COVID-19 Response for Day Activity and Health Services Providers

Abstract

This document provides guidance to Day Activity and Health Services providers on Response Actions in the event of a COVID-19 exposure.

Version 5.0

10/25/22

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1. Points of Contact for this Document

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2. Table of Changes

Document Version	Date	Change
2.0	04/23/21	Updated references to DAHS Licensure rules to Title 26, Chapter 559
2.0	04/23/21	Updated screening requirements
2.0	04/23/21	Added facility-coordinated group activities
2.0	04/23/21	Updated information related to group activities and dining
2.0	04/23/21	Added guidance related to on-site client assessments
2.0	04/23/21	Added information related to in-person facility tours
2.0	04/23/21	Added COVID-19 vaccine information
3.0	09/17/21	Updated guidance related to the use of PPE throughout the plan
3.0	09/17/21	Added and updated COVID-19 vaccine guidance
3.0	09/17/21	Removed information regarding regional processes that are no longer in practice
4.0	04/13/22	Updated visitation guidance to allow for visitors who pass screening
4.0	04/13/22	Updated COVID-19 vaccination information
4.0	04/13/22	Updated infection control and prevention guidance
4.0	04/13/22	Deleted Attachment 3 Use of PPE
4.0	04/13/22	Deleted Attachment 4 Return to Work Chart as it is outdated
5.0	10/24/22	Updated information in Introduction
5.0	10/24/22	Deleted Screening section. Screening no longer required.
5.0	10/24/22	Deleted sections that are no longer applicable now that DAHS Emergency Rules have expired
5.0	10/24/22	Deleted attachments that are no longer applicable now that the DAHS Emergency Rules have expired
5.0	10/24/22	Updated DAHS infection control checklist
5.0	10/24/22	Deleted Symptom Monitoring Log

3. Introduction

Purpose

The purpose of this document is to provide Day Activity and Health Services (DAHS) providers licensed under 26 Texas Administrative Code (TAC), Part 1, Chapter 559, guidance to prevent the spread of COVID-19 in their facility and with response actions in the event of a case of COVID-19 in staff or clients served by the facility.

This document is intended as a tool to assist providers in developing their facility-specific COVID-19 infection control and prevention policies and procedures. The emergency rules for DAHS COVID-19 Response have expired and are no longer in use. Facilities must continue to follow all infection control and prevention requirements found in the DAHS Licensure rules at 26 TAC, Chapter 559.

Clients served by Day Activity and Health Service providers are more susceptible to COVID-19 infection and the detrimental impact of the virus than the general population. In addition to the susceptibility of clients, a long-term care (LTC) environment presents challenges to infection control and the ability to contain an outbreak with potentially rapid spread among a highly vulnerable population.

Goals

- Rapid identification of COVID-19 associated with a DAHS facility
- Prevention of spread within the facility
- Protection of clients, staff, and visitors
- Recovery from a COVID-19 event within a DAHS facility

Overview

A DAHS is a facility that provides services under a day activity and health services program on a daily or regular basis, but not overnight, to four or more elderly persons or persons with disabilities who are not related by blood, marriage, or adoption to the facility owner. DAHS is a structured, comprehensive program to meet the needs of adults with functional impairments and is provided in accordance with individual plans of care in a protective setting. A DAHS provides for the needs of each client, including social services, medication administration (as needed), and personal care services.

Mask Guidance

On May 18, 2021, Governor Abbott issued Executive Order GA-36, which prohibits governmental entities, such as HHSC, from mandating face coverings in response to the COVID-19 disaster. While HHSC cannot mandate the use of face coverings in a DAHS facility, DAHS providers can choose to establish their own facility policies and procedures regarding face coverings. DAHS providers should ensure that all staff, clients, visitors, and family members are educated and informed on the facility's mask policy and whether they are required while in the facility or on facility grounds.

4. Who Can Enter the Facility?

DAHS facilities are now permitted to have visitors and screening is no longer required. However, facilities must follow their facility-specific infection control policies and procedures.

The policies and procedures related to infection control protocols must include how the facility wants to handle masks, physical distancing, PPE, transmission-based precautions and potential exposure or outbreaks in the facility.

Activities and Dining

Group activities are allowed, but the facility must have sufficient staff to meet the needs of the clients during activities and mealtimes and follow proper infection and prevention control protocols.

