

Manual Title	COVID-19 Manual
Policy Title	Guidance: Stop Introduction and Spread of COVID-19
Approval	
Effective Date	3-30-2020
Review Date	3-31-2020, 9-10-2020, 2/8/2021
Revision Date	3-31-2020, 9-10-2020

Guidance:

Steps to implement to stop the introduction and spread of COVID-19 within the Center;

1. Restrict persons entering the facility, except in certain compassionate-care situations.
2. Create separate wing/unit to accept COVID-19 (+) patients/residents coming or returning from the hospital, if possible. This may mean moving patients/residents in facility to create a new wing/unit.
3. Limit staff working between wing/units as much as possible.
4. Encourage residents to **remain in their room**. If multiple cases are present restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
5. **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.
6. Dedicate staff and mobile equipment exclusively to a unit/wing to minimize exposure and transmission throughout the center, if possible.

COVID-19 Positive area guidance

Limitations to staffing may necessitate staff going from a non-COVID positive area to a COVID-19 positive area:

1. Staff upon entering COVID-19 positive area will don all necessary PPE including
 - N95 respirator, face shield or goggles
2. Before exiting the COVID-19 positive area, staff will:
 - a. Duff PPE including hair covering and shoe covering performing hand hygiene as appropriate to duffing PPE.
 - b. Lastly, hair covering, and shoe covering will be removed prior to exiting COVID-19 area.
 - c. Employee to don gloves to remove the following:

Hair covering and then shoe covering dispose in waste receptacle prior to exiting the COVID-19 positive area. Once removed hand hygiene will be completed

7. Adhere to internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect where appropriate including high-touch surfaces and all shared medical equipment (e.g., lifts, blood pressure cuffs, medication carts). Consider increasing the frequency of cleaning in the facility.
8. Inventory all personal protective equipment (PPE) and develop a strategy to obtain emergency supplies with your local health department.
9. Implement universal masking of all persons (e.g., staff members, visitors, clergy) entering the center, with a surgical or isolation mask (not a respirator).
10. Symptomatic patients/residents should be masked during direct care. If a mask is not tolerated, use of a tissue to cover the nose and mouth is appropriate.
11. Implement active screening of patient/residents and staff for fever and other COVID-19 signs and symptoms, per shift.
 - a. Observe and monitor residents. Check vital signs during day and afternoon shift, check temperature and pulse oximetry overnight. Residents have right to refuse, but it must be documented that they refuse.
 - b. Notify primary care physician of resident sign and symptoms
Rule out Influenza, COVID-19 by testing per physician orders as well as other laboratory/radiology diagnostics to rule out other respiratory infections.
12. Vital signs should include heart rate, blood pressure, temperature, and pulse oximetry.
13. Review or develop staff contingency plans to mitigate anticipated shortages.
14. Stop Communal Dining and all group activities

Resources:

CDC,

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Manual Title	COVID-19 Manual
Policy Title	Communal Dining and Group Activities
Approval	
Effective Date	
Review Date	
Revision Date	2/11/21

Communal Dining and Activities an important aspect of our residents' quality of life.

Our center will promote the Core Principles of COVID-19 Infection Prevention for our resident and staff's safety while providing our staff with guidance to implement Communal Dining and Group Activities.

Core Principles of COVID-19 Infection Prevention

- a. Licensed Nurses/CNAs will continue to observing and monitoring residents for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), before attending group activities or communal dining.
- b. Staff will offer hand hygiene (use of alcohol-based hand rub is preferred) prior to communal dining or activity.
- c. Face covering or mask (covering mouth and nose)
- d. Social distancing at least six (6) feet between persons.
- e. Instructional signage throughout the center i.e., hand hygiene/face covering and proper resident education as appropriate on COVID- 19 signs and symptoms, infection control precautions.
- f. Cleaning and disinfecting high frequency touched surfaces in the center often, and
- g. Appropriate staff use of Personal Protective Equipment (PPE).

