

<b>Clinical Management/COVID-19</b>				
<b>POLICY:</b>	<b>Infection Prevention and Control Program/Outbreak Response Plan</b>		<b>POLICY NO:</b>	<b>MAL-2</b>
<b>DEPT:</b>	Clinical Operations	<b>X Revised</b>	<b>Created:</b>	03/2020
			<b>Revised:</b>	09/8/20

### **Policy:**

It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

### **1. DEFINITIONS**

"Cohorting" means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.

"Endemic level" means the usual level of given disease in a geographic area.

"Isolating" means the process of separating sick, contagious persons from those who are not sick. Outbreak Response Plan Guidance Memo Page 12

"Long-term care facility" means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Outbreak" means any unusual occurrence of disease or any disease above background or endemic levels.

### **Policy Explanation and Compliance Guidelines:**

- The designated Infection Preventionist serves as a consultant to our staff on infectious diseases, resident room placement, implementing of isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases.
- The RNs and LPNs supervise direct care staff in daily activities to assure appropriate precautions and techniques are observed, assess the resident's isolation needs, initiate appropriate precautions in accordance with our established policies and current CDC Infection Control Isolation Guidelines, consult with the Medical Director (and/or the resident's attending physician) as soon as possible to obtain written order for same; and

consult the Infection Preventionist for questions regarding isolation, infection control issues, and questions relative to communicable diseases and infections.

Based on recommendations by The New Jersey Department of Health (NJDOH) and Communicable Disease Service (CDS), upon determination of a Covid-19 Outbreak, the facility will implement the following infection prevention and control measures **Immediately**:

- Assess close contacts including healthcare personnel (HCP) and other residents based on their exposures to positive case(s) of COVID-19.
  - **HCP:** HCP with exposure to confirmed COVID-19 case(s) should be identified and an appropriate risk assessment completed to determine if they have a high, medium, low, or no identifiable risk exposure using NJDOH forms and guidance for assessing COVID-19 healthcare worker exposures.
  - **RESIDENTS:** Close contact is defined as being within approximately 6 feet of a COVID-19 case for prolonged period of time or having contact with infectious sections of COVID-19 case (e.g., being coughed on). Close contacts should be quarantined for 14 days after last exposure.
- Adhere to Standard and Transmission-based Precautions including use of a facemask, gown, gloves, and eye protection for confirmed and suspected COVID-19 case(s).
- Since roommates of symptomatic residents may have already been exposed, it is not recommended that they be separated following Dept. of Health guidelines.
- Restrict all confirmed case(s) and any residents who may have been exposed in their assigned rooms except for medically necessary purposes.

Upon determination of a COVID-19 Outbreak, the facility will implement the following measures **within 24 hours**:

- Facility will conduct active screening of residents and staff for fever and respiratory symptoms.
  - Facility will screen all Health Care Personnel (HCP) at the beginning of their shift for fever and respiratory symptoms.
  - Nursing Staff will monitor residents twice daily for fever and respiratory symptoms. Vital signs should include heart rate, blood pressure, temperature, pain and pulse oximetry. The Nursing staff will inform the residents' Attending Physician for any change in their baseline.
- Facility shall curtail new admissions, except readmissions.
- Facility will restrict visitors and non-essential healthcare personnel, except in certain compassionate-care situations.
- Stop current communal dining and all group activities such as internal and external group activities.
- Encourage residents to remain in their rooms. Restrict residents (to the extent possible) to their rooms except for medically necessary purposes

- Facility will implement universal use of facemask for HCP while in the facility.
- Mask all residents (who can tolerate masks) who are symptomatic when providing direct care; if masks are limited or not tolerated use of a tissue to cover the nose and mouth is appropriate.
- Housekeeping Department will increase the frequency of routine cleaning and disinfection of frequently touched surfaces and shared medical equipment using frequently using products that have EPA-approving emerging viral pathogens claims that have demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces.
- Adhere to internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect throughout the facility.
- Facility will provide transparency and education to staff and families regarding identification of case(s) and actions taken.

The Infection Control Committee (Medical Director, **Infection Control Preventionist (Dr, Marty Topiel 609-410-5179**, Administrator, Director of Nursing and Infectious Disease Physician) will serve as the authority for overseeing the investigation, prevention, and control of infections within the facility.