5. Preparing for COVID-19

See **Attachment 1:** *DAHS COVID-19 Response Infographics & Flowcharts,* for visual aids outlining DAHS response activities.

Education

Educate clients and families about COVID-19 actions that the facility is taking to protect them and their loved ones, as well as actions clients can take to protect themselves in the facility. Inform staff, clients, and visitors of the facility's COVID-19 infection and prevention control policies and procedures.

Educate clients and any visitors regarding the importance of handwashing. Assist clients in performing proper hand hygiene if they are unable to do so themselves. Educate clients to cover their coughs and sneezes with a tissue, then throw the tissue away in the trash, and wash their hands.

See **Attachment 2**: *S.P.I.C.E. graphic* and focus on the following five basic actions (S.P.I.C.E.) to anchor your activities. SPICE is not intended to be all-encompassing.

- **S**urveillance –as needed, monitor each staff person on duty and each client in attendance for symptoms: fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, or difficulty breathing.
- **P**rotection/PPE – protect staff and individuals through the use of soap/water; hand sanitizer; facemasks (if required by facility policy). If precautions against coughing or potential splash of bodily fluids are needed, wear a gown and shield the face and eyes.
- **I**solate – a COVID-19 probable individual until the individual can be sent home*.*
- **C**ommunicate – notify appropriate parties of a positive case.
- **E**valuate – assess infection control processes, spread of infection and mitigation efforts, staffing availability.

Educate and train staff on adherence to infection prevention and control measures, including hand hygiene. Monitor CDC guidance on infection control, as it is updated frequently.

Planning

Obtain PPE through your normal supply chain or through other resources available to you first. Some resources are sister facilities, local partners or stakeholders, Public Health Region and Healthcare Coalition. If you can't get PPE from vendor(s) and have exhausted all other options, reference the [State of Texas Assistance Request (STAR)](#) [User Guide](#) for instructions on submitting a request for supplies. Please note that this is not a guarantee of receiving PPE. Supplies of PPE may be insufficient to meet demand.

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 clients. Provide additional work supplies to avoid sharing (pens, pads) and disinfect workplace areas (work 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 client care equipment. Properly clean, disinfect and limit sharing of medical equipment between clients and areas of the facility. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against COVID-19.

Provide supplies for recommended hand hygiene. Have alcohol-based hand sanitizer with 60–95 percent alcohol easily accessible in common areas. Advise staff not to keep hand sanitizer bottles in their pockets. This practice causes hands and sanitizer bottles to become contaminated. Make sure sinks are well-stocked with soap and paper towels for handwashing.

Review facility infection control policies and procedures. Comply with all [CDC guidance](#) related to infection control. (Frequently monitor CDC guidance as it is being updated often.)

Review your emergency preparedness and response plan and update as needed. Ensure that any emergency plans specific to hurricanes or other natural disasters account for COVID-19.

Staff

Follow the CDC's guidance for [optimizing the supply of](#) [PPE](#).

Develop a staffing contingency plan to implement if a significant number of staff are unavailable to work.

Enforce sick leave policies for ill staff. Sick leave policies that do not penalize staff with loss of status, wages, or benefits will encourage staff who are ill to stay home.

Require staff to report via phone prior to reporting for work if they have known exposure or symptoms. If symptomatic, staff should not report to work.

Follow current CDC guidance: [return to work criteria for HCP with COVID-19](#) and [strategies for mitigating HCP staffing shortages](#).

Clients

Ask clients to report if they feel feverish or have symptoms of respiratory infection and COVID-19. Monitor all clients as needed, for fever or chills, respiratory symptoms (including shortness of breath, difficulty breathing, muscle or body aches, headaches, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea. If a client has fever or symptoms, isolate the client in the facility until they can leave the facility.

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement when serving clients with dementia. Changes to client routines, disruptions in daily schedules, use of unfamiliar equipment, or working with unfamiliar caregivers can lead to fear and anxiety, resulting in increased depression and behavioral changes such as agitation, aggression, or wandering.

Follow recommended guidance below for considerations regarding clients with dementia.