A. Communal Dining:

- 1. Additional limitations will be implemented base upon COVID-19 infection in our center;
 - a. An Outbreak of single LabID COVID-19, a cluster of respiratory symptoms will curtail all communal dining and activities.
- 2. Residents may eat in the same dining room with social distancing;
 - a. Limited number of people at each table and with at least six feet between each person.
 - b. Hand hygiene, alcohol hand rub preferably.
 - c. Appropriate facial covering.
 - d. Staff to disinfect dining area.

B. Group Activities

1. Resident who have fully recovered from COVID-19
2. Resident who are not in isolation for observation, or with suspected or confirmed COVID-19 status.
3. Social distancing among residents, six(6) feet.
4. appropriate hand hygiene and use of a face covering.
5. Activities may be offered by adhering to the guidelines for preventing transmission;
 - a. Book club,
 - b. Crafts,
 - c. Movies,
 - d. Exercise and
 - e. Bingo.
6. All materials handled by the staff and residents are to be disinfected using an approved EPA "N" list disinfectant.
7. Staff are to disinfect to activity area.
8. Hand hygiene is offered during activity as needed.

Resources:

Center for Medicare and Medicaid Services (CMS)

September 17, 2020-QSO-20-39-NH

CDC.gov

- a. Educational Poster: facial covering, hand hygiene
- b. EPA "N" list

Manual Title	Infection Prevention/Control Manual
Policy Title	Outbreak Response Plan
Approval	
Effective Date	05/15/2020
Review Date	06/04/2020, 8-11-2020
Revision Date	06/04/2020, 8-11-2020, 2-11-21

Policy:

To effectively manage and contain an outbreak when identified in this Center.

To promote 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.

To facilitate outbreak investigation organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.

To facilitate regular meetings by the team listed below to monitor the outbreak and initiate any needed changes.

To facilitate local and state department of health notification as required.

Section A

Infection Prevention Team:

- Administrator
- Wellness Director
- Infection Preventionist

Outbreak investigation will be organized by the Infection Control Nurse (Infection Preventionist) when an outbreak is suspected.

Outbreak is defined as a new SARS-CoV-2 infection in any Health Care Personnel (HCP) or any onset SARS-CoV-2 infection in a resident.

1. This Center will inform the individual residents, their representatives, and families within 24 hours of a single, confirmed infection of COVID-19
2. This Center will update residents, their representatives, and their families of the COVID-19 conditions within the facility weekly.
3. When reporting and/or updating residents, their representatives, and their families, the Center shall report information regarding mitigating actions implemented to prevent or reduce the risk of COVID-19 transmission, including if normal operations in the nursing

home will be altered. Reporting and/or updates must be made in accordance with existing privacy regulations and statutes. Staff shall provide no personally identifiable information when making reports or updates.

4. Reporting and updates to residents' representatives and families shall be made by letter, email listservs, website postings, and/or recorded telephone messages.
5. The Center shall post a designated staff person(s) telephone number and email address to facilitate contacts from residents' representatives and families, including, but not limited to, urgent communications.
6. The Center shall notify the resident's primary care physician in the event of a confirmed case of COVID-19, influenza, or norovirus or of a new onset of respiratory symptoms.
7. The Center shall notify the resident's representative and family of new onsets of respiratory symptoms.
8. The Center shall notify the State health departments as required.
9. Immediate steps will be taken to the best of the center's ability to isolate individuals as per department of health and local department's guidance under the Center's cohort plan.
10. Testing will be expansive and extensive center wide for COVID-19 and Influenza.
11. Staff testing will also be underway to stop the introduction and limit exposure and control the spread of these contagious diseases.
12. In the event of visitation restrictions imposed due to an outbreak of infectious disease or in the event of an emergency, this Center will facilitate phone, video-communication, and/or FaceTime communications between residents and their families and/or representatives as the resident's condition and technological capabilities permit. This Center will notify residents' families and/or representatives during weekly teleconferences how to request such communications. The Center shall designate a staff member or members to coordinate communications with the residents' families and/or representatives.
13. In the event of a new outbreak of COVID-19 or any other infectious disease or an emergency among staff, which results in insufficient nursing staff to meet resident care, center shall evaluate the need for alternative staffing. Available alternatives:
14. When employing alternative staffing strategies, the Center shall avoid reintroducing Float or Flex staff to residents who are not the subject or suspected to the subject of an outbreak.

