

Exhibit D

Recommendations for Nursing Facilities as Outlined by the Governor's Report to Open Texas Issued on Monday, April 27, 2020

The number of infections of staff and residents in nursing facilities continues to grow. The number of fatalities of nursing facility residents continues to grow. Enhanced response and control measures are needed to ensure greater protection for those vulnerable Texans and their families.

A consistent and strong response is needed now to effectively bend the COVID-19 curve in these facilities.

Recommendation 1: Quantify the extent of the infection immediately: The first step in the process is to know exactly what level of infection exists at a facility. Upon the first positive test result of the nursing facility staff member or resident, the facility shall work with local health authorities, DSHS, and HHSC to coordinate testing of nursing facility staff and residents. In addition, nursing facilities will have access to the Rapid Assessment Quick Response Force to provide rapid response and a medical triage team that can be deployable by DSHS through the Emergency Medical Task Force upon notification of a positive COVID-19 patient. If needed, an additional team can be sent to assist the facility with immediate needs.

Recommendation 2: Implement a comprehensive mitigation plan: First, the facility should immediately initiate measures to control the infection using best practices and CDC requirements. Second, as soon as any test results are available, the facility shall further implement a comprehensive mitigation plan that takes into account the extent of the test results and directly addresses all isolation, infection control, staffing, and other operational aspects of the facility. The mitigation plan must address the specific level of infection that is discovered in that facility.

Recommendation 3: Re-evaluate current COVID-19 positive facilities: Those currently positive facilities that have not completed comprehensive testing will need to conduct an assessment of their current infection levels and consult with local health authorities, DSHS, and HHSC to coordinate testing of nursing facility staff and residents. The facility will then develop and implement a comprehensive mitigation plan with any additional testing results taken into consideration.

This will require the state regulatory and public health experts, local public health partners, and health system partners to engage with the nursing facility to ensure that collection kits are available, and that testing is conducted quickly and efficiently, so that the comprehensive mitigation plan is implemented immediately.

Recommendation 4: Appropriate isolation and placement of COVID-19 patients: The comprehensive mitigation plans should first and foremost focus on complete containment of the infection level present at that facility. The residents who are positive need to be isolated in the most effective manner available such as removal to a different facility (possibly a COVID-19 positive dedicated facility) or removal to an isolated wing of their facility. The facility should also place limitations on movement of positive residents within the facility, as well as relocate any residents to designated COVID-19 negative areas/wings.

Recommendation 5: Implement enhanced access controls to the facility: The mitigation plan shall manage and control access to the facility by the healthcare partners who frequent the facility and any other individuals providing critical services in the facility. The plan should keep individuals from interacting with both positive and non-positive patients. This should include complete limitations on any unnecessary visitations, enhanced screening and decontamination techniques, and limited access to the facility through special entrances to control infection.

Recommendation 6: Enhance control of staff access to the facility: To the greatest extent possible, facilities should discourage staff and employees from working at multiple facilities. This is not a prohibition, which could lead to further staffing shortages, but additional control measures should be taken, and, in some circumstances, limitations are necessary. Facilities should establish very clear definitions, roles, and requirements for each different type of clinical or staffing partner which is employed by or provides services within a nursing facility. The screening criteria above should reflect the risk factors for each type of partner. Additionally, facilities should strengthen existing protocols for third party providers who “come and go” to deliver services at other facilities, ensuring the use of a separate entrance and exit, decontamination practices, and greater screening criteria or restrictions if a person has been at a facility with COVID-19 positive results.

Recommendation 7: Effective notifications: The facility shall implement immediate measures to inform all who interact (or may have recently interacted) with a facility with positive patient(s) so that further limitations can be enacted to control the spread of infection to residents, family members, medical staff, therapists, and other service providers who may frequent the facility. This needs to be done in strict adherence to CDC guidelines, DSHS guidance, the Centers for Medicare and Medicaid (CMS) guidance, and the HHSC Nursing Facility Response Plan.

Recommendation 8: Continue prevention efforts in facilities that do not have an infection: Facilities that do not have a positive detection to-date will continue to undergo infection control assessments and enhancements in compliance with guidance from CDC guidelines, DSHS guidance, the Centers for Medicare and Medicaid (CMS) guidance, and the HHSC Nursing Facility Response Plan. HHSC staff will engage with local facilities to provide additional support and help identify any required changes or enhancements to infection control strategies/procedures to minimize the risk of introducing COVID-19 into the facility.

This plan requires strong partnership and engagement between all local and state officials. Upon a positive test result, the nursing facility must notify and work with local public health department officials, HHSC regulatory staff, and DSHS public health experts to seek input so that the comprehensive mitigation plan is in compliance with this order. Nursing facilities must also adhere to reporting requirements established by CMS.

DSHS and HHSC will develop additional guidance to other long-term care facilities (such as assisted living facilities and intermediate care facilities and others) to enhance infection control standards in those facilities. Finally, agency staff will develop the standards for recovery for staff and residents in a long-term care facility, which will inform any modifications to mitigation strategies and the need for any further testing.