Recommendations from HHSC: https://www.cdc.gov/
[Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities (PDF)](#)

Transportation

When transporting a client with probable COVID-19, the [CDC recommends](#) that drivers wear an N95 respirator or facemask (if a respirator is not available) and eye protection such as a face shield or goggles (as long as they do not create a driving hazard). The client should wear a facemask or

cloth face covering.

Clean and disinfect commonly touched surfaces in the vehicle, at a minimum, at the beginning and end of each shift and after transporting a passenger who is visibly sick. Ensure that cleaning and disinfection procedures are followed consistently and correctly. This includes providing adequate ventilation when chemicals are in use. Doors and windows should remain open when cleaning the vehicle. When cleaning and disinfecting, individuals should wear disposable gloves compatible with the products being used, as well as any other PPE recommended according to the product manufacturer's instructions. Use of a disposable gown is also recommended, if available.

For hard, non-porous surfaces within the interior of the vehicle, such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, clean with detergent or soap and water prior to disinfecting, if the surfaces are visibly dirty. For disinfection of hard, non-porous surfaces, appropriate disinfectants include:

- EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2external icon, the virus that causes COVID-19. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- Diluted household bleach solutions prepared according to the manufacturer's label for disinfection, if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- Alcohol solutions with at least 70% alcohol.

For soft or porous surfaces such as fabric seats, remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, use products that are EPA-approved for use against the virus that causes COVID-19 external icon and that are suitable for porous surfaces.

For frequently touched electronic surfaces, such as tablets or touch screens used in the vehicle, remove visible dirt, then disinfect following the manufacturer's instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect.

Gloves and any other disposable PPE used for cleaning and disinfecting the

vehicle should be removed and disposed of after cleaning. Immediately after removal of gloves and PPE, wash hands immediately with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol, if soap and water are not available. If a disposable gown was not worn, launder work uniforms or clothes worn during cleaning and disinfecting afterwards, using the warmest appropriate water setting, and dry the items completely. Wash hands after handling unwashed laundry.

6. COVID-19 Vaccines

The CDC provides information on who is and is not recommended to receive each vaccine and what to expect after vaccination, as well as ingredients, safety, and effectiveness. Everyone 5 years and older is eligible to receive a COVID-19 vaccine.

Booster Shot

See the CDC booster shot page for full current information about booster shots, including examples of who can get a booster shot. People should talk to their healthcare provider about their medical condition, and whether getting a booster shot is appropriate for them

COVID-19 Vaccine Provider

To become a COVID-19 vaccine provider, you must register through EnrollTexasIZ.dshs.texas.gov. Only providers registered through this site can receive and administer COVID-19 vaccine in Texas.

Vaccinating DAHS Clients

Vaccination is voluntary. You cannot require clients to be vaccinated. A client or the client's legally authorized legal representative has the right to refuse the client's vaccination.

Vaccinating DAHS Staff

A DAHS facility that wishes to impose a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.

Reporting Vaccine Reactions

If a client or staff member has an adverse reaction to the COVID-19 vaccine the facility should report it through the Vaccine Adverse Event Reporting System. VAERS accepts reports from anyone. Clients, caregivers and healthcare providers (HCP) are encouraged to report adverse events after vaccination to VAERS even if it is not clear that the vaccine caused the adverse event.

7. Required Reporting

Facilities are required to report communicable diseases, including **all** confirmed cases of COVID-19, to the local health authority with jurisdiction over their facility. This is in accordance with the Communicable Disease and Prevention Act, Texas Health and Safety Code, Chapter 81. It is also specified in Title 25 of the Texas Administrative Code, Chapter 97.

If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone. A confirmed outbreak of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 identified in either a client or paid/unpaid staff.

Find contact information for your local/regional health department here:

https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/

8. Post Recovery

Staff Returning to Work

Follow current CDC guidance on [when and how staff recovering from COVID-19 can return to work](#) and [mitigating staff shortages](#).

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.