- Immediate reporting/notification and consultation with the Local/State Public Health Department for specific directions.
- The facility's Infectious Disease Physician will assess the status of infectious disease at the facility, assure proper infection control measures are implemented and ensure monitoring of all residents. As member of the Infection Control Committee, the Infectious Disease Physician will make follow-up visits as needed and is available for telephone consultation.
- Limit only essential personnel to enter the room with appropriate PPE and respiratory protection.
  - PPE includes: Gloves, Gown, Respiratory Protection: facemask, Eye Protection that covers both the front and sides of the face. Nursing HCP will don appropriate PPE before entering resident's room and Doff PPE (gown) by putting on hook in room before leaving resident's room. Nursing HCP will discard gown at the end of shift. Nursing HCP will be keep N95 and reusable face shield/googles on. Other department HCP who does not have prolonged close contact with patient will keep PPE on between rooms and Doff at end of rounds (housekeeping, activities, interpreters, etc.) Reusable eye protection will be cleaned and disinfected according to manufacturer's recommendation.
- Hand Hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds.
- Dedicated or disposable patient-care equipment should be used. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations.
- Employees who have unprotected exposure to a resident with COVID-19 should report to the Infection Preventionist or designee. Infection Preventionist or designee will complete an appropriate risk assessment to determine if they have a high, medium, low,

- or no identifiable risk exposure using the NJ Department of Health's forms and guidance for assessing COVID-19 healthcare worker exposures.
- Signs will be posted at the entrances, elevators and break rooms to provide residents, staff and visitors if an outbreak is identified, instructions on hand hygiene, respiratory hygiene and cough etiquette.
  - Facemasks, Alcohol-based hand rub (ABHR), tissues and a waste receptacle will be available at the facility entrance.
  - Discontinuation of Isolation Precautions will be determined based on guidance from the local, state and federal health authorities.
  - Cleaning and disinfecting room and equipment, including high-touch surfaces and all shared medical equipment (e.g., lifts, blood pressure cuffs, medication carts) will be performed frequently using products that have EPA-approving emerging viral pathogens claims that have demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces.
  - Employees who develop symptoms to COVID-19 (fever, cough, shortness of breath or sore throat) will be sent home. Following CDC guidelines, the employee may return to work using one of these criteria:
    1. Test-based.
      - a. HCP is Afebrile without taking fever-reducing medications (i.e. Acetaminophen) and,
      - b. Improvement in respiratory symptoms (i.e. cough, shortness of breath) and,
      - c. Two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart where the results are negative. \*Test must be FDA Use Authorized molecular Assay approved.

\*All criteria must be met before HCP can return to work under this option.
    2. Non-test Based.
      - a. At least 3 days (72 hours) have passed since recovery as defined as Afebrile without the use of fever-reducing medications (i.e. Acetaminophen) and improvement in respiratory symptoms (i.e. cough, shortness of breath) and,
      - b. At least 10 days have passed since symptoms first appeared.

\*All criteria must be met before HCP can return to work under this option.
  - HCP with laboratory-confirmed COVID-19 who have not had any symptoms (Either strategy is acceptable depending on local circumstances):
    1. Time-based strategy. Exclude from work until:
      - a. 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used.
    2. Test-based strategy. Exclude from work until:
      - a. Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARs-CoV-2 RNA from at least two

consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens).

- b. Facility will also test residents using the saliva specimen.

### **Provisions for HCP After Returning to Work**

- Must wear a face mask at all times when in the facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Restricted from contact with severely immunocompromised residents (i.e. transplant, hematology-oncology) until 14 days after illness onset.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (i.e. cover nose and mouth when coughing or sneezing, dispose of tissues in waster receptacles). Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

### **Surveillance:**

- A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards.
- The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee.
- The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections.
- Surveillance Plan consist of pulling the 24-hour report daily for screening, floor mapping tracker (i.e. monitor for outbreak respiratory symptoms, identify staff, cluster of residents, vital signs, screen visitors using the kiosk, Temperature/Symptoms Log at Receptionist to screen staff/visitors/vendors, etc., daily/frequent infection control rounds, frequent auditing if processes in place are current, line listing, and floor mapping.
- Screen and limit visitors/staff for any recent trips (within the last 30 days) and who was in close contact with a suspect or laboratory-confirmed COVID-19 patient within the last 14 days, or overseas travel from certain countries. (Please see Travel Policy per CDC guidelines).
- If a new admission arrives and tests positive within 14 days, we must communicate immediately to the sending facility.

