



## 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 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 2–14 days after exposure for symptoms of COVID-19 to develop (median is ~4 days).

Symptoms may include:

- Fever or chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms.

### **RISK FACTORS**

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

- Older adults.
- People of all ages with underlying medical conditions.

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 COVID-19 can be spread by asymptomatic individuals and by presymptomatic individuals 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 one or more individuals with training in infection control to provide on-site management of the infection prevention and control program.
- Identify public health and professional resources.

- [Local Health Departments](#)
- [ADHS COVID-19 Website](#)
- [CDC Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
- [CDC Long-term Care Facility Guidance](#)
- [CDC Post Vaccine Considerations for Healthcare Personnel](#)
- [CDC Post Vaccine Considerations for Residents](#)
- Identify contacts for local, regional or state emergency preparedness groups.
  - Local Health Departments: [azhealth.gov/localhealth](http://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 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.
  - Develop (or review existing) strategies to [mitigate staffing shortages](#) from illness or absenteeism.
  - 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.

### **CREATE A PLAN FOR MANAGING COVID-19 IN YOUR FACILITY**

- Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19.
- Identify staff who will be assigned to work only on the COVID-19 care unit when it is in use.
- Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, implement use of transmission-based precautions, prioritize for testing, transfer to COVID-19 unit if positive).
- Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of SARS-CoV-2 testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 care

unit unless they are confirmed to have COVID-19 by testing. While awaiting results of testing, staff should wear a facemask (or a respirator, if available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents.

- Have a [plan](#) for how roommates, other residents, and staff who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely, avoid placing unexposed residents into a shared space with them).
- Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown.
  - This might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19.
  - Staff should wear a facemask (or a respirator, if available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents.
  - Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission.
  - Testing at the end of this period can be considered to increase certainty that the resident is not infected.

#### **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.
- Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room.
- Ensure proper cleaning of environmental surfaces.
  - Develop a schedule for regular cleaning and disinfection of shared equipment and frequently touched surfaces in resident rooms and common areas.
  - 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.](#)

#### **MAINTAIN INVENTORY OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- Routinely perform and maintain an inventory of PPE in the facility.
- Contact your [local health department](#) to obtain assistance during PPE shortages.
- Monitor daily PPE use to identify when supplies will run low; use the [PPE burn rate calculator](#) or other tools.

#### **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](#)).

- Allow visitation in accordance with [COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children](#).
- Communicate visitation policies and rules to residents and families.
- 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).
- Ensure anyone entering the facility practices source control by wearing a facemask or cloth face covering.
- Screen visitors (i.e., individuals that are not facility staff) for fever ( $\geq 100.0^{\circ}\text{F}$ ) and symptoms consistent with COVID-19. Restrict anyone with:
  - Fever or symptoms consistent with COVID-19 (e.g., cough, sore throat, or shortness of breath).
  - Close contact in the last 14 days with an individual with COVID-19 during their infectious period:
    - Individual who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period,
    - Individual providing care in a household without using recommended infection control precautions,
    - Individual who has had direct physical contact (hugging or kissing),
    - Individual who has shared eating and/or drinking utensils, and
    - Individual who has been sneezed on, coughed on, or got respiratory droplets on them.
  - Close contact does not include healthcare providers or EMS providers using appropriate PPE and implementing appropriate infection control practices.
- Have 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., designated visiting areas).
- 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.
- Maintain contact information for resident's family or next of kin and continue open communication.

#### **SCREEN STAFF**

- 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 ( $\geq 100.0^{\circ}\text{F}$ ) and symptoms consistent with COVID-19 before they start each shift.
  - Perform a temperature check, using a non-touch thermometer, if available.
- Instruct staff that if they become ill while working, they should immediately stop working, keep their facemask on, notify their facility supervisor, and go home.
  - Implement a tracking system for clearing staff to return to work after illness.

- Encourage staff to inform their facility supervisor if they have had close contact (not using appropriate PPE and implementing appropriate infection control practices) in the last 14 days with an individual with COVID-19 during their infectious period.

### **SCREEN RESIDENTS**

- Actively screen all residents, at least daily, and at time of admission, for fever ( $\geq 100.0^{\circ}\text{F}$ ) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry.
  - Perform a temperature check, using a non-touch thermometer, if available.
  - Ask residents to report and assess for symptoms of COVID-19.
- Older adults may not show typical symptoms such as fever or respiratory symptoms.
  - Less common symptoms include: new or worsening malaise, headache, new dizziness, diarrhea, vomiting, loss of taste or smell. Additionally, more than two temperatures  $>99.0^{\circ}\text{F}$  might also be a sign of fever in this population.
  - Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
- 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 STAFF**

- Educate all staff on the prevention of respiratory diseases, 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.
- Remind staff not to report to work when ill.
- Exclude staff from work if they have symptoms consistent with COVID-19 until meeting [release from isolation criteria](#).
- Ensure staff monitor all residents for signs and symptoms consistent with COVID-19.