List of Acronyms

Acronym	Full Name
ABHR	Alcohol-based hand rub
CDC	The Centers for Disease Control and Prevention
DAHS	Day Activity and Health Services
DSHS	Texas Department of State Health Services
EMS4	Emergency medical services
EPA	Environmental Protection Agency
HA	Health authority
HCP	Healthcare personnel
HHSC	Texas Health and Human Service Commission
LHA	Local health authority
LHD	Local health department
LTC	Long-term care
LTCF	Long-term care facility
LTCR	Long-term Care Regulation
LVN	Licensed vocational nurse
OSHA	Occupational Safety and Health Administration
POC	Point of Contact
PPE	Personal protective equipment
RN	Registered nurse
SME	Subject matter expert

Resources and Links

Association for Professionals in Infection Control and Epidemiology:

- APIC Resources for Long-term Care

EPA:

- List N: Disinfectants for Use Against SARS-CoV-2

FEMA:

- COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season.

CDC:

- Cleaning and Disinfecting Your Facility
- COVID-19 Travel Recommendations by Country
- Information for Healthcare Professionals about Coronavirus (COVID-19)
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
- Interim U.S. Guidance for Risk Assessment and Public Health Management and Healthcare Personnel and Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)
- Key Strategies to prepare for COVID-19 in Long-term Care Facilities (LTCFs)
- N95 User Seal Check
- PPE Burn Rate Calculator
- Proper N95 Respirator Use for Respiratory Protection Preparedness
- Strategies for Optimizing the Supply of Facemasks
- Stress and Coping
- Symptoms of Coronavirus

DSHS:

- Coronavirus Disease 2019 (COVID-19)

- [Interim Guidance for Persons Isolated at Home, Including Healthcare Personnel, with Confirmed Coronavirus Disease 2019](#)
- [Local Health Entities](#)
- [Public Health Regions](#)
- [State of Texas Assistance Request (STAR)](#)
- [Strategies for Healthcare Personnel with Confirmed COVID-19 to Return to Work from Home Isolation](#)
- [Template Screening Log](#)
- [Texas Local Public Health Organizations](#)

HHSC:
- [COVID-19: Facemasks & Respirators Questions and Answers](#)
- [Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities](#)
- [TULIP](#)

Legislative Reference Library of Texas:
- [Executive Orders by Governor Greg Abbott](#)

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

COVID-19 Testing Locations
- [COVID-19 Testing Locations](#).

Attachment 1. Activities for DAHS COVID-19 Response

What can you do to identify a COVID-19 situation, help prevent the spread within the facility?

Prepare before a positive case (actions focused on response)

- Review/create a COVID-19 plan for clients
- Determine/review who is responsible for specific functions under the facility plans
- Identify desired or applicable waivers
- Develop a communication plan (external and internal)
- Evaluate supplies/resources
- Enact client/staff/visitor screening
- Activate safety protocols if providing transportation (i.e. masks, rescheduling rides to ensure proper physical distancing)
- Determine what community sources are available for COVID testing and how, if possible, clients and staff can be tested (a "testing plan")
- Evaluate supply chains and other resources for essential materials.

Immediately 0-24 Hours React

- Activate client isolation plan for an individual with probable COVID-19.
- Supply PPE to care for COVID-19 probable clients until they can be sent home.
- Screen clients for signs and symptoms
- Screen staff for signs and symptoms
- [Clean and disinfect](#) the facility
- Activate safety protocols if providing transportation (i.e. masks, rescheduling rides to ensure proper physical distancing)
- Determine if staff are providing services in other facilities

- Identify lead at facility and determine stakeholders involved external to facility
- Engage with community partners (public health, health care, organizational leadership, local/state administrators)
- Activate all communication plans
- Determine need for facility closure

Extended 24-72 Hours Protect

- Supply PPE for staff
- Screen clients for signs and symptoms
- Screen staff for signs and symptoms
- Continue engagement with community partners

Long-Term 72 Hours+ Transition

- Screen clients for signs and symptoms
- Screen staff for signs and symptoms
- Continue facility decontamination procedures

Attachment 2. SPICE Graphic

If a COVID-19 outbreak occurs focus on the following five basic actions (S.P.I.C.E.) to anchor your activities.