Section B

Procedure:

COVID-19

1. According to defined clinical parameters or state regulations, a COVID-19 outbreak has occurred if two (2) resident/patients and/or staff in three (3) days/(72) hours become sick with these listed symptoms and at least one (1) of these has a positive test for COVID-19.
2. Confirm the existence of an outbreak:

- a. Define as one (1) LabID SARS-CoV-2 positive (detected), that is an excess over expected (usual) level within the center i.e., normal rate is 0% and is now (1) positive (detected) LabID result.
 - b. Symptoms:
Fever, Dry Cough, Shortness of Breath, Fatigue
Elders' symptoms may exhibit:
 1. Increased confusion, worsening chronic conditions of the lungs, loss of appetite, and decrease fluid intake
 2. Less common: sore throat, headache
3. In the event of an outbreak, this center will implement a center wide testing of residents and all center's staff.
 4. If resident/patient(s) refuses to undergo COVID-19 testing, those individuals will be treated as Person Under Investigation (PUI).
 5. Nursing will document resident/patient's refusal and notify responsible representative of refusal to testing.
 6. Resident/patient at any point in time may change their mind to testing, the center will proceed with testing this individual.

PUI:

 - a. Resident/patient will be cohorted accordingly.
 - b. Temperature monitoring and vital signs will continue.
 - c. Onset of elevated temperature or other related symptoms consistent with COVID-19 will require immediate cohorting with symptomatic residents, if possible.

Influenza:

1. An influenza outbreak has occurred if there are three (3) or more clinically defined cases or one (1) or more laboratory identified result for Influenza in a Center within a 10-day period from October through May.
2. Once a single resident has been identified by an approved nasopharyngeal swab test (QuickVue Influenza Test) as having the Influenza Virus the following protocol is to be initiated:
 - a. Droplet: Transmission-Based Precautions implemented.
 - b. Cohort of residents.
 - c. Restrict staff to one unit.
 - d. Activities and Activities Staff to be restricted to one unit.
 - e. Main Dining Room open only to the unaffected unit residents.
 - f. Housekeeping assigned to the unit to increase rounds of common areas and high touch areas (side rails, doorknobs, handrails).
 - g. Visitors will be advised to limit visiting to unrestricted unit resident's room.
 - h. Those visitors exhibiting respiratory symptoms will be encouraged to call instead of visiting a resident.

- i. Education materials will available at the reception desk and over the sign in register.
- j. Dispensers containing alcohol-based sanitizers will be located at the entrance of the facility and in high traffic areas of the facility.
- k. Re-offer influenza vaccination to unvaccinated staff and residents.
- l. Notification, single LabID Influenza to local department of health and State department of health
- m. Team surveillance meeting regularly.

Pneumonia:

1. A potential pneumonia outbreak has occurred if there are two (2) or more Residents with **nosocomial** cases of non-aspiration pneumonia within a 10-day period.

