

**Transitional Care Unit (TCU)  
SARS-CoV-2 Outbreak  
Core Principles of COVID-19 Infection  
Prevention  
Practices for ALL Phases at ALL times**

- A face mask must be worn by residents except on anyone who has trouble breathing or unable to remove the mask without assistance. Source control may be provided with cloth face coverings or facemasks.
- Assess staffing needs if increased clinical support is needed to safely care for the residents
- TCU leaders shall develop contingency staffing plans to include utilization of non LTC team members to support LTC and utilizing NJDOH waivers to expand staffing
- 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
- For rooms on transmission based precautions; laundry should be transported to washers in plastic bags and disposed.
- Indoor End-of-Life, Compassionate Care, and Essential Caregiver visitation is allowed for all residents, and those covered by the Americans with Disabilities Act (ADA) or the Law Against Discrimination (LAD), in all phases and must be preapproved and scheduled by 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

Cohorting

Facilities shall separate COVID-19 positive and negative residents in accordance with NJDOH guidance at: [https://www.nj.gov/health/cd/topics/covid2019\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml)

**Cohort 1 – COVID-19 Positive: Special Droplet/Contact Precautions**

This cohort consists of both symptomatic and asymptomatic residents who test positive for COVID-19. Rooms may be shared.

- Place residents with known or suspected COVID-19 in a private negative pressure room (if available) and keep door closed
- Negative pressure rooms, if available, should be prioritized for residents undergoing aerosol generating procedures (e.g., cardiopulmonary resuscitation, open suctioning of airways, nebulizer therapy, sputum induction)
- If negative pressure room is not available use a private room with its own bathroom, with the door closed, on the COVID + designated team (Cohort 1)
- If private room is not available cohort based on resident acuity

[Type here]

[Type here]

[Type here]

