Maricopa County Department of Public Health

Healthcare Facility Guidance for COVID-19 (Updated 4/20/20)

This guidance outlines infection control and personal protective equipment (PPE) recommendations, in addition to goals and strategies for all Maricopa County healthcare facilities to prepare for and respond to community spread of coronavirus disease-2019 (COVID-19).

1. Fever and Symptom Monitoring for Healthcare Personnel

- **Develop a system** to regularly monitor all healthcare personnel for fever and any respiratory symptoms. (For example, employees could be expected to monitor their temperature and any symptoms twice a day or before working a shift.)
- Reinforce that **employees should not report to work when ill.**

If healthcare personnel develop any symptoms consistent with COVID-19 (fever or respiratory symptoms) they must:

- **Cease contact** with patients.
- **Put on a facemask** immediately (if not already wearing).
- **Notify** their supervisor or occupational health services prior to leaving work.

What to do if healthcare personnel have had a known exposure to COVID-19:

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

2. Infection Control and Personal Protective Equipment Guidance

Based on the available evidence, SARS-CoV-2, the virus that causes COVID-19 infection, is transmitted via respiratory droplets between people in close contact and contact with contaminated surfaces of equipment, not by airborne transmission. MCDPH and ADHS recommend the use of standard, droplet and contact precautions, PLUS eye protection. which is in alignment with recommendations from WHO and CDC. An N95 respirator (or equivalent) should be used when performing or in the room during an aerosol-generating procedure.

When in a room with a patient with, or suspected to have, COVID-19 **and NO aerosol-generating procedures** are being performed, all healthcare personnel should wear:

- Surgical (medical) mask
- Gown
- Gloves
- Eye protection (e.g., goggles or face shield)

It is **NOT NECESSARY** to place a suspect COVID-19 patient or confirmed COVID-19 patient in an airborne infection isolation room (AIIR). **A private room with a closed door is acceptable.**

For Aerosol-generating Procedures

When in a room with a patient with, or suspected to have, COVID-19 and **aerosol-generating procedures*** (e.g., endotracheal intubation, non-invasive ventilation [BIPAP, CPAP] tracheostomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy) are being performed, all healthcare personnel should wear:

- N95 respirator (or equivalent)
- Gown
- Gloves
- Eye protection (e.g., goggles or face shield)

If available, use an AIIR for aerosol-generating procedures is recommended (otherwise use a private room with the door closed).

*According to the CDC it is uncertain whether aerosols generated from nebulizer administration and high flow O2 delivery are infectious. Aerosols generated by nebulizers are derived from the medication in the nebulizer. Collection of nasopharyngeal specimens is **not** aerosol-generating. Please see CDC Q&A for more information.

3. Actions for healthcare facilities to take NOW to prepare for COVID-19 surge

- Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare. The following CDC websites may be useful resources to share information about COVID-19:
  - How COVID-19 spreads
  - Clinical management of COVID-19 patients
  - Infection prevention and control recommendations for COVID-19
- Explore alternatives to face-to-face triage and visits. The following options can reduce unnecessary healthcare visits and prevent transmission of respiratory viruses in your facility:

  - Instruct patients to use available advice lines, patient portals, on-line self-assessment tools, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
  - Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
  - Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
  - Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.

- Plan to optimize your facility's supply of personal protective equipment in the event of shortages. Identify flexible mechanisms to procure additional supplies when needed.
- Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with Maricopa County, Arizona Department of Health Services, and World Health Organization infection prevention and control guidance for managing COVID-19 patients.
  - Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
  - Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer.)
  - Ensure facemasks are available at triage for patients with respiratory symptoms.
  - Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be >6 feet apart in waiting areas.
- Develop Pandemic Preparedness and Continuity of Operations Planning (COOP) plans, if your healthcare facility does not already have these in place.

4. Healthcare facilities should take the following actions now that there is community spread of COVID-19 in Maricopa County

- **To protect others in case of asymptomatic or pre-symptomatic transmission,** everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors) should wear a mask or cloth face covering, regardless of symptoms.
  - This action is recommended to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19.
  - Cloth face coverings are not considered PPE because their capability to protect healthcare personnel is unknown. Facemasks, if available, should be reserved for HCP.
  - For visitors and patients, a cloth face covering may be appropriate. If a visitor or patient arrives to the healthcare facility without a cloth face covering, a facemask may be used for source control if supplies are available.
- Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility.
- Designate staff who will be responsible for caring for suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.