Section C

Investigation

1. Develop a case definition based on symptoms, characterized by disease cases
 - a. What: the pathogen, site, and/or sign/symptoms
 - b. Who: the population in which cases are occurring?
 - c. When: length of time cases has been occurring
2. Create line listing and search for additional causes and cases
 - a. Review surveillance and lab reports
 - b. Obtain appropriate lab specimens as directed by the physician or state/local health department
3. Use appropriate line listing forms when symptoms are identified for both Resident and staff:
 - a. Respiratory Line Listing, Gastroenteritis line listing
4. Organize data according to time, place, and person
 - a. Time: duration of the outbreak and pattern of occurrence
 - b. Place: develop location and onset of dates of cases
 - c. Person: evaluate characteristics that influence susceptibility such as age, sex, underlying disease, immunization history
 - d. Exposure by nursing staff, or other infected Residents
5. Formulate likely cause
 - a. identify (organism) source and possible mode of transmission

Notify

- Administrator
- Wellness Director
- Infection Preventionist
- Family of the affected Resident(s)

- Local/State Health Department, according to regulations
- Residents, their representatives, and families

Section D

Transmission-base Precautions and Cohorting

1. Implement control measures based on sign, symptoms, diagnosis, mode of transmission, and location in the Center.
Measures may include:
 - a. Transmission-based precautions.
 - b. Restrict visitors.
 - c. Screening all employees for elevated temperatures and signs/symptoms.
 - d. Restriction of affected residents from group activities.
 - e. Suspending communal dining.
 - f. Suspend admissions to affected unit.
 - g. Suspend admissions to center if deemed necessary.
 - h. Housekeeping, intensive environmental cleaning with frequent cleaning of high touch areas with EPA approved disinfective agent.
 - i. Implement staffing contingency plan for possible change in staffing levels.
2. Once all has been reviewed with Administrator, Infection Preventionist, and Nursing
 - a. Conduct mandatory staff education
 - b. Hand hygiene
 - c. Outbreak disease symptoms
 - d. Reporting the occurrence of symptoms of resident/patients and staff.
 - e. Transmission-Based precautions
 - f. PPE made available in preparation for an outbreak
 - g. Advise staff who are exhibiting symptoms to stay at home
3. Monitor for effectiveness of investigation and control measures until cases cease to occur or return to normal level
4. Compare group of uninfected Residents with infected Residents
5. Conduct care practice observation IF cause implies a breakdown in resident care practices.
6. Complete an Investigative Summary and submit a copy to
 - a. Nursing Director
 - b. Administrator
 - c. Infection Preventionist

*Summarize data/information collected, include case definition, contact tracing, cause and final evaluation of outbreak.

Resources:

NJDOH, Guidance for COVID-19 and/or exposed healthcare personnel
[https://nj.govhealth/cd/documents/topic/NCOV/Guidance for COVID-19 Diagnosed and/or exposed_HCP.pdf](https://nj.govhealth/cd/documents/topic/NCOV/Guidance%20for%20COVID-19%20Diagnosed%20and/or%20exposed_HCP.pdf).

CDC, Testing for Coronavirus (COVID-19) in nursing homes
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CMS, April 19, 2020 (QSO-20-26-NH) Communicable Disease Reporting Requirements/Transparency

CMS, 6-4-2020 Clarification of notification guidelines

AHCA/NCAL - COVID-19 Update #75; revised notification guidelines

New Jersey Department of Health Executive Directive No.20-026
Effective date: August 10, 2020

MANUAL TITLE	Nursing Policy & Procedure
POLICY TITLE	COVID-19 Transmission-Based Precautions: Droplet, Universal Mask, and Contact Precautions
APPROVAL	
EFFECTIVE DATE	4-1-2020
REVIEW DATE	4-11-2012, 7-2017, 3-3-2020, 3-30-2020, 8-17-2020
REVISION DATE	4-11-2012, 7-2017, 3-3-2020, 2-11-21

POLICY: Transmission-Based Precautions are the second tier of basic infection control. Transmission-Based Precautions are to be used in addition to Standard Precautions for residents who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. Transmission-Based Precautions include: **Droplet, Universal Mask, and Contact Precautions.**

PURPOSE: To identify and promote Standard Precautions and Transmission-Based Precautions for residents with infections that can be easily transmitted by direct and/or indirect contact. It is the intent of this facility to use Transmission-Based Precautions for residents known or suspected to have active symptoms that may be easily transmitted to residents, staff, or others by direct-resident contact or by contact with items in the resident's environment.

