RWJBarnabas HEALTH | Community Medical Center

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*Chief Executive Officer*

# Community Medical Center Transitional Care Unit:

# Elements of the Covid-19 Outbreak Plan:

- Proper infection control measures will be maintained such offering a medical grade mask to all visitors and patients and encouraging good hand hygiene and etiquette.
- TCU leaders have developed contingency staffing plans to include utilization of non LTC team members to support the TCU and utilizing NJDOH waivers to expand staffing when available.
- Ensure appropriate use of engineering controls such as drawing curtains between residents to reduce or eliminate exposures from infected individuals. This is especially important when semi- private rooms must be used. Allocate private rooms to maintain separation between residents, based on test results and clinical presentation.
- Facilities shall implement universal source control for everyone in the facility
- Only EPA-registered disinfectants that are on the approved EPA List "N" with activity against SARS- CoV-2 (COVID-19) can be used
- Residents, staff, and visitors must be educated about COVID-19, current precautions being taken in the facility, and protective actions
- Social distancing with physical separation must be encouraged at all times
- Residents and family will be updated on the TCU's covid-19 activity on a weekly basis
- The following link to determine community transmission rate by county:
  - https://covid.cdc.gov/covid-data-tracker/#county-view

## Patient/resident management/Cohorting:

1. **Positive** = Transmission based precautions, private room, full PPE, no retesting for 30 days (generally) if retesting within days 31-90 use antigen test not PCR.

2. **Symptomatic with a pending test result** = Transmission based precautions, private room-full PPE-if private room not available or there are multiple symptomatic patients, leave patient in their room until test results are received or private room becomes available. These patients should not be cohorted with patients with confirmed SARS-CoV-2 infection unless they are confirmed to have SARS-CoV-2 infection through testing. Transmission based precautions can be discontinued if patient tests negative with one PCR or 2 antigen taken 48 hours apart.

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3. **Symptomatic with a close contact exposure**: Transmission based precautions, private room-full PPE-if private room not available or there are multiple symptomatic patients, leave patient in their room until test results are received or private room becomes available. Test immediately and maintain TBP until 2 negative tests are obtained 24 hours after the exposure and then again in 48 hours. A third test is also needed in another 48 hours as confirmation even though the TBP can be discontinued after 2 negative tests. These patient should wear source controls (masks) for 10 days following the exposure.

4. **Asymptomatic with a close contact exposure-**Test 24 hours after exposure and wear source controls (masks) for 10 days following the exposure. Patient will need a total of 3 tests taken 48 hours apart with testing typically occurring on day 1, 3 and 5 after the exposure. Room restriction/transmission based precaution is not required unless the patient cannot be tested, cannot wear a mask, is immunocompromised, resides on a unit with other immunocompromised patients or resides on a unit that is currently experiencing an outbreak. If transmission based precautions is implemented, it can be discontinued after 7 days from the exposure with 2 negative tests taken on day 0 and then again 48 hours later or if not tested after 10 days from the exposure if symptoms do not develop.

5. **Asymptomatic admissions-**must wear source controls for the first 10 days following their admission. When the community transmission rate is high, patient must receive a series of 3 tests-day of admission and then again in 48 hours and then again in another 48 hours (day 0, 2 and 4).

- CDC defines *up to date* as a person receiving all recommended COVID-19 vaccines (e.g., fully vaccinated) including any booster dose(s) **when eligible** based on CDC Stay Up to Date with Your Vaccines
- There may be circumstances when quarantine of asymptomatic patients/residents who are up to date with all recommended COVID-19 vaccine doses and have a viral test that is negative for SARS-CoV-2 OR have a viral test that is positive SARS-CoV-2 in the past 90 days might be recommended. This includes but is not limited to when the patient is moderately to severely immunocompromised or in the event of ongoing transmission within a facility that is not controlled with initial interventions.

## Full transmission-based precautions and all recommended COVID-19 PPE should be used for all patients/residents who are:

- COVID-19 positive
- Suspected of having COVID-19 (test pending)
- There may be additional circumstances when quarantine with full use of transmission-based precautions may be considered:
    - Patient/resident is moderate to severely immunocompromised.
    - If the previous diagnosis of SARS-CoV-2 infection might have been based on a false-positive test result.

