COVID-19 Guidance for Long-Term Care Facilities
Updated April 3, 2020

This is a rapidly evolving situation. Recommendations will be updated and shared as new information becomes available.

What We Know Now:
- COVID-19 (coronavirus disease 2019), is spreading in Pima County and around the world, and has been declared a pandemic by the World Health Organization.
- The virus that causes COVID-19 is widespread in Arizona and is community spread in Pima County.
- This document updates the guidance from Pima County Health Department (PCHD), Arizona Department of Health Services (ADHS), and the CDC for Long-term Care Facilities (LTCF).

Who is at Higher Risk of SEVERE complications COVID-19?
- Older adults; risk increases with age.
- People who have serious chronic medical conditions, including, but not limited to:
  - 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.

LTCF should apply the same outbreak management principles used for managing other respiratory infections and outbreaks among residents and staff.

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 at [https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf](https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf)
- 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 and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the facility.
  - Ensure facility transfer protocols are in place for residents with an acute respiratory illness.

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 [www.pima.gov/covid19](http://www.pima.gov/covid19) and [www.azhealth.gov/covid19](http://www.azhealth.gov/covid19)
  - Implement protocol for daily monitoring of influenza-like-illness (ILI) among residents and staff.
  - CDC’s Respiratory Surveillance Line List for LTCFs: [https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf](https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf)

Prevent the introduction of respiratory germs INTO your facility:
- Limit the visitors into the facility. Restrict visitors to only those providing critical assistance.
• Post signs at the entrance instructing visitors not to enter if they have symptoms of respiratory infection.
• Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
• Assess residents for symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

Prevent the spread of respiratory germs WITHIN your facility:

Employee-specific guidance

• Develop a system to regularly monitor all employees for fever and any respiratory symptoms. (For example, employees could expect to monitor their temperature and any symptoms 2x a day or within an hour starting each shift.)
• Reinforce that employees should not report to work when ill.
  o If staff test positive for COVID-19, they should remain under home isolation precautions for 7 days from specimen collection AND until 72 hours after fever is gone and symptoms of acute infection resolve, whichever is longer.
  o If staff have fever WITH cough or shortness of breath and have NOT been tested for COVID-19, they should stay home and isolate as much as possible from others until 72 hours after fever is gone and symptoms of acute infection resolve.
  o Staff who have tested negative or have other symptoms of illness should return to work according to facility policies.
• Identify dedicated employees to care for COVID-19 patients and provide infection control training.
  o Guidance on implementing recommended infection prevention practices is available in CDC’s free online course – The Nursing Home Infection Prevention Training – which includes resource checklists for facilities and employees to use.
• Provide the right supplies to ensure easy and correct use of PPE.
  o Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
  o Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room.
  o Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.
  o 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 of 0.1% solution; 1:50 dilution
  ▪ The EPA has a list of disinfectants for COVID-19 (most standard household cleaners should work): https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Resident-specific guidance

• Monitor residents for fever or respiratory symptoms.
• Restrict residents with fever or acute respiratory symptoms to their room. If the must leave the room for medically necessary procedures or appointments, have them wear a facemask (if tolerated).
• Implement the correct precautions for residents with respiratory infection.
  o For care of residents with an undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless a suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
• Residents should be up-to-date on vaccinations, including their seasonal flu vaccine

Encourage good hand and respiratory hygiene, as well as cough and sneeze etiquette by residents, visitors, and employees.

• Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing PPE.
• Put alcohol-based hand rub in every resident room – ideally both inside and outside of the room.
• Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
Prevent the spread of respiratory germs BETWEEN facilities:

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

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<th>If employees develop any symptoms consistent with COVID-19 (fever or respiratory symptoms) while at work, they must:</th>
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<td>- Cease contact with residents.</td>
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<tr>
<td>- Put on a facemask immediately (if not already wearing).</td>
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<td>- Notify their supervisor or occupational health services prior to leaving work.</td>
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<th>If you are concerned a resident could have COVID-19:</th>
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<td>- Please follow PCHD guidance for testing a resident/patient for COVID-19 at the Arizona State Public Health Laboratory.</td>
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<td>- If you think a resident meets testing criteria, please contact PCHD at 520-724-7797 (line answered 24/7).</td>
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<td>- If a resident does not meet testing criteria, COVID-19 testing can be ordered through commercial laboratories by a healthcare provider.</td>
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<td>- You do not need to go through PCHD to order a commercial COVID-19 test.</td>
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What to do if employees have known exposure to COVID-19:

- Allow asymptomatic employees to continue to work after consulting their occupational health program. Use your monitoring system to ensure exposed employees are monitored daily for the 14 days after the last exposure.
- If you have sufficient supply, healthcare personnel who are not wearing recommended PPE during the COVID-19 exposure could be asked to wear a facemask while at work for 14 days after the exposure.

Facilities should notify staff, residents, and family/guardians of laboratory positive COVID-19 cases in the facility.


LTCF with questions can call 1-844-542-8201