	<p><b>Cohort 2 – COVID-19 Negative, Exposed: Special Droplet/Contact Precautions</b>  This cohort consists of symptomatic and asymptomatic patients/residents who test negative for COVID-19 with an identified exposure to someone who was positive.</p> <ul style="list-style-type: none"> <li>• Potentially incubating, close contacts/roommates of known COVID positive or suspect</li> <li>• Roommates of COVID positive and suspected residents should remain in same room for 14 full days after exposure and closely monitored for symptoms</li> <li>• Roommates of symptomatic residents may already be exposed; it is generally not recommended to separate them given spatial limitations</li> <li>• Remove suspected COVID resident under investigation to a private room, place remaining residents on 14-day quarantine. If suspected COVID resident is negative, the roommates may be removed from quarantine.</li> <li>• Retesting of exposed residents (other than for discontinuation of transmission based precautions) is not required but determined on case-by-case basis</li> <li>• Remain in Cohort 2 until transmission-based precautions are discontinued as per TCU protocol</li> <li>• Exposed individuals should be quarantined for 14 days from last exposure, regardless of test results</li> <li>• All symptomatic patients/residents in this cohort should be evaluated for causes of their symptoms</li> <li>• Patients/residents who test negative for COVID-19 could be incubating and later test positive</li> <li>• Attempt to separate symptomatic and asymptomatic patients/residents, ideally having one group housed in private rooms</li> </ul> <p><b>Cohort 3 – COVID-19 Negative, Not Exposed: No Transmission based Precautions</b>  This cohort consists of patients/residents who test negative for COVID-19 with no COVID-19 like symptoms and are thought to have no known exposures</p> <p><b>Cohort 4 – New or Re-admissions: Special Droplet/Contact Precautions</b>  This cohort consists of all persons from the community or other healthcare facilities who are newly or readmitted.</p> <ul style="list-style-type: none"> <li>• Newly admitted and readmitted residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions should go to Cohort-1</li> <li>• Cohort 4 residents are placed in a single room and quarantined for 14 days to monitor for symptoms that may be compatible with COVID-19 (day of admission or re-admission is considered Day 0). After 14 days without signs or symptoms of COVID-19 resident can be removed from Cohort.</li> <li>• Testing at the end of this period can be considered to increase certainty that the resident is not infected</li> <li>• Individuals who have cleared Transmission-Based Precautions and it has been &lt;3 months after the date of symptom onset or positive viral test (for asymptomatic) of prior infection can go to cohort 3.</li> </ul> <p>All cohorts:</p> <ul style="list-style-type: none"> <li>• Ensure appropriate use of engineering controls such as curtains between residents to act as a barrier and reduce or eliminate exposures from infected individuals</li> <li>• Close curtains when performing aerosol producing procedures</li> </ul>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<ul style="list-style-type: none"> <li>• Allow for separation of residents, dedicating staff and medical equipment to each of these cohorts and allow team necessary space to do so at the onset of an outbreak</li> </ul> <p>Operational:</p> <ul style="list-style-type: none"> <li>• Bundle tasks to limit exposures and optimize the supply of PPE</li> <li>• Daily - provide Environmental Services leadership with anticipated room changes due to cohorting and update as needed</li> <li>• Dedicate resident specific equipment and supplies. If not possible, restrict dedicated equipment to a specific cohort with routine cleaning and disinfection between resident uses. Consider labelling equipment, med carts, etc.</li> <li>• HCP assigned to Cohort-1 or Cohort-2 should not rotate to Cohort-3 or Cohort-4. This restriction includes prohibiting HCP from working on unaffected teams after completing their usual shift on the affected team.</li> <li>• If sharing staff, resident care should flow from Cohort-2 to Cohort-1, or Cohort-3 to Cohort-4.</li> <li>• If there is limited staffing and a team member must provide care to all cohorts strict infection prevention practices must be followed which includes: <ul style="list-style-type: none"> <li>➤ Resident care should flow from Cohort-2 to Cohort-1, or Cohort-3 to Cohort-4. Cohort-1 should be last.</li> </ul> </li> <li>• In the event of widespread identified cases, focus should be placed on Cohorts 1 and Cohort 2.</li> <li>• New admissions should stop until control measures are effectively instituted. If the facility is unable to cohort; especially cohort 4, TCU will not take any new admissions or readmissions until ability to cohort is reestablished.</li> <li>• 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.</li> <li>• Limit use of shared workstations</li> <li>• Bedside Report: Please give bedside report outside of each room. Remember to respect the resident's sensitivity and privacy.</li> </ul> <p><i>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.</i></p>
Communal Dining (Phases 1,2&3)	<ul style="list-style-type: none"> <li>• Phase 0: no communal dining permitted</li> <li>• Limit communal dining to COVID-19 negative and asymptomatic or COVID-19 recovered residents only <ol style="list-style-type: none"> <li>a) Residents may eat in the same room while practicing infection prevention and control precautions including social distancing measures. This includes limiting the number of people at tables and using barriers and/or maintaining separation of space by at least 6 feet.</li> <li>b) When feasible, seat the same small group of residents together each day, so that each resident is in contact with the same small group. There should be no mixing of residents across these groups.</li> <li>c) When feasible, staff should be assigned to specific tables in order to minimize the number of residents they interact with and remain with that group each day, whenever possible.</li> <li>d) The sharing of condiments and serving utensils is prohibited. Sanitize/clean</li> </ol> </li> </ul>

	<p>high touch surfaces (e.g. chairs, tables) between seating/meals.</p> <p>e) The facility should use disposable utensils and cups when possible.</p>
Discontinuation of Transmission-Based Precautions/ Return to Work	<p>Residents will have transmission based precautions discontinued as per Medical decision in conjunction with and NJDOH/CDC recommendations</p> <p><u>Discontinuation of Transmission-Based Precautions for Patients with Confirmed SARS-CoV-2 Infection</u></p> <p>The decision to discontinue Transmission-Based Precautions for patients with confirmed SARS-CoV-2 infection should be made using a symptom-based strategy as described below. The time period used depends on the patient's severity of illness and if they are severely immunocompromised. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.</p> <p>A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.</p> <p><u>Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.</u></p> <p>Patients with mild to moderate illness who are not severely immunocompromised:</p> <ul style="list-style-type: none"> <li>• At least 10 days have passed since symptoms first appeared and</li> <li>• At least 24 hours have passed since last fever without the use of fever-reducing medications and</li> <li>• Symptoms (e.g., cough, shortness of breath) have improved</li> <li>• Note: For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.</li> </ul> <p>Patients with severe to critical illness or who are severely immunocompromised:</p> <ul style="list-style-type: none"> <li>• At least 10 days and up to 20 days have passed since symptoms first appeared and</li> <li>• At least 24 hours have passed since last fever without the use of fever-reducing medications and</li> <li>• Symptoms (e.g., cough, shortness of breath) have improved</li> <li>• Consider consultation with infection control experts</li> <li>• Note: For severely immunocompromised patients who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.</li> </ul> <p><u>Test-Based Strategy for Discontinuing Transmission-Based Precautions.</u></p> <p>In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. The criteria for the test-based strategy are:</p>

