

## Healthcare Facility and Personnel Guidance for COVID-19

(Revised 07 December 2020)

Community transmission of COVID-19 continues throughout the United States, including Maricopa County, Arizona. This means previously recommended actions, such as quarantining all potentially exposed healthcare personnel and first responders, may be impractical. This guidance outlines infection control and personal protective equipment (PPE) recommendations, in addition to goals and strategies for all Maricopa County healthcare facilities and personnel to 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 symptoms consistent with COVID-19\*. (For example, employees could be expected to monitor their temperature and any symptoms twice a day or before working a shift.)

**Symptoms consistent with COVID-19\*** include:

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

Please check the [CDC website](#) frequently to determine if this list has been updated.

- Reinforce that **employees should not report to work when ill**
- **There are special testing requirements for Long Term Care Facilities.** See: [Long Term Care Facility Guidance on Testing](#).
- **If healthcare personnel develop any symptoms consistent with COVID-19\* they must:**
  - **Cease contact** with patients.
  - **Put on a facemask** immediately (if not already wearing) and **avoid contact with others.**
  - **Notify** their supervisor or occupational health services prior to leaving work, then go home and follow the MCDPH [Home Isolation Guidance](#).
  - **Consult with their healthcare provider** concerning their illness and PCR or antigen testing for COVID-19.
- Employees with symptoms **or** who have tested positive for COVID-19 **should not return to work** until they have completed the recommended [home isolation](#) period.
- **Healthcare facilities and first responder agencies should NOT** require a negative COVID-19 test or healthcare provider's note for an employee to return to work when they have met the criteria for [release from isolation](#).

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

- **Exposure requires close contact** (being within 6 feet of the infectious person for cumulative total of 15 minutes or more over a 24-hour period or any physical contact) **while not wearing all the recommended PPE.**
- **Non-essential employees** who are household members or close contacts of someone who has tested positive for COVID-19 (or has COVID-like illness and is waiting on test results) should follow MCDPH [Quarantine Guidance](#) by staying at home and away from others for 10 days after their last exposure.
- **Essential employees** (e.g. healthcare workers) who were identified as close contacts but **do not have any symptoms** consistent with COVID-19 may continue to work during the quarantine period, **so long as they remain asymptomatic, wear a face mask** when within 6 feet of other people, and self-monitor for any new symptoms for 14 days.

## 2. Infection Control and Personal Protective Equipment Guidance

### *Universal Use of Personal Protective Equipment*

Due to the level of community transmission in Maricopa County, healthcare providers are more likely to encounter asymptomatic or pre-symptomatic patients with COVID-19. If COVID-19 is **not suspected** in a patient presenting for care (based on symptom and exposure history), healthcare providers should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#), if required based on the suspected diagnosis). They should also:

- **Wear a medical-grade face mask at all times** while in the healthcare facility.
- **Wear eye protection in addition to their face mask** to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious materials from others.

### *Use of Personal Protective Equipment When Caring for a Patient with Suspected or Confirmed COVID-19*

Based on the available evidence, SARS-CoV-2, the virus that causes COVID-19 infection, is transmitted primarily via respiratory droplets between people in close contact, but also by contact with contaminated surfaces of equipment, and sometimes by airborne transmission.

MCDPH and ADHS recommend the use of standard, droplet and contact precautions, PLUS eye protection, which is in alignment with [CDC guidance](#). 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 confirmed 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.**

**When in a room with a patient confirmed or suspected to have COVID-19 and [aerosol-generating procedures](#)<sup>†</sup>** (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
- 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).

<sup>†</sup>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 consistent with COVID-19\*.
  - 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 who need to be seen in a clinical setting that, if they have symptoms consistent with COVID-19\*, they should call before they leave home, so staff can be prepared to receive them using appropriate infection control practices and PPE 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 Department of Public Health, Arizona Department of Health Services, and [CDC](#) guidance for managing COVID-19 patients.
  - Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, cough etiquette, and social distancing practices – separating patients >6 feet apart in waiting areas, if possible.
  - Ensure adequate supplies of tissues, waste receptacles, and alcohol-based hand sanitizer are available throughout the facility.
  - Ensure facemasks are available at triage for patients with symptoms consistent with COVID-19\*.
  - Create an area for spatially separating those patients with symptoms consistent with COVID-19.
- 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.
  - Cloth face coverings are not considered PPE because their capability to protect healthcare personnel is unknown. Surgical face masks and N95 respirators, 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, ensure face masks are available for source control.
- **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 symptoms consistent with COVID-19\*.
  - 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 consistent with COVID-19\* before reporting to work each day and notify their supervisor if they become ill.
    - Your facility may consider screening staff for symptoms consistent with COVID-19\* before entering the facility.
  - Do not require a healthcare provider's note for employees who are sick with symptoms consistent with COVID-19\* 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.
- Instruct patients who need to be seen in a clinical setting that, if they have symptoms consistent with COVID-19\*, they should call before they leave home, so staff can be prepared to receive them using appropriate infection control practices and PPE when they arrive.
- 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. CMS and ADHS have established requirements governing visitation in congregate settings for vulnerable adults and children (such as Long-Term Care Facilities) during the COVID-19 pandemic. See the Long Term Care Facility Guidance on Visitation for [CMS facilities](#) or for [non-CMS facilities](#).
- 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 web page on additional [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 with **symptomatic COVID-19 requires ongoing isolation if they have not completed ALL of the following** isolation duration while in a higher acuity facility:
    - **10 days after onset of symptoms consistent with COVID-19\*** (or date of test collection, if asymptomatic) consistent with COVID-19
      - Patients who are **severely immunocompromised\*\*** or who experience **severe illness\*\*\*** due to COVID-19 must remain isolated for **20 days** after the onset of symptoms consistent with COVID-19 (or date of test collection, if asymptomatic).
      - **AND** until they have been **free of fever for 24 hours** (without the use of antipyretics), **and all other symptoms consistent with COVID-19\* have been improving**.
  - A patient/resident **without symptoms** who tested positive for COVID-19 requires ongoing isolation if they have not completed the following isolation duration while in a higher acuity facility:
    - At least **10 days** have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not developed symptoms consistent with COVID-19\* since that test.
      - Patients who are **severely immunocompromised\*\*** or who experience **severe illness\*\*\*** due to COVID-19 must remain isolated for **20 days** since the date of their first positive COVID-19 diagnostic test, assuming they have not developed symptoms since that test.
  - **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**.

\*\* **Severe illness** – e.g. hospitalized in an Intensive Care Unit (ICU). For more details, see: [www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)

\*\*\* **Severe immunocompromise** includes conditions such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, use of prednisone >20mg/day for more than 14 days, or receipt of hematopoietic stem cell or solid organ transplant in past year.