

HHSC Responds to Questions from THCA's May 20th Webinar (Received May 29th)

1. What is the process when an employee or resident does not consent to testing?
Per the NF Testing FAQs, Residents and staff do have the right to refuse testing. Residents who refuse testing should be treated as though they are positive and isolated and monitored for 14 days. However, they should not be "cohorted" with residents with confirmed positive cases. Staff who refuse testing should stop working and self-quarantine at home and self-monitor for 14 days unless they provide proof of a negative PCR test.
2. Are tests kits left at the nursing facility for employees that are not present on testing day? If not, do these employees go to a free testing site?
All staff members must have a test as part of this initiative. If a staff member misses the testing at the facility, they should have their test conducted at another location prior to returning to work. Staff can visit the DSHS webpage for more information about how to obtain a test. If a staff member has had a negative PCR test completed since April 15 they do not need to be retested but must provide documentation of the test result.
3. Are new hires allowed to go through orientation and start working if they have proof of testing and are awaiting results?
Yes - If a new hire is available to be tested with the rest of the staff and residents of a facility, it is fine to include them. Otherwise, as this is a one-time testing initiative, it is not required that new hires be tested as a condition of employment.
4. Is there a grace period to extend the deadline if there are delays in coordinating testing with the local Fire Departments, National Guard, etc?
While the initial goal of the testing initiative was to complete testing within two weeks, there is no deadline.
5. Is there a tracking system for employees that refuse to test & apply for a job at another SNF?
HHSC LTCR does not have a tracking system for this.
6. If a new employee is hired after testing is completed, does the new employee have to be tested before they are allowed to work?
If a new hire is available to be tested with the rest of the staff and residents of a facility, it is fine to include them. Otherwise, as this is a one-time testing initiative, it is not required that new hires be tested as a condition of employment.
7. Is there specific guidance regarding testing of providers and physicians that regularly provide services in a nursing facility?
If an individual routinely enters the facility to provide critical services, they should be tested, either when the facility is being tested or otherwise. EMS personnel would not need to be tested, for example, and nor would a phlebotomist who visits a facility only once. However, a phlebotomist who visits weekly would need to be tested when the rest of the facility is tested or would need to provide proof of individual testing and results. Additionally, it is important to note that anyone who enters the facility and has not been tested should be in full PPE and screened for symptoms, including a fever. (EMS and other personnel conducting a testing self-screen are the exception to this).
8. If a resident or staff refuses to be tested, does the 14-day quarantine begin on the date the facility is notified of the refusal or on the testing date?
The 14-day period of isolation and monitoring would begin on the date of the refusal to test.

9. Since nursing facilities will have a baseline of COVID residents, will hospitals be mandated to test patients before they are sent to the nursing facility?
At this time, hospitals are not required to test all patients being discharged from a hospital and admitted into a NF. As a reminder, all new admissions and readmissions into a NF should be isolated and monitored for 14 days.

10. Can COVID positive staff members care for COVID positive residents?
COVID-19 positive staff should not work at all until they meet the DSHS criteria to return to work. If a NF is faced with a staffing shortage, they should immediately notify the HHSC Associate Commissioner of Long-term Care Regulation or the LTCR Director of Survey Operations.

11. If a nursing facility does their own tests, are they required to use a specific lab?
No.

12. Is there specific verbiage regarding continued isolation of dialysis residents?
DSHS guidance is that these residents should not be put in quarantine. Relevant infection prevention recommendations are found in the CDC's [Nursing Home Infection Prevention Assessment Tool for COVID-19](#). It provides a clear description of this situation and provides some recommendations on prevention measures to take.

Residents, who must regularly leave the facility for medically necessary purposes, should wear a facemask (surgical facemask) whenever they leave their room, including for procedures outside of the facility. In addition, they should continue to practice social distancing.

In other words, if a resident (hemodialysis patient) has a chronic condition which requires regular reoccurring visits to a treatment center, then the resident should be wearing a facemask every time they leave their room. Additionally, the CDC guidance is for staff to wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of these residents, regardless of presence of symptoms (if PPE supply allows).

Refer to [strategies for optimizing PPE](#) when shortages exist.

13. Can a CNA cut residents' hair if they have a license?
If the CNA is already an employee of the facility and is reporting to the facility regularly as a CNA, yes, they can also cut a resident's hair if they are licensed to do so. A hairdresser/barber/beautician/etc. who comes to the facility *only* to cut hair, is not an essential visitor providing critical assistance and is restricted from entering the facility.

14. When can family do their loved one's laundry?
At this time, it is still 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. There is not currently a timeline for when this recommendation will change, but we are actively working on updating recommendations for NFs.