- Monitor healthcare workers and ensure maintenance of essential healthcare facility staff and operations:
    - Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
    - Be aware of CDC's recommended work restrictions and monitoring based on staff exposure to COVID-19 patients.
    - Advise employees to check for any signs or symptoms of respiratory illness before reporting to work each day and notify their supervisor if they become ill.
        - Your facility may consider screening staff for fever or respiratory symptoms before entering the facility.
    - Do not require a healthcare provider's note for employees who are sick with respiratory symptoms before returning to work.
    - Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- When possible, manage **mildly ill or asymptomatic** COVID-19 patients at home.
    - Assess the patient's ability to engage in home monitoring, the ability for safe isolation at home, and the risk of transmission in the patient's home environment.
    - Caregivers and sick persons should have clear instructions regarding home care and when and how to access the healthcare system for face-to-face care or urgent/emergency conditions.
    - If possible, identify staff who can monitor those patients at home with daily "check-ins" using telephone calls, text, patient portals or other means.

5. Facility-specific recommendations

Outpatient facilities

- Reschedule non-urgent outpatient visits as necessary.
- Consider reaching out to patients who may be at higher risk of COVID-19-related complications (e.g., elderly, those with other medical conditions, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to confirm they have sufficient medication refills and provide instructions to notify their provider by phone if they become ill.
- Consider accelerating the timing of high priority screening and intervention needs for the short-term, in anticipation of the possible need to manage an influx of COVID-19 patients in the weeks to come.
- Symptomatic patients who need to be seen in a clinical setting should be asked to call before they leave home, so staff are ready to receive them using appropriate infection control practices and personal protective equipment.
- Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.

Inpatient facilities

- Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible.
- Limit visitors to COVID-19 patients.
- Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:
    - Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
    - Separating known or suspected COVID-19 patients from other patients ("cohorting").
    - Do not cohort suspected COVID-19 with confirmed COVID-19 patients in the same room.
    - Identifying dedicated staff to care for COVID-19 patients.

Long-term care facilities

- See MCDPH's full guidance for long-term care facilities

6. Isolation and discharge recommendations for patients with COVID-19

When accepting/discharging patients/residents from higher acuity facilities, per the Governor's Executive Order 2020-22, the following apply:

- Patients/Residents should be discharged from higher acuity care **based on their clinical needs,** not based on the isolation period for COVID-19 or additional testing.
- Patients/Residents who have **tested COVID-19 positive AND require ongoing isolation** should be isolated for 14 days after initial admission or readmission to a long-term care facility with COVID-19 isolation precautions.
    - A patient/resident **requires ongoing isolation if they have not completed** the following isolation duration while in a higher acuity facility:
        - **7 days** after their COVID-19 test was collected **AND**
        - Until they have been free of fever and symptoms of acute infection* for **72 hours**
    - **However, if there is active transmission of COVID-19 in a receiving long-term care facility,** the discharged patient/resident **should be placed in isolation** in accordance with the long-term care facility guidelines stating **all patients/residents should be in isolation.**
- Patients/Residents with **unknown COVID-19 testing** should be quarantined in their rooms using COVID-19 isolation precautions for 14 days after admission or readmission to a long-term care facility from an acute care facility.
    - **However, if there is active transmission of COVID-19 in a receiving long-term care facility,** the discharged patient **should be placed in isolation** in accordance with the long-term care facility guidelines stating **all patients/residents should be in isolation.**

*Symptoms of acute infection is defined as a single temperature of 100.4 ^{o} F (38.0 ^{o} C) and/or cough. This excludes a residual non-productive cough from reactive airways disease or a baseline cough that has not changed.

7. Additional Resources

- COVID-19 Testing and Reporting Information for Healthcare Providers
- ADHS PPE Contingency Use Guidance
- WHO Infection Prevention and Personal Protective Equipment Guidance
- CDC Interim Guidance for Healthcare Facilities
- CDC Steps Healthcare Facilities Can Take to Prepare
- CDC Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)