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- In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to the use of quarantine for patients/residents up to date with all COVID-19 recommended vaccines on affected units.
- If the facility is instructed to do so by the public health department (e.g., based on the epidemiological investigation).

## Operational:

**All cohorts:**

- Ensure appropriate use of engineering controls such as curtains between residents to act as a barrier and reduce or eliminate exposures from infected individuals
- Close curtains when performing aerosol producing procedures
- Bundle tasks to limit exposures and optimize the supply of PPE
- Daily - provide Environmental Services leadership with anticipated room changes due to cohorting and update as needed
- Dedicate equipment to the COVID-19 positive care unit/area. To the best of your ability, equipment should not be shared across cohorts. If this is not possible, equipment should be used by rounding in a "well to ill" flow to minimize the risk of cross-contamination. All equipment should be appropriately cleaned and disinfected according to the manufacturer's instructions between patient/resident use. Consider labelling equipment, med carts, etc.
- **COVID-19 recommended PPE includes a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).**
- Regardless of the cohort, all HCP should adhere to standard precautions and any necessary transmission-based precautions according to clinical presentation and diagnosis when caring for all patients/residents
- Dedicate staff to each cohort when feasible.
- If sharing staff, resident care should flow following a well to ill model and follow strict infection prevention practices.
- Decisions to pause patient admissions and visitation during an outbreak will be made in conjunction with the local health department.
- Maintain a clean environment: Keep med carts, nursing station, resident rooms, breaks rooms, etc. clutter free. Only essential things should be out. These areas will be disinfected regularly as per CMC policy.
- Limit use of shared workstations

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- Bedside Report: Please give bedside report outside of each room when necessary. Remember to respect the resident's sensitivity and privacy.
- The decision to end a covid positive resident's isolation period will be made in conjunction with their healthcare provider.

*Note: Consider repurposing unused space such as therapy gyms, activity, and dining rooms during this time. If the facility is unable to effectively cohort the impacted residents, then rapid isolation of the unaffected residents is imperative.*

## Communal Dining:

- Fully Vaccinated Patients/Residents: May participate in communal dining without use of source control or physical distancing if all patients/residents are considered fully vaccinated.
- Unvaccinated Patients/Residents: In conditions where unvaccinated residents are dining in a communal area (e.g., dining room) all residents MUST use source control when not eating and unvaccinated residents should continue to remain socially distanced

## Communal Activities:

- Patients/residents with SARS-CoV-2 infection or in isolation because of suspected COVID19, regardless of vaccination status, should NOT participate in communal activities, communal dining or off-site excursions until they have met the criteria to discontinue Transmission-Based Precautions.
- Patients/residents in quarantine due to suspected or confirmed COVID-19 exposure, regardless of vaccination status, should NOT participate in communal activities, communal dining or off-site excursions until they have met criteria for release from quarantine.
- Determine vaccination status of patients/residents following all privacy requirements and in compliance with HIPAA protections, (e.g., do not ask the status in front of other patients/residents or staff). For example, when planning for group activities, communal dining or off-site excursions, facilities might consider having patients/residents sign-up in advance so their vaccination status can be confirmed, and seating assigned.
- If ALL patients/residents participating in the group activity are fully vaccinated, they may choose to have close contact with others participating in the activity and/or without wearing source control during the activity.
- Unvaccinated Patients/Residents: If unvaccinated residents are participating in the activity, then ALL participants in the group activity MUST wear well-fitting masks and unvaccinated residents should physically distance from others participating in the group activity.
- If vaccination status cannot be determined for all patients/residents, all participants will follow all recommended infection prevention and control practices including maintaining physical distancing and wearing well-fitting masks.
- In general, all healthcare personnel, including those who are fully vaccinated, should continue to wear source control while at work.

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## Recommendation for Ending Isolation/Discontinuation of Transmission-Based Precautions for Patients with confirmed SARS-CoV-2/Return to Work:

**For people who are mildly ill with a laboratory-confirmed SARS-CoV-2 infection and not moderately or severely immunocompromised:**

- Isolation can be discontinued at least 5 days after symptom onset (day 1 through day 5 after symptom onset, with day 0 being the first day of symptoms), **and** after resolution of fever for at least 24 hours (without the use of fever-reducing medications) **and** with improvement of other symptoms.

