



ARIZONA DEPARTMENT OF HEALTH SERVICES

March 17, 2020

Dear Long Term Care Facility Partner,

The Arizona Department of Health Services (ADHS) appreciates your collaboration in the response to COVID-19 at your Long Term Care Facility (LTCF).

Respiratory virus outbreaks in LTCFs are not uncommon, and there are guidelines for their management. ADHS references both these guidelines and the newest evidence relevant to this particular patient population in making site-specific, outbreak-specific recommendations.

Who is at Higher Risk?

- Older adults with risk increasing with age
- People who have serious chronic medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease

COVID-19 in the LTCF population can be severe, and rates of pneumonia and death are increased when compared to the general population. It is critical for your facility to take actions to reduce the risk of your staff and patients getting sick with the disease.

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

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

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:
<https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>
- Identify public health and professional resources.
- 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 facility residents or to receive patients discharged from the hospital.
 - If a resident is referred to a hospital, coordinate transport with 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.
- Ensure facility transfer protocols are in place for residents with an acute respiratory illness.

Facilities should implement surveillance and tracking.

Perform surveillance 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 the virus in Arizona.
- Implement a protocol for daily monitoring of influenza-like-illness (ILI) among residents and staff.
- Assess incoming residents with respiratory symptoms* for:
 - Potential exposure to COVID-19 cases in 14 days prior to illness onset, including travel to area with COVID-19 transmission
 - Any diagnostic testing

- In general, when caring for residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis). This includes restricting residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.

*Symptoms of COVID-19 are fever, cough, and shortness of breath

Recommendations for employees and staff:

- All staff should be educated on the prevention of respiratory viruses, including COVID-19.
 - This education includes basic hand washing, respiratory hygiene, and implementation of Standard, Contact, and Droplet precautions with eye protection.
- Staff should be up-to-date on vaccinations, including their seasonal influenza vaccination.
- Environmental Services should be informed of all recommendations, so a coordinated approach can be made to 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](#)
- Staff members should be excluded from work if symptomatic with respiratory illness.
 - If staff have tested positive for COVID-19, they should remain under home isolation precautions for 7 days from specimen collection OR until 72 hours after fever is gone and symptoms of acute infection resolve, whichever is longer.
 - If staff have fever with cough or shortness of breath and have tested negative for COVID-19, they should stay home away from others until 72 hours after fever is gone and symptoms of acute infection resolve.

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- If staff have fever with cough or shortness of breath and have not been tested for COVID-19, they should stay home away from others until 72 hours after fever is gone and symptoms of acute infection resolve.
- If staff have other non-compatible symptoms and have not been tested for COVID-19, they should stay home until 24 hours after all symptoms are gone without the use of medicine.
- Staff should monitor all residents for signs and symptoms of new respiratory infections.

Recommendations for residents:

- All residents should be educated on the prevention of respiratory viruses, including COVID-19.
 - This education includes basic hand washing, respiratory hygiene, and implementation of Standard, Contact, and Droplet precautions with eye protection.
- Residents should be up-to-date on vaccinations, including their seasonal influenza vaccination.
- Offsite medical appointments should be coordinated with the offsite medical facility to avoid potential spread of COVID-19.
- Residents symptomatic with respiratory illness should be isolated immediately and droplet precautions should be implemented until a diagnosis can be made.
 - Standard, Contact, and Droplet precautions with eye protection are recommended.
- 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:

Because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID-19, facilities should limit visitation to certain compassionate care situations and begin screening visitors even before COVID-19 is identified in their community.

Facilities should:

- Send letters or emails to families advising them to consider postponing or using alternative methods for visitation (e.g., video conferencing) during the next several months.
- Post signs at the entrances to the facility instructing visitors to not enter if they have fever or symptoms of a respiratory infection. Consider having visitors sign visitor logs in case contact tracing becomes necessary.
- Ask all visitors about fever or symptoms of respiratory infection.

Restrict anyone with:

- Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath).
- International travel within the last 14 days to affected countries.
Information on high-risk countries is available on [CDC's COVID-19 travel website](#).
- Contact with an individual with COVID-19.
- Facilities should provide instruction, before visitors enter patient rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room.
- Visitors should not be present during aerosol-generating procedures.
- Visitors should be instructed to limit their movement within the facility.
- Exposed visitors (e.g., contact with COVID-19 patient prior to admission) should be advised 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 only to 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.
- Nasopharyngeal (NP) swabs for COVID-19 should be collected in the facility with recommended personal protective equipment (PPE).

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- Standard, Contact, and Droplet precautions with eye protection are recommended for specimen collection.

Recommendations for COVID-19-positive residents at your facility:

- Laboratory positive COVID-19 cases should be immediately reported 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](#)
- COVID-19-positive residents living in open wings should be cohorted into one unit or wing.
- COVID-19-positive residents should be cohorted by room 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 employees to care for COVID-19 patients and provide infection control training.
- Currently infectious COVID-19-positive residents should remain isolated to a private room with a bathroom, until they are past their infectious period.
 - 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.
- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

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 are considered infectious as follows:

- *Seven days from specimen collection OR until 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,

A handwritten signature in black ink that reads "Cara M. Christ MD". The signature is written in a cursive style with a clear "MD" at the end.

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