	<ul style="list-style-type: none"> <li>• Resolution of fever without the use of fever-reducing medications and</li> <li>• Symptoms (e.g., cough, shortness of breath) have improved, and</li> <li>• Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).</li> </ul> <p>Patients who are not symptomatic:</p> <ul style="list-style-type: none"> <li>• Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).</li> </ul> <p>Staff return to work managed by RWJ Barnabas Health System Corporate Care as per RWJBH Return to work policy</p>
Entry to LTC	<ul style="list-style-type: none"> <li>• Facilities shall screen and log all persons entering the facility and all staff at the beginning of each shift <ul style="list-style-type: none"> <li>➤ Temperature checks including subjective and/or objective fever equal to or greater than 100.4 F or as further restricted by facility</li> <li>➤ Completion of a questionnaire about symptoms and potential exposure which shall include at a minimum: <ol style="list-style-type: none"> <li>a) Whether in the last 14 days, the visitor has had an identified exposure to someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19, or someone suffering from a respiratory illness.</li> <li>b) Whether the visitor has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC.</li> <li>c) Whether in the last 14 days, the visitor has returned from a state on the designated list of states under the 14-day quarantine travel advisory</li> </ol> </li> </ul> </li> <li>• Facilities must observe anyone entering the facility for any signs or symptoms of COVID-19, including, but not limited to: <ol style="list-style-type: none"> <li>a) chills</li> <li>b) cough</li> <li>c) shortness of breath or difficulty breathing,</li> <li>d) sore throat</li> <li>e) fatigue</li> <li>f) muscle or body aches</li> <li>g) headache</li> <li>h) new loss of taste or smell</li> <li>i) congestion or runny nose</li> <li>j) nausea or vomiting</li> <li>k) diarrhea</li> </ol> </li> <li>• Prohibit entry for those who meet one or more of the following criteria:</li> </ul>

	<ul style="list-style-type: none"> <li>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;</li> <li>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</li> <li>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.</li> <li>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</li> </ul> <ul style="list-style-type: none"> <li>• Phase 0, 1: Entry of non-essential personnel is prohibited. Those providing elective consultations, personnel providing non-essential services (e.g., barber, hair stylist), and volunteers, are prohibited from entering the building.</li> <li>• Phase 2: Entry of non-essential personnel/contractors into the building is permitted. Personnel /contractors must be logged and screened. This includes personnel providing elective consultations and nonessential services (e.g., barber, hair stylist) as determined necessary by the facility. Such personnel are permitted access only to COVID-19 negative and asymptomatic or COVID-19 recovered residents. Entry of Volunteers is not permitted in Phases 0,1 &amp;2</li> <li>• Phase 3: Allow volunteers</li> </ul>
Environmental Services	<ul style="list-style-type: none"> <li>• Routine cleaning and disinfection procedures are appropriate. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2, the virus that causes COVID-19: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a></li> <li>• Any substitute disinfection products must be approved by the Infection Prevention committee</li> </ul>
Group Activities Phases 1,2 & 3	<ul style="list-style-type: none"> <li>• Group Activities not allowed during Phase 0</li> <li>• Restrict group activities in general. Limited activities may be conducted for COVID-19 negative and asymptomatic or COVID-19 recovered residents only in their small groups. <ul style="list-style-type: none"> <li>a) Maintain infection prevention and control precautions including social distancing and source control measures, and limit the numbers of residents who participate</li> <li>b) As much as possible, keep the same residents in the same group each day so</li> <li>c) That each resident is in contact with the same group, including the same staff, in order to minimize multiple interactions and remain with that group daily.</li> <li>d) Phases 1 and 2: Group size should not exceed more than 10 individuals.</li> <li>e) Activity items that cannot be appropriately cleaned and disinfected should not be shared between residents. For example, residents should be given their own personal bingo cards and tiles.</li> </ul> </li> <li>• Phases 0 and 1: Cancel all field trips. Avoid non-medically necessary trips outside the building.</li> </ul>

