



ARIZONA DEPARTMENT OF HEALTH SERVICES

Coronavirus disease 2019 (COVID-19) is the clinical disease caused by infection with SARS-CoV-2, a novel coronavirus that first was identified in Wuhan City, China in December 2019. This document serves as guidance to long-term care facilities (LTCF) to implement best practices for the prevention, detection and infection control necessary to contain the spread of COVID-19 within a facility.

SIGNS AND SYMPTOMS

It takes between 2–14 days after exposure for symptoms of COVID-19 to develop (median is ~4 days). Common symptoms include:

- fever ($\geq 100.4^{\circ}\text{F}$ or 38°C)
- cough
- sore throat
- shortness of breath
- muscle aches
- fatigue

Less common symptoms: sputum production, headache, diarrhea. In older adults, initial symptoms may be mild and fever might be absent.

RISK FACTORS

Based on what we know now, those at [high-risk](#) for severe illness from COVID-19 are:

- **People who live in a LTCF.**
- People 65 years of age and older.
- People of all ages who have underlying medical conditions, particularly when the underlying medical conditions are not well controlled.

COVID-19 spreads easily in the LTCF population and outcomes can be severe. Rates of pneumonia and death are increased in this population as compared to the general population. COVID-19-infected staff and visitors are the most likely sources of introduction into a facility. There is increasing evidence that asymptomatic individuals may spread COVID-19 up to 48 hours prior to symptom onset.

Prepare for COVID-19: Prevent the introduction of COVID-19 into your facility.

IDENTIFY PLANS AND RESOURCES

- Review and update your pandemic influenza preparedness plans. The same planning applies to COVID-19.
 - If you do not have a plan, a template can be found here:
<https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>
- Identify public health and professional resources.
 - Local Health Departments: azhealth.gov/localhealth

- Identify contacts for local, regional or state emergency preparedness groups.
 - Local Health Departments: azhealth.gov/localhealth
- Identify contacts at local hospitals in preparation for potential need to hospitalize residents or to receive patients discharged from the hospital.
 - If a resident is referred to a hospital, coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the facility.
 - Opening bed capacity in hospitals is vitally important as the outbreak spreads. LTCFs can help by efficiently working to transfer residents to and from healthcare facilities.
 - Receiving and planning for COVID-19 positive patients discharged from the hospital is critical. Facilities should be prepared from an [infection control perspective](#) to safely receive and care for these patients.
- Ensure facility transfer protocols are in place for residents with an acute respiratory illness.
- Ensure plans are in place to track and clear staff to return to work after illness.
- Ensure plans are in place to address insufficient staffing.
 - Ensure you have a process to rapidly on-board new staff.
 - Update staffing ratios based on current resident census and needs.
 - As a contingency, work with your local health department for the Arizona Emergency System for Advance Registration of Volunteer Health Professionals ([AZ-ESAR-VHP](#)).
- Establish contingency plans for resident discharge or transfer in the event the facility has insufficient staffing to safely meet patient care needs. This may include outreach to families/guardians outlining potential options for discharge home and home care, depending on level of patient acuity.

ASSESS CLEANING AND ACCESS TO HAND HYGIENE

- Ensure access to alcohol based hand sanitizer, with 60–95% alcohol, inside and outside every resident room.
- Ensure access to alcohol based hand sanitizer in other resident care and common areas (e.g., outside dining hall, therapy gym).
- Make sure that sinks are well stocked with soap and paper towels for handwashing.
- Make tissues and facemasks available to residents and staff.
- Ensure proper cleaning of environmental surfaces.
 - Use a bleach-and-water solution (0.1% solution; 1:50 dilution).
 - [List N: EPA’s Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19.](#)

IMPLEMENT VISITOR RESTRICTIONS

Because of the ease of spread in a LTCF setting and the severity of illness that occurs in residents with COVID-19, facilities should restrict visitation. Please see the Emergency Rules for Disease Prevention and Control ([A.A.C. R9-10-121](#)).

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- Restrict all visitors except for compassionate care situations (e.g., end of life).
- Restrict all non-essential volunteers and staff, including consultant services (e.g., barber).
- Send letters or emails to families advising them that all visitation is being restricted and explain possible alternative methods for visitation (e.g., video conferencing).
 - Explain actions the facility is taking to protect them and their loved ones.
- Facilitate remote communication between residents and visitors (e.g., video call applications on cell phones or tablets; be sure to disinfect high-touch surfaces between uses).
- Post signs at the entrances to the facility instructing visitors to not enter.
- Anyone entering the facility should be practicing source control by wearing a facemask or cloth face covering.
- [Screen](#) compassionate care visitors and essential volunteers for fever and symptoms of respiratory infection. Restrict anyone with:
 - Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath).
 - Contact with an individual with COVID-19.
- Consider having visitors sign visitor logs, in case contact tracing becomes necessary.
- Provide instruction, before visitors enter, on hand hygiene, limiting surfaces touched, use of PPE according to current facility policy, and limit their movement and interactions with others in the facility (e.g., confine themselves to resident's room).
- Advise exposed visitors (e.g., contact with COVID-19 positive resident unidentified at time of visit) to report any signs and symptoms of acute illness to their healthcare provider for a period of at least 14 days after the last known exposure to resident with COVID-19.
- Allow entry to only individuals who need entry.
- Maintain contact information for resident's family or next of kin and continue open communication.

