompromised residents until 14 days after illness onset, and they should adhere to all infection control procedures, including hand hygiene, respiratory

hygiene, and cough etiquette.

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

Resources
- Centers for Disease Control and Prevention (CDC) guidance on healthcare professionals returning to work
- CDC recommendations on infection control

Per CDC, the test-based strategy is no longer recommended in the majority of cases because it may result in prolonged isolation, as many individuals will continue to shed the virus, but are no longer infectious. A test-based strategy could be considered for some individuals (e.g., those who are severely immunocompromised) in consultation with a local infectious diseases expert, if concerns exist for the individual being infectious for more than 20 days.

## What is the best thing to do for facilities that have staff that go to multiple 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. Facilities must screen all HCP at the beginning of their shift for fever and respiratory symptoms. Facilities must take HCPs temperature and document absence of shortness of breath, new or change in cough, and sore throat. If an HCP is ill, the HCO should don a facemask and leave the workplace. Facilities should also use the CDC's exposure risk assessment table for guidance on how to handle staff that have had different levels of exposure to COVID-19 cases.

Per the NF COVID-19 Response Emergency Rule issued in August 2020:
A nursing facility must develop and implement a policy regarding staff working with other long-term care (LTC) providers that:
(1)     limits the sharing of staff with other LTC providers and facilities, unless required in order to maintain adequate staffing at a facility.
(2)     maintains a list of staff who work for other LTC providers or facilities that includes the names and addresses of the other employers.
(3)     requires all staff to report to the facility immediately if there are COVID-19 positive cases at the staff's other place of employment.
(4)     requires the facility to notify the staff's other place of employment if the staff member is diagnosed with COVID-19; and

(5)    requires staff to report to the facility which cohort they are assigned to at the staff's other place of employment. The NF must maintain the same cohort designation for that employee, unless required in order to maintain adequate staffing for a cohort.

## Do you know if there is any consideration for pregnant employees?

The CDC indicates that they do not currently know if pregnant women have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result.
It is always important for pregnant women to protect themselves from illnesses because pregnant women are known to have a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza. Pregnant women should protect themselves from COVID-19 by:

- Avoiding people who are sick or who have been exposed to the virus.
- Cleaning their hands often using soap and water or alcohol-based hand sanitizer.
- Cleaning and disinfecting frequently touched surfaces per [CDC guidance](#).

See the [CDC's page regarding pregnancy](#) for more information.

## If a NF resident tests positive for COVID-19, how do we handle staff quarantine?

Providers will have to determine what kind of exposure (risk) their staff had with a resident who tests positive. If it is determined exposure occurred, the facility should follow these CDC guidelines:

- Staff in the *high- or medium-risk* category should undergo active-monitoring, including restriction from work in any health-care setting until 14 days after their last exposure.
- Staff in the *low-risk* category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.
- Staff who adhere to all recommended infection prevention and control practices should still perform self-monitoring, with delegated supervision as described under the low-risk exposure category.
- Staff in the *no identifiable risk* category do not require monitoring or restriction from work.
- Staff who have a community or travel-associated exposure should undergo monitoring as defined by the applicable risk category.

See the [CDC's guidance](#) and [CMS COVID-19 Long-Term Care Facility Guidance](#)

for full details.

Additionally, nursing home-onset COVID-19 infections in residents will trigger the outbreak testing response CMS requirements as outlined in QSO 20-38.

## Can nursing students enrolled in nursing school do their clinicals in our facilities?

Yes, nursing students may enter a facility to do their clinicals if the person passes the screening. Nursing students must adhere to all mitigation protocols, be screened upon entrance, and utilize proper PPE while in the facility. [Nursing students would also be considered facility staff for the purpose of CMS testing rules] Please note that Governor Abbott waived certain requirements for student nurses in response to COVID-19.