	<ul style="list-style-type: none"> <li>• Phases 2 and 3: Limit group activities to no more than 5 people for COVID-19 negative and asymptomatic or COVID-19 recovered residents only, as deemed appropriate based on facility risk assessment.</li> <li>• Phase 3: Resume Group activities for COVID-19 negative and asymptomatic or COVID-19 recovered residents only</li> </ul>
Routine Surveillance COVID-19 testing as per Executive Directive 20-026	<p>A. Residents</p> <ul style="list-style-type: none"> <li>• Repeat weekly testing of all residents until no new facility-onset cases of COVID-19 are identified among residents and positive cases in staff and at least 14 days have elapsed since the most recent positive result and during this 14-day period at least two weekly tests have been conducted with all individuals having tested negative.</li> <li>• Retesting of residents who have been confirmed positive whenever required according to CDS and CDC guidance.</li> <li>• Use post-testing protocols for residents such as cohorting of residents when indicated</li> <li>• Transmission-based precautions are required while COVID-19 test results are pending</li> <li>• If a resident/patient refuses to undergo COVID-19 testing, then the LTC shall treat the individual as a COVID-19 suspected person, make a notation in the resident's chart, notify any authorized family members or legal representatives of this decision, and continue to check temperature on the resident at least twice per day. Onset of temperature or other symptoms consistent with COVID-19 require immediate cohorting in accordance with the Plan. At any time, the resident may rescind their decision not to be tested.</li> </ul> <p>B. Healthcare Personnel</p> <ul style="list-style-type: none"> <li>• Ongoing weekly testing of all staff until guidance from the NJDOH changes based on epidemiology and data about the circulation of virus in the community.</li> <li>• Retesting staff who have previously tested positive according to CDC and NJDOH guidance: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcarepersonnel.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcarepersonnel.html</a></li> <li>• HCP testing positive are excluded from work as per RWJBH policy</li> <li>• If a HCP refuses to be tested or share the results of their test they will not be able to work until either tested or results shared.</li> </ul>
SARS-CoV-2 testing	<ul style="list-style-type: none"> <li>• Reverse transcription polymerase chain reaction (RT-PCR) molecular testing for SARS-CoV-2 infection among residents and healthcare personnel (HCP) in nursing homes has become a priority to help inform prevention and control in the facility.</li> <li>• Any resident or HCP who is newly symptomatic consistent with COVID-19 must be retested at the onset of symptoms, regardless of the interval between the most recent negative test and symptom onset</li> <li>• Be prepared for the potential to identify multiple asymptomatic residents with SARS-</li> </ul>