Section A

Standard Precautions:

Gloves: Staff must use gloves when they anticipate contact with potentially-infectious materials, non-intact skin, or potentially contaminated intact skin (*i.e.* resident incontinent of stool or urine).

Gowns: Staff must use gowns to protect skin and prevent soiling or contamination of clothing during care or treatment administration when they anticipate contact with body fluids or excretions.

During the Coronavirus Pandemic, staff should use Standard Precautions when in the presence of residents who have tested negative for or who are recovered from COVID-19. Staff should use Standard Precautions and Transmission-Based Precautions when the center may have a person under investigation for or a resident testing positive for COVID-19. In the event a resident is under investigation for or tests positive for COVID-19, staff should use both Standard Precautions and Transmission-Based Precautions when in contact with that resident and/or the resident's roommate if the resident does not reside in a single room.

PPE will remain in place at intervals throughout the facility for staff to access as needed.

Section B

Droplet Precautions: Certain infections, such as influenza or COVID-19, are transmittable through air droplets by coughing, sneezing, and/or talking in close contact with an infected patient's breathing. Droplets are about 30 to 50 micrometers in size. These droplets can be deposited on the host's nasal mucosa, conjunctivae, and/or mouth.

Indication for Droplet Precautions: Droplet Precautions are necessary when a resident exhibits symptom consistent with an upper respiratory tract infection or is confirmed or suspected to be infected with COVID-19 and staff are within six feet of the resident. Droplet precautions include source control, appropriate resident placement, and limiting transport and movement of residents.

Source of Control: refer to section C

- * Face Mask
- * Face Shield

- a. Residents from whom Droplet Precautions are necessary must wear facial coverings or surgical masks.
- b. Staff should wear don N95 masks, face shields, gloves, and gowns upon entry into the room or space of a resident for whom Droplet Precautions are indicated or when in close contact (within 3 feet) with such residents.
- c. Staff should also wear N95/masks and face shields when:
 1. In common areas
 2. During all resident care
 3. During open suctioning of tracheostomy
 4. During CPR
 5. During aerosolized administration of medications
- d. When possible, staff should instruct residents to follow Respiratory Hygiene/Cough Etiquette recommendations.

Resident Placement:

- a. Residents should be placed into single rooms, if possible.
- b. A COVID-19 resident should be placed within the COVID-positive area. Residents under investigation for COVID-19 may be treated in place.
- c. The center should make decisions regarding resident placement on a case-by-case basis considering infection risks to other residents in the room and available alternatives. The center should notify and involve the local Department of Health in discussions pertaining to the placement of residents confirmed or suspected to be infected by COVID-19.

Limit Transport and Movement of Residents:

- a. Residents should be transported outside of their rooms for medically necessary purposes.

- b. If transport or movement outside of the room is necessary, staff should instruct residents to wear a mask (place mask on resident and explain the reason) and to follow Respiratory Hygiene/Cough Etiquette.
- c. Staff should notify transportation and medical providers of a resident's COVID-19 status.

Section C

Universal Mask Guidance: Given what we have learned about COVID-19, Universal Mask Precautions will serve to act as a barrier to prevent touching of one's face in the event one's hands have become contaminated and to protect our residents and staff.

Universal Eye Protection: Protect eyes, nose, and mouth from exposure to respiratory secretions.

Staff should:

- a. Strictly adhere to the extended use and reuse of N95 masks
- b. Meticulously adhere to hand hygiene protocols (including before and after removing masks).
- c. Employ proper mask use and hygiene, including wearing the mask as directed to cover the mouth and nose.
- d. Strictly avoid manipulation/touching the mask to reduce the risk of contamination and self-inoculation.
- e. In addition, to employ proper use of a face shield and hygiene, this face shield will be worn in addition to the face mask (surgical mask, N95)

Section D

Contact Precautions: Staff should use Contact Precautions when in direct or indirect contact with a resident with an infection transmitted fecal-orally or such a resident's environment (including the resident's room and objects). Examples of fecal-orally transmitted infections include: *Clostridium difficile*, wound and skin infections, and multi-drug resistant bacteria such as methicillin-resistant *Staphylococcus aureus* (MRSA).

