



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## Residential Living COVID-19 Guidance

Coronavirus disease 2019 (COVID-19) is the clinical disease caused by infection with SARS-CoV-2, a novel coronavirus that first was identified in December 2019. This document serves as guidance to residential healthcare facilities (“residential facilities”) to implement best practices for the prevention, detection and infection control necessary to contain the spread of COVID-19 within a facility.

### SIGNS AND SYMPTOMS

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

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

Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms.

### RISK FACTORS

Based on what we know now, those at [increased risk](#) for severe illness from COVID-19 are:

- Older adults.
- People of all ages with underlying medical conditions.
- Pregnant people.

COVID-19 spreads easily in residential facilities 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 COVID-19 can be spread by asymptomatic individuals and by presymptomatic individuals up to 48 hours prior to symptom onset.

**Prepare for COVID-19: Prevent the introduction of COVID-19 into your residential facility.**

### 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.
  - [Local Health Departments](#)
  - [ADHS COVID-19 Website](#)
  - [CDC Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
  - [CDC Assisted Living Facility Guidance](#)
  - [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)
  - [CDC Post Vaccine Considerations for Residents](#)
- Identify contacts for local, regional or state emergency preparedness groups.
  - Local Health Departments: [azhealth.gov/localhealth](http://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 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. Residential facilities 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. Residential 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 for responding to staff with COVID-19 who may have worked while ill, which addresses identifying and performing a [risk assessment](#) for exposed residents and co-workers.
- Ensure plans are in place to address insufficient staffing.
  - Develop (or review existing) strategies to [mitigate staffing shortages](#) from illness or absenteeism.
  - 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 resident care needs. This may include outreach to families/guardians outlining potential options for discharge home and home care, depending on the severity of the resident's illness.

#### **ASSESS CLEANING AND ACCESS TO HAND HYGIENE**

- Provide access to alcohol-based hand sanitizer, with 60–95% alcohol, throughout the facility.
  - Unless hands are visibly soiled, [performing hand hygiene](#) using an alcohol-based hand sanitizer is preferred over soap and water in most clinical situations (e.g.,

before and after touching a resident) due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in the absence of a sink, are an effective method of cleaning hands.

- Make sure that sinks are well stocked with soap and paper towels for handwashing.
- Make tissues and facemasks available to residents and staff.
- Position a trash can near the exit inside the resident room to make it easy for staff to discard personal protective equipment (PPE) prior to exiting the room or before providing care for another resident in the same room.
- Ensure proper cleaning of environmental surfaces.
  - Develop a schedule for regular cleaning and disinfection of shared equipment and frequently touched surfaces in resident rooms and common areas.
  - Appropriate disinfectants include:
    - [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.](#)

#### **MAINTAIN INVENTORY OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- Select [appropriate PPE](#) and provide it to staff in accordance with [Occupational Safety and Health Administration PPE standards](#).
- Implement a [respiratory protection program](#) that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include [medical evaluations](#), training, and [fit testing](#).
- Routinely perform and maintain an inventory of PPE in the facility.
- Contact your [local health department](#) to obtain assistance during PPE shortages.
- Monitor daily PPE use to identify when supplies will run low; use the [PPE burn rate calculator](#) or other tools.

#### **IMPLEMENT VISITOR RESTRICTIONS**

Because of the ease of spread in a residential facility 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](#)) (applicable for facilities licensed under Articles 4, 5, and 8 only).

- Allow visitation in accordance with [COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children](#).
- Communicate visitation policies and rules to residents and families.
- 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) when visitation is restricted.
- Ensure anyone entering the facility practices source control by wearing a well-fitting facemask or cloth face covering.
- Screen visitors (i.e., individuals that are not facility staff) for fever ( $\geq 100.0^{\circ}\text{F}$ ) and symptoms consistent with COVID-19. Restrict anyone, regardless of vaccination status, with:
  - Fever or symptoms consistent with COVID-19 (e.g., cough, sore throat, or shortness of breath).