### **Cohorting:**

3 Cohort groups A, B, C

**Cohort A:** 5 West (PUI-14-Day Quarantine/New Admissions/Readmissions)

**Cohort B:** 5 East (Positive Residents/Positive Re/New Admissions)

**Cohort C:** 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> West (Well Residents/Recovered)

If a resident shows signs and/symptoms of COVID respiratory distress (i.e. shortness of breath, cough, etc.), change in condition from baseline, vital signs not within normal limits of resident's baseline, fever, poor oral intake (i.e. meals), etc. then said resident will be moved to the appropriate cohort pending investigation and testing. If a resident test positive said resident will be moved to the appropriate cohort.

**Hand Hygiene Protocol:**

- All staff shall wash their hands when coming on duty, between resident contacts, after handling contaminated objects, after PPE removal, before/after eating, before/after toileting, and before going off duty.
- Staff shall wash their hands before and after performing resident care procedures.
- Hands shall be washed in accordance with our facility's established hand washing procedure.

**Isolation Protocol:**

- Standard precautions shall be observed for all residents.
- A resident with an infection or communicable disease shall be placed on isolation precautions as recommended by current CDC Guidelines for Isolation Precautions. A copy of these guidelines is available at each nurses' station.
- Residents will be placed on the least restrictive isolation precaution for the shortest duration possible under the circumstances.
- When a resident on isolation precautions must leave the resident care unit/area, the charge nurse on that unit/area shall communicate to all involved departments the nature of the isolation and shall prepare the resident for transport in accordance with current isolation precaution guidelines.
- Residents with a known or suspected COVID-19 should be transferred to the appropriate Cohort. While awaiting transfer, place a N95 mask/respirator or surgical mask on the resident and place in a private room (if available) with the door closed. DON/designee should report to the Local Department of Health.
- Immunocompromised and myelosuppressed residents shall be placed in a private room if possible and shall not be placed with any resident having an infection or communicable disease.
- If a resident need to be Cohorted with another resident, both residents should have the same organism.
- All residents will be tested. Upon refusal by a resident to be tested the resident will be treated as PUI.
- Resident and families will be notified
- Notation will be made in resident's chart
- Cohorting will be implemented as per facility policy

**Antibiotic Stewardship:**

- An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program.
- Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program.
- The Assistant Director of Nursing/Infection Preventionist will serve as the leader of the antibiotic stewardship program.
- The Infection Preventionist, Medical Director, consultant pharmacist, and laboratory manager will serve as a resource for the antibiotic stewardship program.

**Equipment Protocol:**

- All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment.
- Single-use disposable equipment is an alternative to sterilizing reusable medical instruments. Single-use devices must be discarded after use and are never used for more than one resident.
- When reprocessed single-use devices are used, the facility will maintain documentation from the third party reprocessor that indicates that it has been cleared by the FDA to reprocess the specific device in question.
- Reusable items potentially contaminated with infectious materials shall be placed in impervious clear plastic bag labeled “CONTAMINATED” and placed in the soiled utility room for pickup and processing.
- Housekeeping department will decontaminate equipment with a germicidal detergent prior to storing for reuse.
- All contaminated disposable items shall be discarded in a waste receptacle lined with a plastic bag.

**PPE/Supplies Protocol:**

- Sterile supplies shall be appropriately packaged and sterilized or purchased prepackaged and sterile from the manufacturer.
- Sterile supplies are routinely checked for expiration dates and are replaced as necessary.
- Prepackaged sterile items are considered sterile until opened or damaged. Packaging shall be inspected prior to use.
- To mitigate shortages of Personal Protective Equipment supplies per the CDC extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.
  - The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
  - HCP must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene.
  - HCP should leave the patient care area if they need to remove the facemask.
  - Restrict facemasks to use by HCP, rather than patients for source control.
  - Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.<sup>4</sup>

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>
- The PPE committee which consist of the Administrator and Central Supply Manager coordinates with Camden County Office of Emergency Medicine Jason Vilando 856-783-4808 ext. 5098.
- Per Executive Directive No. 20-026 the facility will keep a two-month supply of all PPE in stockpile. The facility has used the CDC PPE burn rate calculator to determine how much PPE is needed in the event of an outbreak for 60-days.