SCREEN HEALTHCARE PROVIDERS

- Begin universal facemask use by all staff when they enter the facility.
 - If facemasks are in short supply, they should be prioritized for direct care personnel and [considerations of cloth face coverings](#) should be made for other staff.
- Actively screen all staff for fever and respiratory symptoms before they start each shift.
 - Perform a temperature check, using a non-touch thermometer, if available.
 - Ask staff to report and assess for symptoms:
 - feeling feverish
 - new or changed cough
 - sore throat
 - difficulty breathing or shortness of breath
- Instruct staff that if they become ill while working, they should immediately stop working, put on a facemask (if not already wearing), notify their facility supervisor, and go home.
 - Implement a tracking system for clearing staff to return to work after illness.

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SCREEN RESIDENTS

- Actively screen all residents, at least daily, and at time of admission, for fever and respiratory symptoms.
 - Perform a temperature check, using a non-touch thermometer, if available.
 - Ask residents to report and assess for symptoms:
 - new or changed cough
 - sore throat
 - difficulty breathing or shortness of breath
 - feeling feverish
- Older adults may not show typical symptoms, fever may be absent.
 - Less common symptoms include: new or worsening malaise, new dizziness, diarrhea.
- Implement a tracking system for ill residents. CDC has [resources](#) that can assist with tracking infections.
- Immediately isolate residents symptomatic with respiratory illness.
 - Use Standard, Contact, and Droplet Precautions with eye protection when caring for residents with undiagnosed respiratory infection, unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
- Residents should wear a facemask or cloth face covering (if tolerated) or use tissues to cover their mouth and nose when staff are in their room and when leaving the room, including for procedures done outside of the facility.
- Coordinate offsite medical appointments with the offsite medical facility to avoid potential spread of COVID-19.
- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

EDUCATE HEALTHCARE PROVIDERS

- Educate all staff on the prevention of respiratory viruses, including COVID-19.
 - Ensure education includes basic hand washing, respiratory hygiene, and implementation of Standard, Contact, and Droplet precautions with eye protection.
 - Ensure [training](#) and adherence to proper [donning](#) and [doffing](#) of personal protective equipment (PPE).
 - Consider a dedicated donning/doffing observer to monitor, protect, and guide health care providers through the protocols of donning and doffing PPE.
 - Instruct staff to practice physical distancing (maintain a distance of at least 6 feet from others) when in break rooms or common areas.
- Encourage staff to be up-to-date on vaccinations, including their seasonal influenza vaccination.
- Exclude staff from work if they are symptomatic with respiratory illness.
 - If staff have been tested for COVID-19 and are awaiting results, they should remain under home isolation precautions.
 - Ensure staff monitor all residents for signs and symptoms of new respiratory infections.

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EDUCATE RESIDENTS

- Educate all residents on the prevention of respiratory viruses, including COVID-19.
 - Ensure education includes basic hand washing and respiratory hygiene.
 - Enforce physical distancing (at least 6 feet) between residents.
 - Ensure residents are up-to-date on vaccinations, including their seasonal influenza vaccination.
- Ask residents to report and assess for symptoms:
 - new or changed cough
 - sore throat
 - difficulty breathing or shortness of breath
 - feeling feverish
- Explain actions the facility is taking to protect them.
- Cancel all group activities, communal dining, and non-medically necessary trips outside of the facility.
- Residents should wear a facemask or cloth face covering (if tolerated) or use tissues to cover their mouth and nose when leaving the room for medically necessary purposes and when staff are in their room.

Manage COVID-19: Prevent the spread of COVID-19 within your facility.

CONTACT YOUR LOCAL HEALTH DEPARTMENT TO COORDINATE TESTING

- Immediately contact your [local health department](#) if a resident meets exposure and symptoms criteria.
- Your [local health department](#) will help assess the situation and provide guidance for further actions.
- Arrange for collection of a nasopharyngeal (NP) swab or nasal wash for COVID-19 with recommended PPE in accordance with local health department or commercial lab instructions.
 - Use Standard, Contact, and Droplet precautions with eye protection for specimen collection.

REPORT POSITIVE CASES TO YOUR LOCAL HEALTH DEPARTMENT

Immediately report laboratory positive COVID-19 cases to your [local health department](#). Your staff, residents, and residents' families/guardians should also be notified.