- Close contact in the last 14 days with an individual with COVID-19 during their infectious period:
  - Individual who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period,
  - Individual providing care in a household without using recommended infection control precautions,
  - Individual who has had direct physical contact (hugging or kissing),
  - Individual who has shared eating and/or drinking utensils, or
  - Individual who has been sneezed on, coughed on, or got respiratory droplets on them.
- Close contact does not include healthcare providers or EMS providers using appropriate PPE and implementing appropriate infection control practices.
- Have visitors sign visitor logs, in case contact tracing becomes necessary.
- Provide instruction, before visitors enter, on hand hygiene, limiting surfaces touched, use of personal protective equipment (PPE) according to current facility policy, and limit their movement and interactions with others in the facility (e.g., designated visiting areas).
- Advise exposed visitors (e.g., contact with a COVID-19 positive resident unidentified at time of visit) 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 a resident with COVID-19.
- Maintain contact information for resident's family or next of kin and continue open communication.

#### **SCREEN STAFF**

- Implement universal use of a [well-fitting](#) respirator or facemask for source control by all staff when they enter the facility.
  - If facemasks are in short supply, they should be prioritized for direct care staff and [considerations of cloth face coverings](#) should be made for other staff.
- Actively screen all staff for fever ( $\geq 100.0^{\circ}\text{F}$ ) and symptoms consistent with COVID-19 before they start each shift.
  - Perform a temperature check, using a non-touch thermometer, if available.
- Instruct staff that if they become ill while working, they should immediately stop working, keep their respirator or facemask on, notify their facility supervisor, and go home.
  - Implement a tracking system for clearing staff to return to work after illness.
- Encourage staff to inform their facility supervisor if they have had close contact (not using appropriate PPE and implementing appropriate infection control practices) in the last 14 days with an individual with COVID-19 during their infectious period.

#### **SCREEN RESIDENTS**

- Actively screen all residents, at least daily, and at time of admission, for fever ( $\geq 100.0^{\circ}\text{F}$ ) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry.
  - Perform a temperature check, using a non-touch thermometer, if available.
  - Ask residents to report and assess for symptoms.
- Implement a process with a facility point of contact that residents can notify (e.g., call by phone) if they develop symptoms.

- Older adults may not show typical symptoms, fever may be absent.
  - Less common symptoms include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0°F might also be a sign of fever in this population.
  - Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
- Implement a tracking system for ill residents. CDC has [resources](#) that can assist with tracking infections.
- Immediately isolate residents symptomatic with respiratory illness.
  - Use standard, contact, and droplet precautions with eye protection when providing health related services for residents with undiagnosed respiratory infection, unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis).
  - For situations where close contact with any (symptomatic or asymptomatic) resident cannot be avoided, staff should at a minimum, wear:
    - Eye protection (goggles or face shield) and a facemask or N95 or higher-level respirator. Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.
    - If staff have direct contact with a resident, they should also wear gloves. If available, gowns are also recommended but should be prioritized for activities where splashes or sprays are anticipated, or high-contact resident-care activities that provide opportunities for transfer to pathogens to hands and clothing of staff (e.g., dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care).
- Residents should wear a [well-fitting](#) facemask or cloth face covering (if tolerated) or use tissues to cover their mouth and nose when staff/visitors are in their room and when leaving the room, including for procedures done outside of the facility.
- Coordinate offsite medical appointments with the offsite medical facility to avoid potential spread of COVID-19.
- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

## EDUCATE STAFF

- Educate all staff on the prevention of respiratory diseases, including COVID-19.
  - Ensure education includes basic hand washing, respiratory hygiene, and implementation of standard, contact, and droplet precautions with eye protection.
  - Describe actions staff can take to protect themselves in the facility, emphasizing the importance of [physical distancing](#) (staying at least 6 feet from others), [hand hygiene](#), [respiratory hygiene and cough etiquette](#), and [source control](#).
  - 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 feet from others) when in break rooms or common areas.
  - Ensure staff wear eye protection during patient care encounters if the facility is in an area with moderate to substantial community transmission.