	<p>CoV-2 infection and make plans to cohort them.</p> <ul style="list-style-type: none"> <li>• Testing strategies may change based on available epidemiological, situational data, NJDOH and/or CMS directives and CDC guidance.</li> <li>• Facilities shall take appropriate action on the results including, but not limited to, the guidance below: <ul style="list-style-type: none"> <li>➤ Sending Facility: COVID-19 diagnostic test results must be provided (in addition to other pertinent clinical information) to the receiving facilities for any transferred residents upon receipt of lab results.</li> <li>➤ Receiving Facility: Upon identification of a case of COVID-19 in a resident who was recently admitted (within 14 days), the receiving facility must provide these results back to the sending facility to allow for the appropriate response and investigation.</li> </ul> </li> <li>• Repeat testing <ul style="list-style-type: none"> <li>➤ Residents - Retest any resident who develops symptoms consistent with COVID-19</li> <li>➤ HCP - Retest any HCP who develops symptoms consistent with COVID-19</li> <li>➤ Residents and staff who previously tested positive and were asymptomatic should be retested after 3 months of last positive test</li> <li>➤ Residents and staff who previously tested positive and were symptomatic should not be retested within 3 months of onset of symptoms</li> <li>➤ For persons who develop new symptoms consistent with COVID-19 &lt;3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended.</li> <li>➤ If an individual tests positive (viral test) &gt;3 months after an initial positive test, it should be managed as a new infection or reinfection and control measures should be implemented</li> </ul> </li> <li>• Collecting and handling specimens <ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ 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.</li> </ul> </li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Send ill personnel home</li> <li>• Sick leave policies should be flexible and non-punitive</li> <li>• If staff develop even mild symptoms consistent with COVID-19, they are expected to: <ul style="list-style-type: none"> <li>➤ Cease resident care activities, leave the work area immediately and notify their supervisor</li> <li>➤ Supervisor informs the facility's Infection Preventionist, and include information on individuals, equipment, and locations the person came in contact with</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>➤ Contact their health care provider</li> <li>• Identify staff that may be at higher risk for severe COVID-19 disease and attempt to assign to unaffected team</li> <li>• Educate and train staff on sick leave policies, including not to report to work when ill</li> <li>• Assess staff competency on infection prevention and control measures including demonstration of putting on and taking off personal protective equipment (PPE).</li> </ul>
Standard Precautions	<p style="text-align: center;"><u>For all patients in all settings</u></p> <ul style="list-style-type: none"> <li>• Hand hygiene <ul style="list-style-type: none"> <li>➤ Hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings</li> <li>➤ CDC recommends using ABHR with greater than 60% ethanol or 70% isopropanol in healthcare settings.</li> <li>➤ Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water.</li> </ul> </li> <li>• Environmental cleaning and disinfection</li> <li>• Injection and medication safety</li> <li>• Use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed</li> <li>• Minimizing potential exposures (e.g. respiratory hygiene and cough etiquette)</li> <li>• Reprocessing of reusable medical equipment between each patient and when soiled</li> </ul>
Transmission-Based Precautions	<ul style="list-style-type: none"> <li>• Special Droplet and Contact Transmission-Based Precautions should be used for all residents who are Cohort-1, Cohort-2 and Cohort-4: <ul style="list-style-type: none"> <li>➤ COVID-19 positive</li> <li>➤ COVID-19 suspected</li> <li>➤ Exposed to a COVID-19 HCP positive or suspected person</li> <li>➤ Exposed to any COVID-19 positive person</li> <li>➤ Newly admitted and readmitted</li> </ul> </li> <li>• Place Special Droplet/Contact Precautions signage prominently directly outside resident's room</li> <li>• Use of N95 respirator or higher, eye protection, gown and gloves required when entering resident rooms</li> <li>• Consider protocols for extended use and reuse of PPE, if resources are limited</li> </ul>
Visitors	<ul style="list-style-type: none"> <li>• Only indoor End-of-Life, certain Compassionate Care, and Essential Caregiver visitation is allowed for all residents.</li> <li>• Advise the person to limit physical contact with anyone other than the resident while in the facility. For example, practice social distancing with no handshaking, kissing or hugging and remaining six feet apart.</li> <li>• TCU may require the visitor to use additional forms of personal protective equipment (PPE), as determined by the facility.</li> <li>• Establish a designated area for visitors to be screened that accommodates social distancing and infection control standards.</li> <li>• Food is not permitted</li> <li>• Items for resident must be checked prior to visit</li> <li>• Indoor visits: One visitor is permitted at one time per resident. The facility must use appointments in order to limit the number of visitors inside the building at one time</li> </ul>

	<ul style="list-style-type: none"> <li>• Indoor visits allowed during Phases 1,2 &amp; 3 and must be preapproved and scheduled by facility</li> <li>• Provide graphics to assist residents and visitors in maintaining social distancing and infection control standards</li> <li>• Provide instruction on hand hygiene, limiting surfaces touched and the use of PPE, and inform visitors of the location of hand hygiene stations, before the visitor enters the facility and resident's room.</li> <li>• Require the person to wear a CMC provided facemask.</li> <li>• Restrict a person from entering the facility if they are unable to demonstrate the proper use of infection prevention and control techniques</li> <li>• The facility must advise anyone entering the facility to monitor for signs and symptoms of COVID-19 for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of a reported contact, and take all necessary actions based on any findings.</li> <li>• Visitors should be provided with the visitation guidelines upon check in</li> </ul>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Departmental Responsibilities	
Employee Health /Corporate Care	Monitor compliance with RWJBH Respiratory Protection Plan (compliance with OSHA standards)
Infection Preventionist	<ul style="list-style-type: none"> <li>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</li> <li>Immediately report to Local Health Department: <ul style="list-style-type: none"> <li>➤ ≥1 probable or confirmed COVID-19 case in a resident or HCP;</li> <li>➤ ≥3 cases of acute illness compatible with COVID-19 in residents with onset within a 72h period</li> </ul> </li> </ul>
Leadership	<ul style="list-style-type: none"> <li>Facilities must continue to report testing data daily through the New Jersey Hospital Association (NJHA) portal <a href="https://report.covid19.nj.gov/">https://report.covid19.nj.gov/</a></li> <li>LTC: Notify team members within 12 hours of the presence of a positive or suspected COVID-19 resident or team member</li> <li>Conduct a risk assessment to determine if the HCP/resident may have exposed a resident or other staff. <ul style="list-style-type: none"> <li>➤ Leadership will identify close contacts including forty-eight hours prior to symptom onset/date of specimen collection of an associated COVID-19 case.</li> </ul> </li> <li>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: <ul style="list-style-type: none"> <li>➤ single confirmed or suspected infection of COVID-19 resident or team member is identified</li> <li>➤ whenever three or more residents or staff with new-onset of respiratory symptoms occur within 72 hours of each other</li> </ul> </li> </ul>
Materials Management	<ul style="list-style-type: none"> <li>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</li> <li>Material Management will monitor this stockpile weekly for inventory and expiration dates</li> <li>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.</li> </ul>
Pharmacy	<ul style="list-style-type: none"> <li>Clean out medication bins with Oxivir 1 or bleach wipes</li> <li>Report any medication shortages that may affect LTC</li> </ul>
Therapy	<ul style="list-style-type: none"> <li>Virtual visits between visitors and residents will be facilitated electronically via iPad, Telephone calls.</li> </ul>