Resident Placement:

- a. Private rooms are not necessary for residents with fecal-orally transmitted infections unless they are high disseminators, which is anyone who presents with incontinence, or a wound with copious drainage that is not able to be contained with the usual barriers.
- b. If a private room is not needed or available, the resident may be placed in a room with a resident with the same organism.
- c. If a cohort room is not available, the patient may be placed in a room with a "low-risk" resident, defined as an individual with no:

1. Invasive devices: G.Tube, IV access, Tracheostomy, Colostomy, vascular devices or indwelling bladder catheter
2. Open wounds, vascular or pressure related
3. Recent surgery defined as within 4 weeks post operatively
4. Other resistant organism

Gloves and Hand Washing:

- a. Gloves will be worn upon entering the resident's room and while providing care.
- b. Gloves will be changed after having contact with infective material.
- c. Gloves will be removed before leaving the resident's room and hands will be washed immediately.
- d. After gloves are removed and hand washed in accordance with the hand-washing policy, hands should not touch potentially-contaminated environmental surfaces or items before leaving the room.

Gowns:

- a. Staff should wear a gown when entering the resident's room if staff anticipates that:
 1. Clothing will have contact with infectious body fluids, environmental surfaces, or items in the resident's room;
 2. The resident is incontinent and is not able to be contained by the usual barriers; or
 3. Wound drainage is not able to be contained by a dressing.
- b. Staff should remove a worn gown before leaving the resident's room.
- c. Staff should not permit clothing to contact potentially-contaminated environmental surfaces after removing a gown.

Resident Transport:

- a. Residents with fecal-orally transmitted infections may require their activities to be limited.
- b. Precautions should be maintained to minimize the risk of transmission of microorganisms by infected residents who leave the room to other residents.
- c. Staff should place masks on infected residents who leave their rooms.

Resident Care Equipment, if Transmission-Based Precautions are Required:

- a. If Transmission-Based Precautions are required, dedicated resident care equipment should be considered.
- b. If use of common equipment or items is unavoidable, the items should be cleaned and/or disinfected before use for another resident.

Manual Title	COVID-19
Policy Title	COVID-19 Testing Guidance
Approval date	
Effective Date	6-16-2020
Review Date	8-15-2020
Revision Date	08-15-2020, 2,15,21

To promote a safe environment of quality of care, the following guidance will provide the center's steps in establishing routine testing.

Preparedness:

Universal Source Control

- Universal Source Control is used to address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms.
- This action may assist in preventing transmission from infected individuals who might have symptoms of COVID-19.
 - Actively screening everyone for fever and symptom and travel history,
 - Screening of staff before entering resident care area and before their shift,
 - Universal Face Mask (if tolerated) while in the building, regardless of symptoms.

Section A

Testing Guidance

1. This is a guidance only, based on COVID-19 mitigation strategies. this guidance will change as the Coronavirus SARsCoV-2 (COVID-19) active changes within the center and community (positivity rate in community and adjacent community).
 - a. The case status of COVID-19 in the community
 - b. The case status of COVID-19 in the individual center
 - c. The size of the center
 - d. The expectations of the local public health department (LPH)
2. Routine testing will continue weekly provided:
 - a. Residents continue to test positive*
 - b. Staff continue to test positive*
3. COVID-19 (detected) positive residents residing on a COVID-19 positive unit where dedicated staff who have tested COVID-19 positive are providing care for those residents, the center does not need to further test those residents and staff only for that specific unit.
4. Any resident or staff 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.