- Ensure staff wear [well-fitting](#) respirators or facemasks for source control at all times, while they are in the healthcare facility, including in break rooms or other spaces where they might encounter co-workers.
  - To reduce the number of times staff must touch their face and potential risk for self-contamination, staff should consider continuing to wear the same respirator or well-fitting facemask throughout their entire work shift when the respirator or facemask is used for source control.
  - Fully vaccinated staff could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. If unvaccinated staff are present, everyone should wear source control and unvaccinated staff should physically distance from others.
- Ensure staff remove their respirator or facemask, perform hand hygiene, and put on their community source control (i.e., mask), when leaving the facility at the end of their shift.
- Encourage staff to be up-to-date on vaccinations, including their seasonal influenza vaccination.
- Encourage staff who work in multiple locations to tell facilities if they have worked in other facilities with recognized COVID-19 cases.
- Remind staff not to report to work when ill.
- Exclude staff from work if they have symptoms consistent with COVID-19 until meeting [release from isolation criteria](#).
- Ensure staff monitor all residents for signs and symptoms consistent with COVID-19.

## **EDUCATE RESIDENTS**

- Educate all residents on the prevention of respiratory diseases, 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 and pneumococcal vaccinations.
- Ask residents to report and assess for symptoms consistent with COVID 19 and if they have close contact with a person with SARS-CoV-2 infection while outside the facility.
- Explain actions the facility is taking to protect them.
- Residents should wear a well-fitting facemask or cloth face covering (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.
  - Source control should not be placed on anyone who cannot wear a mask safely, such as someone who has a disability or an underlying medical condition that precludes wearing a mask or who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

## **VACCINATIONS**

Vaccinate residents and staff against SARS-CoV-2.

- Receiving a [COVID-19 vaccination](#) is an important step to prevent getting sick with COVID-19 disease.

- The [Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility](#) provides resources including information on preparing for vaccination, vaccination safety monitoring and reporting, frequently asked questions, and printable tools.
- Maintain a record of the vaccination status of residents and staff.
- Guidance on adjustment to IPC recommendations following vaccination is available in CDC's [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

## **Manage COVID-19: Prevent the spread of COVID-19 within your residential facility.**

### **USE OF TESTING TO INFORM THE RESPONSE**

- Testing should be implemented **in addition** to recommended infection prevention and control measures. Facilities should develop a plan for testing residents and staff.
- For recommendations on testing methods and procedures for residential facilities, refer to [Recommendations for Residential Living Diagnostic Testing](#).
- Additional testing guidance:
  - [CDC Testing Guidelines for Nursing Homes](#)
  - [CDC Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2](#)
- [CDC Post Vaccine Considerations for Residents](#)

### **REPORT TEST RESULTS**

- Report positive and negative results of on-site COVID-19 testing (e.g., antigen testing) directly to ADHS pursuant to [Executive Order 2021-07](#). There are two main methods for reporting these results to ADHS:
  - The easiest method to implement is to register your facility with this [Google Form](#). Once registered, you will receive another link to enter reports into a separate Google Form. A guidance document on this process is available on the [Lab Resources webpage](#).
  - The second option is to follow the flat file reporting requirements outlined on the [Lab Resources webpage](#). If files are not submitted in the proper format, you will be required to resubmit the file in the appropriate format.
- Ensure COVID-19 positive results and suspected outbreaks are reported to the [local health department](#) pursuant to Arizona Administrative Code [R9-6-202](#).
  - Submit a report within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.
  - Submit a report within 24 hours after detecting an outbreak of Respiratory Disease in a Health Care Institution or Correctional Facility.
- Your staff, residents, and residents' families/guardians should also be notified.
  - [Template Letter for Staff](#)
  - [Template Letter for Residents, Families/Guardians, and Visitors](#)