**For people who test positive, are asymptomatic (never develop symptoms) and not moderately or severely immunocompromised:**

- Isolation can be discontinued at least 5 days **after the first positive viral test** (day 0 through day 5, with day 0 being the date their specimen was collected for the positive test).
- If a person develops symptoms after testing positive, their 5-day isolation period should start over (day 0 changes to the first day of symptoms).

**For people who are moderately ill and not moderately or severely immunocompromised:**

- Isolation and precautions can be discontinued 10 days after symptom onset (day 1 through day 10, with day 0 being the first day of symptoms).

**For people who are severely ill and not moderately or severely immunocompromised:**

- A test-based strategy can be considered in consultation with infectious disease experts.
- Some people with severe illness (e.g., requiring hospitalization, intensive care, or ventilation support) may produce replication-competent virus beyond 10 days that may warrant extending the duration of isolation and precautions for up to 20 days after symptom onset (with day 0 being the first day of symptoms) **and** after resolution of fever for at least 24 hours (without the use of fever-reducing medications) **and** improvement of other symptoms.

**For people who are moderately or severely immunocompromised (regardless of COVID-19 symptoms or severity):**

- Moderately or severely immunocompromised patients may produce replication-competent virus beyond 20 days. For these people, CDC recommends an isolation period of at least 20 days, and ending isolation in conjunction

with a test-based strategy and consultation with an infectious disease specialist to determine the appropriate duration of isolation and precautions.

- The criteria for the test-based strategy are:
    - Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an antigen test or nucleic acid amplification test.
    - Also, if a moderately or severely immunocompromised patient with COVID-19 was symptomatic, there should be resolution of fever for at least 24 hours (without the use of fever-reducing medication) and improvement of other symptoms. Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.

**Staff return to work managed by RWJ Barnabas Health System Corporate Care as per RWJBH Return to work policy.**

## Entry to the Unit:

- The facility will post visual alerts at the entry and throughout the unit to guide visitors on the current infection prevention recommendations and source controls that are in place.
- Facilities must observe anyone entering the facility for any signs or symptoms of COVID-19, including, but not limited to:

    a) chills
    b) cough
    c) shortness of breath or difficulty breathing,
    d) sore throat
    e) fatigue
    f) muscle or body aches
    g) headache
    h) new loss of taste or smell
    i) congestion or runny nose
    j) nausea or vomiting
    k) diarrhea

Prohibit entry for those who meet one or more of the following criteria:

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a) Exhibit signs or symptoms of an infectious communicable disease, including COVID-19, such as a subjective and/or objective fever (evidenced by a temperature check of the visitor equal to or greater than 100.4 F or as further restricted by facility), chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea;

b) In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or someone under investigation for COVID-19, or someone ill with respiratory illness

c) In the last 14 days, has returned from a designated state under the 14-day quarantine travel advisory. Refer to RWJBarnabas Health Travel Policy COVID- 19 for further guidance.

d) Has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH or CDC

## Visitation:

Visitation will be permitted at all times with very limited and rare exceptions and in accordance with residents' rights. The unit will enable visitation following these three key points:

- Adhere to the core principles of infection prevention, especially wearing a mask, performing hand hygiene, and practicing physical distancing;
- Don't have large gatherings where physical distancing cannot be maintained; and
- Work with your state or local health department when an outbreak occurs.

## Visitor/Visitation Management:

- Visitors will be offered a medical grade mask.
- Visitors will be screened as outlined above under "Entry to the Unit".
- Visitor's movement in the facility will be restricted to only the location of the visit.
- Visitation can take place in a resident room as long as only one patient is present. When there is more than one resident present in the room, the visit will take place in the designated visitation area.
- The visitation area will be cleaned and sanitized area after each visit.