**Linens:**

- Laundry and direct care staff shall handle, store, process, and transport linens so as to prevent spread of infection.
- Clean linen shall be delivered to resident care units on covered linen carts with covers down.
- Linen shall be stored on all resident care units on covered carts, shelves, in bins, drawers, or linen closets.
- Soiled linen shall be collected at the bedside and placed in a linen bag. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. Soiled linen shall not be kept in the resident's room or bathroom.
- Environmental services staff shall not handle soiled linen unless it is properly bagged.

**Resident/Family/Visitor Education:**

- Residents, family members, and visitors are provided information relative to the rationale for the isolation, behaviors required of them in observing these precautions, and conditions for which to notify the nursing staff.
- Information on various infectious diseases is available from our Infection Preventionist.
- Isolation signs are used to alert staff, family members, and visitors of isolation precautions.
- All visitors/vendors/transport companies' temperature will be checked and must be screened on the kiosk at the front desk and mask worn before entering the facility.
- Facility will call residents families, staff and a letter are sent to residents, staff, and family members.
- No volunteers should be allowed unless absolutely necessary-if they will be utilized, they must be screened, in-service and have hand hygiene competencies done, no non-emergency consults are to be scheduled, no trips for residents to anywhere outside the facility, no vendor marketers etc. should be coming in to do presentations/marketing, no visitors under 18 years of age (visitations have been suspended until further notice except in end of life situations, compassionate care visitations and essential caregivers), out on pass should be strongly discouraged unless for essential appointment, no family gatherings, birthday parties, etc., activities and social services will coordinate to schedule virtual communication (i.e. Zoom, Facetime, etc.) with residents/families. Activities/Social Services will track this process.
- Conference calls at a minimum weekly

**Staff Communicable Disease Screening and Immunization:**



- Direct care staff shall be screened for COVID-19, tuberculosis, rubella, mumps, measles, and chickenpox at the time of employment and shall comply with annual physical examinations and immunization requirements. Direct care staff shall be screened for COVID-19 upon entering the facility staff temperature will be checked, screen for respiratory symptoms, and facemask work at all time.
- Influenza vaccine shall be offered annually. Some states mandate vaccination.
- Tetanus-Diphtheria vaccine shall be offered as needed.
- Hepatitis B vaccine shall be offered to all staff that have the potential for contact with blood/body fluids, or other potentially infectious materials.
- Varicella vaccine shall be offered to all staff that are serologically non-immune to varicella.
- Direct care staff shall be tested for TB at least annually.
- If a staff is presumptive or has a confirmed case of COVID-19 that staff shall follow the HCP return to work policy.

#### **Staff Referral to Treatment Centers/Services:**

- Our staff shall be referred to the appropriate medical treatment center/service when he/she:
  1. Is feverish and appears to be in the infectious stages of an illness.
  2. Experiences an occupational exposure to blood/body fluids.
  3. Has been exposed to a communicable disease.
  4. Exhibits infected skin lesions.
- Based on the specific circumstances, employees with a communicable disease or infected skin lesion will be prohibited from direct contact with residents or their food, if direct contact will transmit the disease.
- Our Infection Preventionist shall coordinate screening procedures in case of widespread exposure of staff to any infectious disease.
- Direct care staff shall demonstrate competence in resident care procedures established by our facility.
- Staff shall use personal protective care equipment (PPE) according to established facility policy governing the use of PPE.

#### **Screening/Testing**

- Residents vitals are taken at least daily and assessed for respiratory symptoms (i.e. Fever, Cough, Shortness of Breath).
- Staff temperature will be checked at front desk and screened for temperature and respiratory symptoms (i.e. fever, cough, shortness of breath), and face mask worn, and hands sanitized before entering the facility.
- Visitors temperatures will be checked, kiosk filled out and will be provided a mask, and hands sanitized before entering the facility. Policy for reporting Outbreaks
- Director of Nursing/Designee shall report to the Department of Health all outbreaks. Notify NJDOH about residents with severe respiratory infection, or cluster of respiratory illness (i.e., >or = 3 resident or HCP with new-onset respiratory symptoms within 72 hours).
- Initiate line listing.
- Floor mapping to include but is not limited to