- [Template Letter for Staff](#)
- [Template Letter for Residents, Families/Guardians, and Visitors](#)

RESPONSE TO NEWLY IDENTIFIED CASES

- Prioritize testing for healthcare providers (HCP) with symptoms consistent with COVID-19.
- Determine which residents received direct care from positive HCP and had unprotected exposure to HCP who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset.

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- Residents who were cared for by these HCP should be restricted to their room and be cared for using [all recommended COVID-19 PPE](#) until 14 days after last exposure and prioritized for testing if they develop symptoms.
- Ensure the resident with new-onset suspected or confirmed COVID-19 is isolated and cared for using [all recommended COVID-19 PPE](#).
 - Place the resident in a single room if possible.
- Designate a COVID-19 care unit for positive residents.
- Transfer confirmed COVID-19 resident to the designated COVID-19 care unit, regardless of symptoms.
- Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic for COVID-19 for 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).
 - Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room.
- Consider temporarily halting admissions to the facility, at least until the extent of transmission can be clarified and interventions can be implemented.
- Residents who have tested COVID-19 positive and who have met criteria for discontinuation of isolation precautions can go to a regular unit.
 - If isolation precautions have been discontinued, but the resident with COVID-19 remains symptomatic (i.e. persistent symptoms or chronic symptoms above baseline), they can be housed in a regular unit but should remain in a private room until symptoms resolve or return to baseline. These individuals should remain in their rooms to the extent possible during this time period.

STRATEGIES TO PREVENT SPREAD

- Immediately restrict all residents to their rooms.
 - Food service should be provided to their rooms.
 - Set up processes to allow remote communication for residents and others.
 - Note: Please consider the mental health of your residents when implementing isolation precautions and recommendations.
- Have HCP wear all recommended PPE (i.e. standard, contact, and droplet precautions with eye protection) for all resident care, regardless of the presence of symptoms.
- Cohort COVID-19 positive residents by room or isolate to a private room with a bathroom (in designated COVID-19 care unit) until they are [no longer infectious](#).
 - COVID-19 positive residents should be on Standard, Contact, and Droplet precautions with eye protection throughout their entire infectious period.
 - Identify dedicated staff to care for COVID-19 positive residents and provide infection control training.
 - Assign dedicated resident care equipment (e.g., vitals machine) to the cohort unit. Cleaning and disinfection of shared equipment should be performed between residents and the equipment should not leave the cohort unit.
- Perform appropriate monitoring of ill residents (including documentation of oxygen saturation via pulse oximetry) at least 3 times daily to quickly identify residents who require a higher level of care.

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- Notify the receiving facility, EMS and transport service personnel, and the [local health department](#), prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
- Develop criteria for closing units or the facility to new admissions.
- Create a plan for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on specific units.

OPTIMIZE PPE AND ASSESS SUPPLY

- Consider designating HCP to steward PPE supplies and encourage appropriate use.
- Make PPE accessible outside of the resident room and in resident care areas.
- Implement [PPE preserving strategies](#).
 - Prioritize gowns for aerosol generating procedures, care activities where splashes and sprays are anticipated, and high contact resident care activities:
 - Dressing
 - Bathing/showering
 - Transferring
 - Providing hygiene
 - Changing linens
 - Changing briefs or assisting with toileting
 - Device care or use
 - Wound care
 - Start extended use of eye and face protection (respirator or facemask).
 - HCP removes only gloves and gown (if used) and performs hand hygiene between patients while continuing to wear the same eye protection and respirator or facemask.
 - HCP must not touch their eye protection and respirator or facemask.
 - Remove eye protection and the respirator or facemask and perform hand hygiene if they become damaged or soiled, and when leaving the unit.
 - [Register](#) for respirator (i.e. N95) decontamination with the [Battelle Critical Care Decontamination System](#)[™] (Battelle CCDS[™]).
- If your facility is concerned about a potential or imminent shortage of PPE, notify your [local health department](#) of the shortage, including your current supply of the PPE item and projected shortage date.

RELEASE FROM ISOLATION AND QUARANTINE GUIDANCE

COVID-19 positive residents or staff are considered infectious 48 hours prior to symptom onset (date of first positive test if asymptomatic) until meeting [release from isolation criteria](#).

To determine how long a staff member should stay home and away from others if they have, or think that they have, COVID-19, visit our [‘Release from Isolation’ guidance](#).

CONTACT YOUR LOCAL HEALTH DEPARTMENT ABOUT STAFFING CONCERNS

- If staffing needs are not being met due to an outbreak in the facility, notify your [local health department](#) of your scheduled staffing, current variance, and minimum number

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of staff by category needed to meet resident care needs. If staffing is insufficient to run the facility safely, reach out to families/guardians outlining potential options for discharge home and home care, depending on level of patient acuity.

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