### **STRATEGIES TO PREVENT SPREAD**

- For small residential facilities, follow [CDC guidance for caring for COVID-19 patients at home](#).
- Immediately restrict all residents to their rooms including those rooms shared by residents.
  - 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.
- Have staff wear all recommended PPE (i.e. standard, contact, and droplet precautions with eye protection) for all resident care, regardless of the presence of symptoms.
  - Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or staff is newly identified in the facility; this could also be considered when there is sustained transmission in the community.
- Cohort COVID-19 positive residents by room or isolate to a private room with a bathroom until they are [no longer infectious](#).
  - COVID-19 positive residents should be on standard, contact, and droplet precautions with an N95 or equivalent or higher-level respirator and eye protection throughout their entire infectious period.
  - Identify dedicated staff to care for COVID-19 positive residents and provide infection control training.
  - If limited single rooms are available or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should remain at their current location pending return of test results.
  - In general, it is recommended that the door to the room remain closed to reduce transmission of SARS-CoV-2. However, in some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway.
- 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 any receiving facility, emergency medical services (EMS) and transport service staff prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
  - While awaiting transfer, residents should be separated from others (e.g., remain in their room with the door closed) and should wear a cloth face covering or facemask (if tolerated) when others are in the room and during transport.
  - Appropriate PPE (as described above) should be used by staff when coming in contact with the resident.
- Develop criteria for closing specific areas of the facility to manage new admissions.
  - If feasible, new admissions should be placed in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19.
  - Staff should wear a well-fitting facemask (or a respirator, if available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents.
  - Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission.



- Testing at the end of this period can be considered to increase certainty that the resident is not infected.
- When considering quarantine for residents with prior COVID-19 infection and for residents who have been fully vaccinated, refer to [Release from Isolation and Quarantine](#) Guidance.
- If feasible, create a plan for cohorting COVID-19 positive and unknown residents from COVID-19 negative residents and ensure separate, consistent staff are used for each cohort.
- For situations where close contact between any (symptomatic or asymptomatic) resident cannot be avoided, staff should at a minimum, wear eye protection (goggles or face shield) and a facemask or respirator. Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated. If staff have direct contact with the resident, they should also wear gloves.
- If residents are transferred to the hospital or another care setting, actively follow up with that facility and resident family members to determine if the resident was confirmed or suspected to have COVID-19.
  - This information will inform the need for [contact tracing](#) or implementation of additional infection prevention and control recommendations.

#### **OPTIMIZE PPE AND ASSESS SUPPLY**

- Consider designating staff to [manage PPE supplies](#) and encourage appropriate use.
- Make PPE accessible outside of the resident rooms 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).
    - Staff 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.
    - Staff 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.
  - Implement a process for decontamination and reuse of PPE such as face shields and goggles.
- 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.
- Continue to assess PPE supply and current situation to determine when a return to standard practices can be considered.

## **RELEASE FROM ISOLATION AND QUARANTINE GUIDANCE**

COVID-19 positive residents or staff are considered infectious 48 hours prior to symptom onset (date of first positive test if asymptomatic) until meeting [release from isolation criteria](#).

Isolation and quarantine recommendations for staff and residents, including those who were previously infected and/or fully vaccinated can be found in the ADHS ['Release from Isolation and Quarantine' guidance](#).

## **ADMISSION CRITERIA**

Residential facilities must develop policies and procedures to facilitate the admission and readmission of residents who are ready for safe discharge from an acute care hospital without the requirement of a negative COVID-19 test result and should adhere to the ADHS Admission Criteria:

- Patients' clinical needs are appropriate to the post-acute clinical care facility.
- Facility has appropriate PPE and staff to maintain transmission-based precautions as needed for the patient.
- If the facility does not have appropriate PPE or the isolation capability to maintain transmission-based precautions as needed for the patient, then the patient will be appropriately admitted once they meet criteria for release from [isolation or quarantine](#) as determined by the Arizona Department of Health Services. [Note: a test-based strategy for release from transmission-based precautions is NOT recommended by ADHS or CDC.]
- The facility shall follow the ADHS ['Release from Isolation and Quarantine' guidance](#).

## **CONTACT YOUR LOCAL HEALTH DEPARTMENT ABOUT STAFFING CONCERNS**

- 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.