SPICE for COVID-19

Surveillance
- Sign and Symptoms
- Temperature Checks
- Testing

Protection/Personal Protective Equipment
- Staff
- Clients
- Supply/Burn-rate

Isolate
- Client(s) with probable COVID-19 isolated until they can be sent home
- Staff with probable COVID-19 isolated and sent home

Communicate
- Director Contact #:
- Local Health Department # or DSHS:
- DSHS Contact #:
- Hospital #:

Evaluate
- Review immediate response checklist
- Prevent delay of critical actions
- Communication plan

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
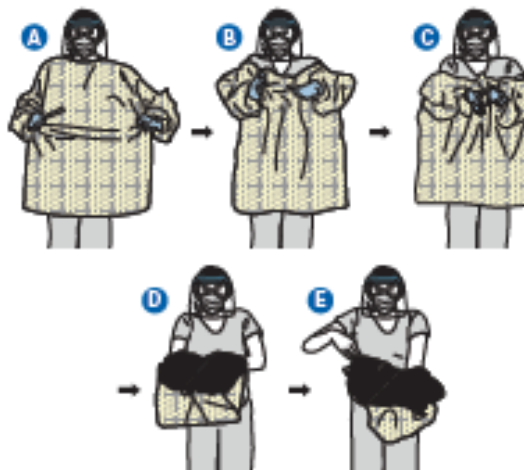
2. GOGGLES OR FACE SHIELD

- 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

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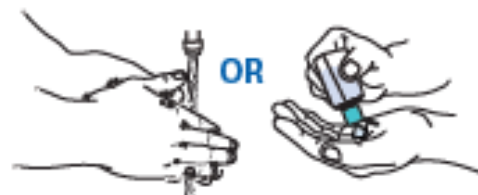
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

22

How to Wear a Medical Mask Safely

Dos

- Wash your hands before touching the mask
- Inspect the mask for tears or holes
- Find the top side, where the metal piece or stiff edge is
- Ensure the colored-side faces outwards
- Place the metal piece or stiff edge over your nose
- Cover your mouth, nose, and chin
- Adjust the mask to your face without leaving gaps on the sides
- Avoid touching the mask
- Remove the mask from behind the ears or head
- Keep the mask away from you and surfaces while removing it
- Discard the mask immediately after use preferably into a closed bin
- Wash your hands after discarding the mask

Don'ts:

- Do not Use a ripped or damp mask
- Do not wear the mask only over mouth or nose
- Do not wear a loose mask
- Do not touch the front of the mask
- Do not remove the mask to talk to someone or do other things that would require touching the mask
- Do not leave your used mask within reach of others
- Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least a 6-foot distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

How to Wear a Medical Mask Safely — who.int/epi-win

Do's →

- Wash your hands before touching the mask
- Inspect the mask for tears or holes
- Find the top side, where the metal piece or stiff edge is
- Ensure the colored-side faces outwards
- Place the metal piece or stiff edge over your nose
- Cover your mouth, nose, and chin
- Adjust the mask to your face without leaving gaps on the sides
- Avoid touching the mask
- Remove the mask from behind the ears or head
- Keep the mask away from you and surfaces while removing it
- Discard the mask immediately after use preferably into a closed bin
- Wash your hands after discarding the mask

Don'ts →

- Do not Use a ripped or damp mask
- Do not wear the mask only over mouth or nose
- Do not wear a loose mask
- Do not touch the front of the mask
- Do not remove the mask to talk to someone or do other things that would require touching the mask
- Do not leave your used mask within the reach of others
- Do not re-use the mask

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

EPI-WiN   World Health Organization

To extend your supplies of PPE, staff may need to reuse a facemask in accordance with CDC guidelines.

Attachment 3. DAHS Infection Control Checklist for COVID-19

Entering the facility

Prior to entering the facility:
- Are there multiple entrances and exits in use, or has the facility limited access points of entry?
- Are signs posted at entrances with instructions to individuals to cover their mouth and nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions and soiled surfaces?
- Are there instructions posted to notify staff of any symptoms of respiratory infection to allow for assessment and use of PPE as applicable?

Triage/Registration/Visitor Handling

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate probable COVID-19 cases?
- Is there a process that occurs after a probable case is identified to include immediate notification of facility leadership for infection control?

Client Observations and Interviews

Observe and interview clients. What information has the facility given to clients regarding:

- hand hygiene
- reporting symptoms of respiratory illness
- returning home each day

Hand Hygiene:

Interview appropriate staff to determine if hand hygiene supplies (e.g., hand sanitizer, soap, paper towels, garbage bags for disposal, bleach wipes) are readily available and who they contact for replacement supplies.