Lessons Learned
<ol style="list-style-type: none"> <li>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.</li> <li>2. TCU is always placing the health and safety of our residents and healthcare providers as the number one priority.</li> <li>3. Stockpile PPE and identified cleaning equipment and supplies in sufficient numbers to manage any similar emergency</li> <li>4. Maintain an effective and accurate daily count and burn rate of PPE and applicable cleaning equipment and supplies</li> <li>5. Ensure there is effective backup leadership in case current leadership is unable to perform due to the effects of the emergency</li> </ol>

Definitions	
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: <ul style="list-style-type: none"> <li>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.</li> </ul> Residents who were placed into Transmission-Based Precautions on admission or readmission and developed SARS-CoV-2 infection within 14 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 >14 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
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.

<b>Phases of Reopening</b> <b>If at any point during the public health response the state returns to the “maximum restrictions Stage”, all facilities covered by this Directive must return to the maximum restrictions of Phase zero (0)</b>	
Phase 0	Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS), per the COVID-19 Communicable Disease Manual Chapter, any facility that cannot attest to criteria to advance phases, and all facilities if New Jersey is in maximum restrictions per the Road Back to Recovery.
Phase 1	Facilities that never had an outbreak or that concluded an outbreak and 14 days have passed since New Jersey moved to Stage 1 (May 2, 2020) of the Road Back to Recovery
Phase 2	Facilities that never had an outbreak or that concluded an outbreak and 14 days have passed since New Jersey moved to Stage 2 (June 15, 2020) of the Road Back to Recovery
Phase 3	Facilities that never had an outbreak or that concluded an outbreak, and 14 days have passed since New Jersey moved to Stage 3 (DATE TBD) of the Road Back to Recovery
	<ul style="list-style-type: none"> <li>The detection of a NEW COVID-19 outbreak returns the facility to Phase 0 regardless of the facility’s current Phase</li> </ul>

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

Original date: May 27, 2020

Updated: 09-21-2020, 11-19-2020

**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](http://www.localhealth.nj.gov) and after hours at: [www.nj.gov/health/lh/documents/lhd\\_after\\_hours\\_emerg\\_contact\\_numbers.pdf](http://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

References:

[https://www.state.nj.us/health/legal/covid19/8-20\\_ExecutiveDirectiveNo20-026\\_LTCResumption\\_of\\_Svcs.pdf](https://www.state.nj.us/health/legal/covid19/8-20_ExecutiveDirectiveNo20-026_LTCResumption_of_Svcs.pdf)

[https://www.nj.gov/health/cd/documents/topics/NCOV/NJDOH\\_Quick\\_Reference\\_ED\\_No.20-026%20.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/NJDOH_Quick_Reference_ED_No.20-026%20.pdf)

[https://nj.gov/health/cd/documents/topics/NCOV/Guidance\\_for\\_COVID19\\_Diagnosed\\_andor\\_Exposed\\_HCP.pdf](https://nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf)