- Information on individuals, equipment, and locations the person may have come into contact with.
- Clean areas the person may have come into contact with...
  - Breakrooms
  - Nurses station
  - Medication and treatment cart
  - Equipment
  - Etc.
- **As per the New Jersey Department of Health Executive Directive NJDOH released on August 10, 2020 all staff and residents who have not tested positive are to be tested on a weekly basis.** Testing dates and times will be announced. All staff will need to sign a consent form at the time of testing. Failure to be tested or to release test results to the facility or government and regulatory bodies requesting them, by any staff member, will exclude them from working at the facility. Refusal of a resident to be tested will require the resident to be treated as PUI and all PUI protocols are to be followed.
- By refusing to be tested or sign to the consent form you will be prohibited to work at the facility as directed by the NJDOH.
- The facility will procure tests from a certified lab for all staff and residents. The facility will provide testing to all staff and residents on a weekly basis.
- Dates and times of staff testing will be posted throughout the facility and communicated via text message email or any form of communication used.
- All staff will be required to sign the consent form to be tested and to have the test results released to the facility and any government and regulatory bodies requesting them.
- HR director will maintain a current list of all staff that were tested and the results of the tests in conjunction with the facility's ICP. All department heads are to coordinate with the HR director to ensure that their staff are in compliance with this policy before scheduling them to work.
- All contracted staff, or vendors will be required to have the testing done. All vendors and contractors are required to maintain their own records of their staff's testing and results and notify the facility of their compliance in writing
- Any staff member, vendor or contracted employee with a positive test result will be prohibited from working in the facility and will be required to follow CDC/NJDOH guidelines and recommendations for isolation/quarantine and 'HCP return to work' guidelines prior to returning to work. All staff will need clearance from the facility's ICP before returning to work.
- If there is a significant amount of staff required to leave work due to positive test results the facility will implement its policy & procedure for Emergency Staffing Strategies, as necessary.
- The facility will maintain all records of testing and results and will make them available to the government and regulatory bodies upon request.
- The facility will report the following information to the OEM (Fire Department) via the designated portal: testing numbers, dates and results of staff and residents.
- Per Department of Health Executive Directive 20-013 (May 18, 202) if a HCP or resident has previously tested positive and then recovered and/or returned to work said

person does not require retesting.

- Residents and HCP will be tested on a bi-weekly basis.

### **Staffing Issues During an Emergency, such as COVID-19**

- Facility to utilize staffing agency
  - 5 Star Agency – 1-908-312-1423 Ext 105
  - Gento /Nursing without walls - (516)306-9936
  - Nathan is our contact person.
  - Shift Med Agency 1-855-977-1712 -Jennifer is our contact person.
  - Connect RN 617-944-1515 Or you can call our contact person Jason 267-235-8093
  - Towne Nursing – 917-776-1879
- In the event of a confirmed or suspected resident with COVID-19 such resident would be transferred to a private room on 5 East or a private with the door closed. In both scenarios' resident would have to don a surgical mask or N95 respirator. Will be advised to stay in room for the duration of symptoms or 14 days whichever is longer.

### **Visitors:**

- Staff from the interdisciplinary team such as hospice nurse only, etc., may be permitted into the facility if staff has been screened (temperature checked, kiosk completed, appropriate PPE donned (i.e. face mask, etc.), hand hygiene performed.
- During end of life visitors are limited to 2 visitors at a time for 30 minutes twice a day and visit cannot be back to back. Only immediate family allowed into facility.
- PER Executive Directive No. 20-017 from the NJDOH on June 21, 2020 outdoor visitation is allowed by appointment only.
  - Suspected or confirmed to be infected with COVID-19; or quarantined for exposure to a COVID-19 cannot be visited except for an end of life situation.
  - Resident has the right to have and choose visitors and to make preferences.
  - Visitation policy will be provided to residents, resident's visitors, staff and others, as needed in writings, via the methods the facility uses to convey information or policy changes.
  - Will have a designated area for visitors to be screened (front desk).
  - Visitors will be screened at front desk and if the visitors have any symptoms of COVID-19 infection (subjective or objective equal to or greater than 100.4 F) the visitors will not be permitted to visit with a resident.
  - HCP will remain with the resident for duration of the visit.
  - Social Distancing will be maintained.
  - Visitors are limited no more than two visitors at a time. Visitor must remain at least 6 feet from the resident and the HCP at all times during the visit.
  - HCP must wear surgical facemask; resident must wear a face covering (surgical face covering if available); visitors must a wear face covering or mask for duration of visit.
  - Visit can be cancelled due to inclement weather, availability of outdoor space, and sufficient staffing at the facility to meet the residents care needs. Provide appropriate protection from the weather.

