**Maricopa County
Department of Public Health**

Healthcare Facility Guidance for COVID-19

This guidance outlines updated 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. Updated 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 (except when performing aerosol-generating procedures), which is in alignment with recommendations from WHO.

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)

Due to the change in transmission-based precautions from airborne to standard, droplet and contact precautions, 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 with, or suspected to have, COVID-10 **and aerosol-generating procedures** (e.g., tracheal intubation, non-invasive ventilation, 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)

Using an AIIR for aerosol-generating procedures is recommended.

2. Actions for healthcare facilities to take NOW to prepare for a COVID-19 outbreak

- 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.

3. Healthcare facilities should plan to take the following actions WHEN COVID-19 starts to spread in Maricopa County

- Maricopa County Department of Public Health will notify healthcare facilities and the public when new COVID-19 cases are identified and when community spread has started.
- 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 of illness before reporting to work each day and notify their supervisor if they become ill.
    - Do not require a healthcare provider's note for employees who are sick with respiratory symptoms before returning to work.
    - In settings of widespread transmission, your facility may consider screening staff for fever or respiratory symptoms before entering the facility.
    - 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.
    - Engage MCDPH, home health services, and community organizations to assist with support services (such as delivery of food, medication and other goods) for those treated at home.

4. 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

- Reschedule elective surgeries as necessary.
- 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:

    o Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
    o Separating known or suspected COVID-19 patients from other patients ("cohorting").
    o Identifying dedicated staff to care for COVID-19 patients.

Long term care facilities

- Limit visitors to the facility.
- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Ensure hygienic supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer).
- Take steps to prevent known or suspected COVID-19 patients from exposing other patients.
- Limit the movement of COVID-19 patients (e.g., have them remain in their room).
- Identify dedicated staff to care for COVID-19 patients.
- Observe newly arriving patients/residents for development of respiratory symptoms and implement appropriate infection prevention practices for incoming symptomatic patients/residents.

5. Additional Resources

- COVID-19 Testing and Reporting Information for Healthcare Providers
- MCDPH and ADHS Infection Prevention and Personal Protective Equipment Guidance (forthcoming on ADHS website)
- 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)