5. Asymptomatic staff who have had an unprotected exposure testing to SARS-CoV-2 but are not known to be infected to continue to work;
 - a. Staff can report to work, screening with temperature and symptoms checked. Facemask-(N95) and necessary PPE.
 - b. Early in their infection when their sample is collected, in this situation, infectious state may be later and transmit the virus, repeat testing is necessary.
 - c. Staff exhibiting mild symptoms consistent with COVID-19, will cease to have direct resident care and notify supervisor prior to leaving shift.
6. Extending staff testing remains weekly until new guidance is available by NJDOH.
7. Staff testing positive for the first time since initial viral testing.
 - a. Weekly testing to resume for staff
 - b. Weekly testing to resume for residents
8. Weekly testing for all residents can be modified when there are no new positive COVID-19 cases for 14 days, two consecutive test results of negative and no new positive. COVID-19 staff by two consecutive test results of negative.
 - a. May consider every other week monitoring testing
9. SARs-CoV-2 test kits will be available in the center.

Section B Monitoring Residents

1. Monitoring and observing for changes in the resident will continue
 - a. Temperature every shift (2° degrees above baseline or single temperature above 99°-100°) will warrant notifying resident primary care physician.
 - b. Vitals signs every first 2 shifts to continue, any changes from the individual resident's baseline will require notifying resident's primary care physician. Overnight will do monitoring, temperatures and pulse oximetry. If resident refuses, it must be documented that they refuse.
 - c. Resident who develop symptoms will be tested for SARs-CoV-2 test (COVID-19 Coronavirus) as soon as possible.
 - i. Consider testing residents for Influenza PCR testing
 - d. Resident(s) who symptomatic will be quarantined to their room pending test results of two (2) negative test results.
 - e. Any resident(s) who have come in contact with the resident are at potential exposure and will be tested and activity on the unit limited to their room for 14 days or until test results two (2) Negative test results.
2. If the test result is positive (detected) for the resident, the center will resume baseline testing for residents and staff.

Section C

New and Re-Admissions

1. Measures will be implemented before resident arrival, upon arrival, throughout the duration of the resident's inpatient stay.
 - a. Room readiness for the quarantine of the new or re-admitted resident
 - b. Maintain established disinfection of high touch areas and cubicle curtains
2. New admission and re-admission confirmed COVID-19 positive (detected), no baseline or routine testing is required.
3. COVID-19 positive admissions will be quarantined for 21 days.
4. All other new and re-admissions will be considered as potentially exposed to COVID-19 and will be quarantined for 14 days.
 - a. Resident will have baseline testing and re-testing within three (3) to seven (7) days from the of initial test.
 - b. Resident testing positive will not be required to have further testing
 - c. Resident testing negative will have an additional test within 3-7 days and then.
 - d. Routine testing schedule will then be as determined by the center in collaboration with Medical Director and Local Department of Health.

Section D

Resident(s) receiving out of center medical treatment

1. Residents who receive dialysis or out of center medical treatment i.e., wound care
 - a. Center will cohort these residents.
 - b. Residents will continue routine (weekly) testing
2. Resident going for outpatient care i.e., wound care center, consult follow-up
 - a. Resident going for scheduled wound care or consult appointment will be cohorted if possible.
 - b. If unable to cohort, then will be placed in a private room until follow-up appointments have concluded.

Section E

Preparedness: Center will maintain a universal source control

1. Maintain ability to cohort residents, if possible.
2. Maintain symptom and vital sign monitoring of residents.
3. Maintain a par-level of PPE to include visitors and potential new outbreaks.
4. Maintain a par-level of test kits with the ability to obtain additional kits as needed.
5. Review Outbreak Response Plan quarterly or as needed.
6. Inform the Local Department of Health (LPH) and New Jersey Department of health (NJDOH) of any changes.

Resources:

New Jersey Department of Health; Executive Order 20-013 and May 28, 2020 Guidance
CDC.gov May 18, 2020

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC.gov July 17, 2020

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>

NJDOH August 10, 2020

Executive Directive NO-026 page (5)