- Facility may limit the length of any visit, the days in which visits will be permitted, the hours during the day when visits will be permitted, and the number of times during a day or week a resident may be visited.
- Food is not permitted during the visit. Visitor may bring items for the resident but must leave package at reception. Visitor can bring own water but cannot share with resident.
- Facility must receive informed consent from the visitor and the resident in writing that they are aware of the possible dangers/risk of exposure to COVID-19 for both the resident and the visitor and they will follow the rules set by the facility in regard to outdoor visitation. Must receive a signed form from each visitor and resident (or responsible party) with a copy provided to the visitor and resident, that they are aware of the risk of exposure to COVID-19 during the visit, that they will strictly comply with the facilities policies during outdoor visitation, and that the visitor will notify the facility if they test positive for COVID-10 or exhibit symptoms of COVID-19 within fourteen days of the visit.
- Visitors

#### **Social Distancing:**

- When in the halls and nurses' station...
  - Verbal reminders to resident to keep at least 6 feet away when congregating in halls, at or near nurses' station, etc.

#### **Communication and Notification:**

The following are alternative means of for communication for when the facility cannot have in person visits.

- A dedicated line for inbound line for urgent calls or concerns that will be posted prominently on the facility website
  - Primary contact during weekday M-F 8-4pm Social Services
  - Primary contact after hours will be the nursing supervisor
- The facility will provide an updated recording with the facility's general operation status such as when it is safe to resume visits. That recording can be heard by simply calling the facility main phone number after the recording the call will go through to the receptionist.
- The facility will host conference calls on a weekly basis where families can call in to a conference line and the facility staff can share the status of activities or happenings in the facility. On this call family members can ask questions or make suggestions.
- Social services will notify residents and family members of any single confirmed case or three or more residents or staff with symptoms by 5pm the next calendar day. On weekends the nursing supervisor will notify family and/or resident if social services is unable to do so by 5pm the next calendar day.
- The facility will keep and updated email list with family member emails to provide another alternate means to communicate updates to families.
- The facility will update its website weekly with menu changes and activities.

### Essential Caregivers Visitations Guide:

- All residents except those that are in a 14-day quarantine period, positive for COVID-19 and have not yet met the criteria for the discontinuation of isolation or symptomatic.
- Must have been an individual who was previously actively engaged with the resident or is committed to providing assistance with activities of daily living.
- Resident will be consulted about his or her wishes to determine whom to designate as the Essential Caregiver (i.e. family member, outside caregiver, or friend) who provided regular care to the resident prior to the pandemic.
- Residents may request more than one Essential Caregiver based on their past involvement and needs (i.e. more than one family member previously split time to provide care for the resident). The facility will work with the family to work out a schedule to accommodate the Essential Caregivers.
- The facility will work with the resident and the Essential Caregiver to identify a schedule of **up to two (2) hours per visit, one (1) time per week, for the Essential Caregiver to be in the facility, if the facility is in phase 0. Per Executive Directive 20-026 facilities in Phases one (1) or two (2) may allow for two visits per week not to exceed a total of four (4) hours per week. Facilities in phase three (3) may allow caregiving visitation under their regular procedures and per this directive.**
- The facility will take into account the number of Essential Caregivers in the building at the same time. The facility will establish time limits as needed to keep residents safe.
- The facility will utilize the Essential Caregiver to provide care in the same manner as prior to the pandemic.
- The facility will ensure that the Essential Caregiving visits are conducted as safely as possible and will follow local, state and federal guidance requirements for infection control practices, handwashing and PPE.
- Essential Caregivers who are not able to follow infection control policy and procedures will not be permitted into the facility.

### References and Resources

[Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html)  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

<https://covid19.nj.gov/index.html>

[Centers for Disease Control and Prevention. Coronavirus Disease 2019 \(COVID-19\).](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html)  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

[Centers for Disease Control and Prevention. Coronavirus Disease 2019 \(COVID-19\). Information for Healthcare Providers.](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html)  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

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[https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance for COVID Diagnosed and/or Exposed HCP.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance%20for%20COVID%20Diagnosed%20and/or%20Exposed%20HCP.pdf)

[www.nj.gov/health](http://www.nj.gov/health)

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EXECUTIVE DIRECTIVE NO. 20-026

Directive for the Resumption of Services in all Long-Term Care Facilities

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