ARIZONA DEPARTMENT OF HEALTH SERVICES

April 10, 2020

Dear Long-term Care Facility Partner,

The Arizona Department of Health Services (ADHS) appreciates your collaboration in preventing and controlling the spread of COVID-19 at your licensed health care institution ("Long-term Care Facility (LTCF)").*

**NOTE: For the purposes of this letter only, a Long-term Care Facility ("LTCF") includes health care institutions licensed under Title 9, Chapter 10, Articles 4, 5, and 8 (nursing care institutions, intermediate care facilities for individuals with intellectual disabilities, and assisted living facilities).*

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

- fever (≥100.4°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.

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

- **People who live in a long-term care facility.**
- 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. **It is critical for your facility to take immediate action to reduce the risk of your residents and staff getting sick with the disease; strict adherence to visitor restrictions and enforcement of sick leave policies for ill staff are recommended.**

LTCFs have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Facilities should 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.
- Identify public health and professional resources.
    - Local Health Departments: azhealth.gov/localhealth
- Ensure adequate access to hygiene supplies.
    - 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.
- Maintain contact information for resident's family or next of kin and continue open communication.
- 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.

Facilities should identify infection early.

Perform screening to detect respiratory infections including COVID-19.

- Assign at least one staff person to stay informed about the local COVID-19 situation.
    - You can visit azhealth.gov/covid19 or contact your local health department for the most up-to-date news about COVID-19 in Arizona.
- 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
    - 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.
    - 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.
- 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, and diarrhea.
    - Implement a tracking system for ill residents.
    - 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).
    - Restrict residents with respiratory symptoms to their rooms.
    - Residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose when staff are in their room and when leaving the room for medically necessary purposes.

Recommendations for staff:

- 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).
    - Instruct staff to practice physical distancing (maintain a distance of at least 6 ft from others) when in break rooms or common areas.
- Encourage staff to be up-to-date on vaccinations, including their seasonal influenza vaccination.
- 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.
- 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.
    - If staff have tested positive for COVID-19, they should remain under home isolation precautions for 7 days from specimen collection OR until 3 days (72 hours) after fever is gone (without the use of fever-reducing medication) and symptoms of acute infection resolve, whichever is longer.
    - If staff have tested negative for COVID-19 and have compatible symptoms (fever, cough, shortness of breath), they should stay home away from others until 3 days (72 hours) after all symptoms of acute infection resolve.
    - If staff have not been tested for COVID-19 and have compatible symptoms (fever, cough, shortness of breath), they should stay home away from others until 3 days (72 hours) after all symptoms of acute infection resolve.
    - If staff have not been tested for COVID-19 and have other non-compatible symptoms, they should stay home until 24 hours after all symptoms are gone without the use of medicine.
- Ensure staff monitor all residents for signs and symptoms of new respiratory infections.

Recommendations for 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.
- Explain actions the facility is taking to protect them.

- Cancel all group activities, communal dining, and non-medically necessary trips outside of the facility.
- Coordinate offsite medical appointments with the offsite medical facility to avoid potential spread of COVID-19.
    - Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility.
- Immediately isolate residents symptomatic with respiratory illness.
    - Use Standard, Contact, and Droplet precautions with eye protection.
    - Restrict residents with respiratory infection to their rooms.
    - Residents should wear a facemask (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.
- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

Recommendations for visitors and volunteers:

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).
Facilities should:

- 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.
- 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 patient prior to admission) 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 the sick patient.
- Allow entry to only individuals who need entry.

If you are concerned that a resident or staff member could have COVID-19:

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 or commercial lab instructions.
    - Use Standard, Contact, and Droplet precautions with eye protection for specimen collection.

If COVID-19 is identified in your facility:

- 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.
- Consider designating healthcare providers (HCP) to steward PPE supplies and encourage appropriate use.
- 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.
    - 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.
- 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
- Cohort COVID-19 positive residents by room until they are no longer infectious (7 days from specimen collection OR until 3 days (72 hours) after fever is gone (without the use of fever-reducing medication) and symptoms of acute infection resolve, whichever is longer). 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.
- Isolate currently infectious COVID-19 positive residents to a private room with a bathroom, until they are past their infectious period.
- 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, 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.
- 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.
- 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.

COVID-19 positive residents are defined in these recommendations as any resident that is/was laboratory positive for COVID-19 during this outbreak.

COVID-19 positive residents or staff are considered infectious as follows:

- *48 hours prior to symptom onset until*
- *Seven days from specimen collection OR until 3 days (72 hours) after fever is gone and symptoms of acute infection resolve, whichever is longer.*

Please contact your local health department or the ADHS Office of Infectious Disease Services (602-364-3676) for questions or assistance.

Sincerely,

Cara Christ, MD, MS
Director, Arizona Department of Health Services