## Staff Management:

- Staffing needs will be assessed and increased clinical support will be implemented when needed to safely care for the patients
- A staff contingency plan that includes utilization of inpatient staff and DOH waivers will be implemented as needed and when feasible

- The facility will provide source controls for all patients when direct care is being provided
- If a staff member develops signs and symptom of covid-19 while working they must cease patient care activities, keep their masks on and notify their supervisor and Corporate Care or Emergency Room prior to leaving work
- Higher risk staff will be identified and reassigned as appropriate and possible
- Staff will be reeducated on sick leave policy to include when not to report to work
- Staff competency and reeducation will occur on infection prevention and control measures to include demonstration of donning/doffing PPE
- Tasks will be bundled when possible to limit exposures and optimize the supply of PPE

## Testing Nursing Home Staff and Residents:

- To enhance efforts to keep COVID-19 from entering and spreading through nursing homes, residents and staff testing will be conducted based on parameters and a frequency set forth by the HHS Secretary.
- Testing strategies may change based on available epidemiological, situational data, NJDOH and/or CMS directives and CDC guidance.
- Testing requirements will be met through the use of rapid point-of-care (POC) diagnostic testing devices when available or through an arrangement with a laboratory.
- When prioritizing individuals to be tested, prioritize individuals with signs and symptoms of COVID-19 first then perform testing triggered by an outbreak investigation (as specified below).
- In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period. In these cases, the facility will consult with infectious diseases specialists and public health authorities (if necessary) to review all available information (e.g., medical history, time from initial positive test, Reverse Transcription-Polymerase Chain Reaction Cycle Threshold (RT-PCR Ct) values, and presence of COVID-19 signs or symptoms).

**Collecting and handling specimens:**

- For providers collecting specimens or within 6 feet of persons under investigation (PUI) or suspected to be infected with COVID-19, maintain proper infection prevention and control measures and use all COVID-19 recommended PPE, which includes an N95 or higher-level respirator, eye protection, gloves, and a gown. For providers who are handling specimens but are not directly involved in collection (e.g. self-collection) and not working within 6 feet of the COVID-19 PUI, maintain proper infection prevention and control measures, including source control, and follow Standard Precautions; gloves are recommended.

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## TCU Employee Testing:

**Table 1: Testing Summary**

| Testing Trigger | Staff | Residents |
|---|---|---|
| Symptomatic individual identified | Staff, regardless of vaccination status, with signs or symptoms must be tested. | Residents, regardless of vaccination status, with signs or symptoms must be tested. |
| Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts | Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual. | Test all residents, regardless of vaccination status, that had close contact with a COVID-19 positive individual. |
| Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts | Test all staff, regardless of vaccination status, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility). | Test all residents, regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility). |
| Routine testing | *Not generally recommended* | Not generally recommended |

| Lessons Learned |
|---|
| 1. The room placement of asymptomatic COVID-19 positive long-term care residents required rooms with negative airflow. TCU converted all rooms to negative airflow rooms.<br>2. TCU is always placing the health and safety of our residents and healthcare providers as the number one priority.<br>3. Stockpile PPE and identified cleaning equipment and supplies in sufficient numbers to manage any similar emergency<br>4. Maintain an effective and accurate daily count and burn rate of PPE and applicable cleaning equipment and supplies<br>5. Ensure there is effective backup leadership in case current leadership is unable to perform due to the effects of the emergency |

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| Definitions | |
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| Exposed | HCP who have PROLONGED CLOSE CONTACT with confirmed COVID-19 patient, visitor, or other HCP (e.g. within 6 feet for over 15 cumulative minutes) OR having UNPROTECTED DIRECT CONTACT WITH INFECTIOUS SECRETIONS OR EXCRETIONS of a confirmed case |
| Facility onset SARS-CoV-2 infections | Refers to SARS-CoV-2 infections that originated in the facility. It does not refer to the following:<br>• Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.<br><br>Residents who were placed into Transmission-Based Precautions on admission or readmission and developed SARS-CoV-2 infection within 7 days after admission |
| Healthcare Personnel (HCP) | All direct care workers and non-direct care workers within the LTC (e.g. nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees) contractual staff not employed by the healthcare facility), and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). |
| Outbreak (Resident) | ≥1 facility-onset COVID-19 case in a resident - confirmed diagnosis > 7 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring unless there is confirmation of possible transmission or exposure through a breach in PPE |
| Outbreak (Staff) | ≥2 laboratory-confirmed COVID-19 cases among HCP within a 14-day period |
| Outbreak concluded | No symptomatic/asymptomatic probable or confirmed COVID-19 cases among employees or residents after 28 days (two incubation periods) have passed since the last case's onset date or specimen collection date (whichever is later) |
| Recovered resident | A resident is considered recovered from COVID-19 only after they have met the criteria for discontinuation of isolation as defined by the NJDOH and CDC |
| Suspect COVID-19 person | Pending a COVID test due to reasonable suspicion of the disease (not a routine screening test). Reasonable suspicion includes symptoms consistent with COVID-19 or recent close contact with someone known to be positive. |

