



COVID-19 GENERAL GUIDELINES

Does ADHS follow the WHO or CDC guidelines?

The ADHS website instructs individuals to visit CDC's website for the most up-to-date information on COVID-19 the website also instructs providers to use the CDC website for up-to-date resources.

Are annual surveys being conducted in nursing homes?

[CMS QSO-20-20-ALL](#) dated March 23, 2020 included: No annual surveys will be conducted for the next three weeks (through April 13, 2020), only Immediate Jeopardy complaints. See the following:

- Immediate jeopardy complaints (cases that represent a situation in which entity non-compliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm)
- During all complaint investigations surveyors will conduct a streamlined infection control review with the COVID-19 Focus Survey for Nursing Homes (starts on page ten of the [CMS QSO-20-20-ALL](#)).

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Where and how can facilities obtain needed PPE?

PPE is in very short supply. We know that a large percent of the supply chain for this equipment comes from China. It is back on track but may take some time to get back to 100%. Here are some resources.

Who do I contact if I'm running dangerously low on PPE?

Contact your local public health department – [click here for the statewide list](#).

For Maricopa County Department of Public Health ONLY please take the following steps:

- Follow CDC's guidance on optimizing N95 PPE Supplies [click here](#).
- Reach out to multiple vendors to see if they can supply your order. Reach out to other partners in and outside of your area. Check the PPE sharing resource tracker and directly reach out to a partner on the list: <http://bit.ly/38gUMqV>.
- Reach out to partners in other states to help bridge gaps in back orders.
- If you exhaust all of these options and are still facing a shortage of supplies, send an email to: mcdphlogisticschief@maricopa.gov describing your current situation. Please include documentation on the steps that you have taken to obtain additional PPE. Understand that Maricopa County DOES NOT have a cache of PPE or other resources. If you make a formal resource request to Maricopa County Public Health, they will need the following information:
 - Steps you have taken and number of days of supply currently on hand.
 - Exact brand, size, and quantity of PPE you are requesting. A link to the exact item is recommended.
 - Contact name and person for billing.
 - Delivery time and location to send the PPE if we are able to obtain it for you.

Please Note: Maricopa County may ask you for additional information and that you fill out a resource request. If you still have questions about supplies, contact the MCDPH Duty Officer at 602-527-5078.

What precautions and PPE should be used for PUI (Patient Under Investigation)?

CDC Guidelines: Resident should be placed in private room with door closed. Healthcare personnel entering the room should use standard precautions, contact precautions, droplet precautions, and eye protection (e.g., Goggles or a face shield).

When should N95 respirators be used on residents with known or suspected COVID?

Currently, N95s should be used when conducting aerosol procedures such as SVN treatments or suctioning. However, CDC continues to work on updated information about use of N95 respirators. It is recognized that most skilled facilities do not have N95 respirators so the CDC is indicating they are revising this guidance to allow for the use of surgical masks instead. The current use is:

CDC Guidelines:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

“#4. Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.

If performed, the following should occur:

- HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. *Visitors should not be present for the procedure.*
- AGPs should ideally take place in an AIIR.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.”

RESIDENT CARE

Can a facility take a resident with COVID-19?

Current, CMS Guidance says, “A nursing home can

accept a resident diagnosed with COVID-19 and still under Transmission Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).”

For Pima County Health Department ONLY: Contact Eoclogchief@pima.gov.

How should a facility care for multiple residents with COVID 19?

CDC Guidance: As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift. During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.

- HCP must take care not to touch their eye protection and respirator or facemask.
- Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.

Should routine hospice visits be allowed?

Yes. “If hospice care is provided in a nursing home, we have advised nursing homes that hospice workers should be allowed entry provided that hospice staff is following the appropriate CDC guidelines for

Transmission-Based Precautions and using PPE properly.”

Source: Ref: QSO-20-16-Hospice dated March 9, 2020.
<https://www.cms.gov/files/document/qso-20-16-hospice.pdf>

One of our residents has an appointment scheduled with a specialist they saw in the hospital. Should we send her to that appointment?