- Are staff performing hand hygiene when indicated?
- If alcohol-based hand sanitizer is available, is it readily accessible and

preferentially used by staff for hand hygiene?
- If there are shortages of hand sanitizer, are staff performing hand hygiene using soap and water?
- Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids, between working with clients)?
- Do staff perform hand hygiene (even if gloves are used) in the following situations:
  ☛ Before and after contact with the clients?
  ☛ After contact with blood, body fluids, or visibly contaminated surfaces?
  ☛ After contact with objects and surfaces in common areas?
  ☛ After removing personal protective equipment (e.g., gloves, gown, facemask) and before performing a procedure such as a sterile task?
  ☛ When being assisted by staff, is client hand hygiene performed after toileting and before meals?

Infection Prevention and Control

Note: The use of masks will be reviewed based on the facility's policies and procedures regarding the use of masks while in the facility or on facility grounds.

What is the facility's status on available PPE?

If the facility is experiencing shortages, what methods are they using to conserve available supplies?

Are clients wearing masks (homemade or commercially produced)?

- Are they being used properly?
- Are staff using masks?
- If the facility is using handmade masks, are they fitted properly?
- Have staff been fit tested, if applicable to the type of mask?
- Are staff wearing gloves?
- Are gloves worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin?
- Are gloves removed after contact with blood or body fluids, mucous membranes, or non-intact skin?
- Are gloves changed and hand hygiene performed before moving from a contaminated body site to a clean body site during client care?
- Are staff using goggles?
- Are staff using face shields?

In what situation are each being used? Interview staff to determine their understanding of the use and conservation of PPE.

Evaluate how the facility staff dons and doffs PPE.

- If PPE use is extended/reused, is it done according to national, state, and local guidelines?
- If the facility is using reusable PPE, how is it sanitized, decontaminated, and maintained between uses?

Infection Prevention and Control and Treatment of COVID-19 Probable Clients:

Do staff wear gloves, isolation gown, eye protection, and an N95 or higher-level respirator if available? A facemask is an acceptable alternative if a respirator is not available.

Interview appropriate staff to determine if PPE is available, accessible and used by staff.
- Is there appropriate signage to indicate precautions for isolation of the affected client?
- Is an isolation gown worn for direct client contact if the client has uncontained secretions or excretions?
- Is PPE appropriately removed and discarded after client care, prior to leaving room, followed by hand hygiene?

Education, Monitoring, and Screening of Staff

How has the provider conveyed updates on COVID-19 to all staff?

- Is there evidence the facility staff has been educated on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- Do all staff have access to the facility director?
- Do staff have or have access to contact information for the Local Health Department, HHSC, Department of State Health Services, and local hospital for emergencies and medical guidance?

Staff Monitoring

If staff develop symptoms at work, does the facility:

- have a process for staff to report their illness or developing symptoms?
- ensure they have a facemask and have them return home for appropriate medical evaluation?
- inform the facility's director and include information on individuals, equipment, and locations of the persons they came in contact with?
- Follow current guidance about returning to work (e.g., local health department, CDC)

Client Service Plans

Review client care plans and information for current client health conditions.

- Did the facility conduct a review of all client care plans to establish a baseline for health conditions and symptoms of illness?
- What actions were taken to update plans if necessary and to inform clients about changes in facility policy?

Medication Administration

Review the medication list and medication administration record for each client.

- If medications were changed recently or in response to COVID-19 policy implementation, were the clients aware of the changes?
- Were legally authorized representatives informed?
- Were doctor's instructions followed for medication?

Sanitation and Housekeeping

Interview housekeeping staff.

What additional cleaning and disinfection procedures are in place to mitigate spread of illness?

- Does the facility have adequate housekeeping staff to clean and disinfect common areas as frequently as necessary to ensure appropriate infection control?
- Does the facility have adequate supply of housekeeping equipment and supplies?
- Does housekeeping staff know whom to contact if supplies are getting low?

Emergency Preparedness- Staffing Levels in Emergencies

Does the facility have a policy and procedures for ensuring staffing to meet the needs of the clients when needed during an emergency, such as the COVID-19 outbreak?

- Does the facility have adequate staffing to care for clients based on current census and client needs?
- Does staff know how to report inadequate staffing needs to the facility director?
- In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the client? (N/A if emergency staff was not needed)