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| Departmental Responsibilities | |
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| Employee Health /Corporate Care | Monitor compliance with RWJBH Respiratory Protection Plan (compliance with OSHA standards) |
| Infection Preventionist | • At least twice weekly enter COVID-19 cases, facility staffing, and supply information to the National Healthcare Safety Network (NHSN) Long-Term Care Facility COVID-19 Module<br>• Immediately report to Local Health Department:<br>➢ ≥1 probable or confirmed COVID-19 case in a resident or HCP;<br>➢ ≥3 cases of acute illness compatible with COVID-19 in residents with onset within a 72h period |
| Leadership | • Facilities must continue to report testing data daily through the New Jersey Hospital Association (NJHA) portal https://report.covid19.nj.gov/<br>• LTC: Notify team members within 12 hours of the presence of a positive or suspected COVID-19 resident or team member<br>• Conduct a risk assessment to determine if the HCP/resident may have exposed a resident or other staff.<br>➢ Leadership will identify close contacts including forty-eight hours prior to symptom onset/date of specimen collection of an associated COVID-19 case.<br>• LTC: Notify residents and their guardians within 12 hours but no later than 5:00pm the next calendar day for the occurrence in a resident or team member of either:<br>➢ single confirmed or suspected infection of COVID-19 resident or team member is identified<br>➢ whenever three or more residents or staff with new-onset of respiratory symptoms occur within 72 hours of each other |
| Materials Management | • TCU has used the CDC burn rate calculator to calculate the burn rate at the peak of the COVID-19 pandemic. This burn rate was used to establish a one-month stockpile of PPE. This stockpile is labeled and separated from the everyday PPE inventory<br>• Material Management will monitor this stockpile weekly for inventory and expiration dates<br>• If the stockpile is used Materials Management will notify the Administrator. The Administrator will notify the NJDOH. Materials Management will contact the PPE providers and/or RWJBH partner facilities to acquire additional PPE and replenish the stockpile. Material Management will notify the Administrator the stockpile has been replenished. The Administrator will notify the NJDOH. |

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| Pharmacy | • Clean out medication bins with Oxivir 1 or bleach wipes<br>• Report any medication shortages that may affect LTC |
| Therapy | • Virtual visits between visitors and residents will be facilitated electronically via IPad, Telephone calls when necessary. |

## New Jersey Administrative Code 8:57

New Jersey Department of Health (NJDOH) and Local Health Department (LHD) Contact Information Daily electronic update to the LHD to report residents (confirmed or PUI) or staff with confirmed COVID- 19 by phone. Contact information for LHD can be found at: www.localhealth.nj.gov and after hours at: www.nj.gov/health/lh/documents/lhd_after_hours_emerg_contact_numbers.pdf
When LHD staff cannot be reached, the facility shall make the report by phone directly to NJDOH who will then contact the LHD. Call numbers are 609-826-5964 during business hours or 609-392-2020 on nights/weekends and holidays

## Related RWJBH and TCU Policies:

- IC-23 Infection Prevention Management of COVID-19 Pandemic
- TCU Pandemic Response Plan/Surge Plan General COVID-19 Information
- Travel Policy COVID-19 for RWJBarnabas Health Employees

References:

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"Hand Hygiene Recommendations." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 27 Apr. 2020, www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html.

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Original: March 17, 2020 Revision: April 13, 2020 (supersedes prior guidelines)

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