[https://www.nj.gov/health/cd/documents/topics/NCOV/COVID\\_LTC\\_Recommendations.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_LTC_Recommendations.pdf)

[https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-19\\_Antigen\\_Testing\\_in\\_LTCF.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-19_Antigen_Testing_in_LTCF.pdf)

Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance). Centers for Disease Control and Prevention. April 30, 2020 Accessed June 15, 2020.  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

[https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance\\_for\\_Monitoring\\_and\\_Movement\\_NJ\\_DOH\\_mar\\_10\\_2020.108112.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_Monitoring_and_Movement_NJ_DOH_mar_10_2020.108112.pdf)

“Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities.” New Jersey Department of Health, Centers for Medicare and Medicaid, 11 May 2020.

“COVID-19 Also Known as Severe Acute Respiratory Syndrome Coronavirus 2 or SARS-CoV-2.” Investigation Guidance for New Jersey Local Health Departments, New Jersey Department of Health Communicable Disease Service, 7 Sept. 2020,  
[www.state.nj.us/health/cd/documents/topics/NCOV/NCOV\\_chapter.pdf](http://www.state.nj.us/health/cd/documents/topics/NCOV/NCOV_chapter.pdf).

Diversey Products efficacy against coronavirus. Received communication of efficacy statement, February 2020.

Director Quality, Safety & Oversight Group. “Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes Center for Clinical Standards and Quality/Quality, Safety & Oversight Group.” Department of Health and Human Services, CMS Centers for Medicare and Medicaid Services, 6 May 2020,  
[www.cms.gov/files/document/qso-20-29-nh.pdf](http://www.cms.gov/files/document/qso-20-29-nh.pdf). Ref: QSO-20-29-NH

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance). Centers for Disease Control and Prevention. April 30, 2020  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>. Accessed June 15, 2020

Fisher, Margaret MD consultation 4/8/2020

Guidance for Discontinuation of Transmission-Based Precautions and Home Isolation for Patients Diagnosed with COVID-19. NJ Department of Health, New Jersey Communicable Disease Service. March, 2020



[https://www.nj.gov/health/cd/documents/topics/NCOV/COVID\\_Guidance\\_discontinue\\_iso\\_guidance\\_3\\_15\\_20.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Guidance_discontinue_iso_guidance_3_15_20.pdf) Accessed May 12, 2020

“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](http://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html).

Monitoring and Movement Guidance for Managing Returning Travelers and/or Contacts of Confirmed Cases of Novel Coronavirus (COVID-19) NJ Department of Health, Communicable Disease Service. Updated March 10, 2020. Accessed May 12, 2020

Recommendations for Long-Term Care Facilities during COVID-19 Pandemic. NJDOH V2 rev. April 6, 2020  
“Responding to Coronavirus (COVID-19) in Nursing Homes.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 30 Apr. 2020, [www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html).

“REVISED NJDOH Healthcare Personnel (HCP)^ EXPOSURE to Confirmed COVID-19 Case Risk Algorithm.” *COVID-19: Information for Healthcare Professionals*, New Jersey Department of Health Communicable Disease Service, 12 June 2020, [www.nj.gov/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20\(HCP\)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf](http://www.nj.gov/health/cd/documents/topics/NCOV/Healthcare%20Personnel%20(HCP)%20Exposure%20to%20Confirmed%20COVID-19%20Case%20Risk%20Algorithm.pdf).

RWJBH Human Resources COVID-19 information for staff/Frequently Asked Questions  
<https://thebridge.rwjbh.org/Resource.ashx?sn=COVID-19-EmployeeInformationFAQs> (last updated 4/13/2020) Original: March 17, 2020 Revision: April 13, 2020 (supersedes prior guidelines)

State of New Jersey Department of Health Executive Directive No. 20-013. COVID-19 Testing at licensed Long Term Care Facilities, assisted living residences, comprehensive personal care homes, residential health care facilities and dementia care homes. Issued 12 May 2020. Accessed May 12, 2020

“Strategies for Optimizing the Supply of facemasks: COVID-19.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 17 Mar. 2020, [www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-facemasks.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-facemasks.html). Accessed May 14, 2020

“Testing for Coronavirus (COVID-19) in Nursing Homes.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 30 Apr. 2020, [www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html). Accessed 14 May 2020

Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes . CMS Centers for Medicare and Medicaid Services, May 2020, [www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf](http://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf). Accessed May 14, 2020