We recommend that the staff call the outside consultants and delay non-urgent visits or procedures. If there is a pressing medical need for the appointment, explore options such as electronic consults or other telehealth modalities to limit exposure of the resident to other healthcare settings. Some offices may have a physician, nurse practitioner, or physician assistant who is willing to come see residents at your building. We also recommend suspending all non-emergent dental visits either in or out of the facility. For residents that must go to a medical appointment, we recommend that they wear a facemask as much as possible through the encounter. Consider sending them with a spare mask or two if supplies permit.

Several of our residents get hemodialysis. What should we do for them?

The CDC has interim guidance for hemodialysis facilities. The guidance is focused on infection prevention and control measures for the care of patients with a respiratory illness or with known or suspected COVID-19, including recommendations for cohorting. We recommend that residents leaving your building for hemodialysis should wear a face mask to reduce the risk of acquiring COVID-19 from someone else at the building. This should help protect the resident from exposure both the healthcare personnel at the dialysis center as well as from other people from the community who are receiving dialysis.

ENVIRONMENT OF CARE

What environmental cleaners should be used for COVID-19?

CDC guidance:

EPA - Disinfectants for use against SARS-CoV-2

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

CDC Environmental Cleaning and Disinfection Recommendations

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

CDC Strive Environmental Cleaning Course

https://www.cdc.gov/infectioncontrol/training/strive.html#anchor_1564584999

Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. *Never mix household bleach with ammonia or any other cleanser.* Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:

- 5 tablespoons (1/3rd cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water”

Do we need any special precautions for laundry?

There are no special recommendations for management of laundry, food service utensils, and medical waste. Follow routine procedures.

MEDICARE/WAIVERS

What are blanket waivers?

Under Section 1135 or [1812\(f\) of the Social Security Act](#), CMS can issue blanket waivers when there’s a disaster or emergency declared. When a blanket waiver is issued, providers don’t have to apply for an individual waiver. Blanket waivers prevent access to care gaps for beneficiaries affected by the emergency.

Has the 3-day stay been waived?

Yes. According to the blanket waivers issued by CMS you do not need to apply for the following approved waivers:

Skilled Nursing Facilities (SNFs)

Section 1812(f): This waiver of the requirement for a 3-day prior hospitalization for coverage of a SNF stay provides temporary emergency coverage of SNF services without a qualifying hospital stay, for those people who are evacuated, transferred, or otherwise dislocated as a result of the effect of disaster or emergency. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a

new benefit period (Blanket waiver for all impacted facilities).

Keep in mind that some Medicare Advantage and SNPs may require prior authorization. Please check with them first.

Source: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities>.

Should providers limit Med B therapy visits from outside providers?

Evaluate and adjust for your situation.

We are continuing to seek guidance on this topic, however if you have a separate entrance and separate designated space where therapy visits can occur following the CDC guidance then perhaps such a situation could continue. However, other facilities may not have such a physical environment. CMS is issuing telehealth coverage and therapy providers are identifying how they can provide therapy virtually.

Evaluate your individual situation and remember that anyone entering your facility must be screened and meet the CDC guidelines to enter. Continue to watch for ongoing CDC guidance on outpatient therapy.

Can an MCA admit a resident from home to a facility for Med A benefits?

Yes. However, the resident must meet the guidelines and, in all cases, need skilled services on a daily basis. "SNF care without a 3-day inpatient hospital stay will be covered for beneficiaries who experience dislocations or are otherwise affected by the emergency, such as those who are (1) evacuated from a nursing home in the emergency area, (2) discharged from a hospital (in the emergency or receiving locations) in order to provide care to more seriously ill patients, or (3) need SNF care as a result of the emergency, regardless of whether that individual was in a hospital or nursing home prior to the emergency."

VISITORS/DELIVERIES

Should all visitors be screened even during the weekends?

Yes. Here is information from AHCA/NCAL: Screen individuals who need to enter the building — including staff, EMS and other personnel for possible exposure

to COVID-19. [Use our checklist for screening individuals](#)

- Any individual who checks YES to any questions on the screening tool should not be permitted to enter the facility.
- Any individuals that is permitted to enter should wash their hands or use hand sanitizer upon entrance and throughout their stay.
- Use our [template log for personnel \(Excel or PDF\)](#) to track employees & temps coming into the facility.

How should facilities handle outside food that has been delivered?

From CMS: Facilities should review and revise how they interact with vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-based precautions.

<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>