## EDUCATE RESIDENTS

- Educate all residents on the prevention of respiratory diseases, 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 and pneumococcal vaccinations.
- Ask residents to report and assess for symptoms consistent with COVID-19.
- Explain actions the facility is taking to protect them.
- 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.**

### USE OF TESTING TO INFORM THE RESPONSE

- Testing should be implemented **in addition** to recommended infection prevention and control measures. Facilities should develop a plan for testing residents and staff.
- Follow CMS [guidance](#) on facility testing requirements for residents and staff in CMS certified facilities.
- For recommendations on testing methods and procedures for LTCFs, refer to [Recommendations for LTCF Diagnostic Testing](#).
- Additional testing guidance:
  - [CDC Testing Guidelines for Nursing Homes](#)
  - [CDC Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2](#)
  - [CDC Post Vaccine Considerations for Healthcare Personnel](#)
  - [CDC Post Vaccine Considerations for Residents](#)

### REPORT TEST RESULTS

- Report positive and negative results of on-site COVID-19 testing (e.g., antigen testing) directly to ADHS pursuant to [Executive Order 2020-56](#). There are two main methods for reporting these results to ADHS:
  - The easiest method to implement is to register your facility with this [Google Form](#). Once registered, you will receive another link to enter reports into a separate Google Form. A guidance document on this process is available on the [Lab Resources webpage](#).
  - The second option is to follow the flat file reporting requirements outlined on the [Lab Resources webpage](#). If files are not submitted in the proper format, you will be required to resubmit the file in the appropriate format.
  - If your facility is reporting in the NHSN COVID-19 test module, ADHS needs to conduct data validation to make sure the reports coming from NHSN are meeting the Arizona reporting requirements for your facility.
    - Please make sure your facility is reporting all test results to both reporting methods (POC web entry and NHSN) paying special attention to the collection & result dates.
    - To meet the state requirements, reports from tests performed at your facility still need to be submitted through the POC web entry until you receive communication from ADHS indicating you passed the validation.

- Ensure COVID-19 positive results and suspected outbreaks are reported to the [local health department](#) pursuant to Arizona Administrative Code [R9-6-202](#).
  - Submit a report within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.
  - Submit a report within 24 hours after detecting an outbreak of Respiratory Disease in a Health Care Institution or Correctional Facility.
- 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 residents and staff with symptoms consistent with COVID-19.
- Determine which residents received direct care from positive staff and had unprotected exposure to staff who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset.
  - Residents who were cared for by these staff 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.
- Place signage at the entrance to the COVID-19 care unit that instructs staff they must wear [all recommended COVID-19 personal protective equipment \(PPE\)](#) at all times while on the unit. 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 staff wear all recommended PPE (i.e. standard, contact, and droplet precautions with eye protection) for all resident care, regardless of the presence of symptoms.
  - Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or staff is newly identified in the facility; this could also be considered when there is sustained transmission in the community.
- 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.
- COVID-19 positive and COVID-19 negative cohorts should not share common areas or bathrooms.
- 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.
- Notify the receiving facility, EMS and transport service personnel 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 staff to work only on specific units.

#### **OPTIMIZE PPE AND ASSESS SUPPLY**

- Consider designating staff 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).



- Staff 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.
  - Staff 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](#)<sup>™</sup> (Battelle CCDS<sup>™</sup>).
- Implement a process for decontamination and reuse of PPE such as face shields and goggles.
- 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.
- Continue to assess PPE supply and current situation to determine when a return to standard practices can be considered.

### **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 the ADHS '[Release from Isolation and Quarantine](#)' [guidance](#).

### **ADMISSION CRITERIA**

LTCFs must develop policies and procedures to facilitate the admission and readmission of residents who are ready for safe discharge from an acute care hospital without the requirement of a negative SARS-CoV-2 test result and should adhere to the following ADHS Admission Criteria:

- Patients' clinical needs are appropriate to the post-acute clinical care facility.
- Facility has appropriate PPE and staff to maintain transmission-based precautions as needed for the patient.
- If facility does not have appropriate PPE or the isolation capability to maintain transmission-based precautions as needed for the patient, then the patient will be appropriately admitted once they meet criteria for release from [isolation or quarantine](#) as determined by the Arizona Department of Health Services. [Note: a test-based strategy for release from transmission-based precautions is NOT recommended by ADHS or CDC.]
- The facility shall follow the ADHS '[Release from Isolation and Quarantine](#)' [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 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.