Recommendations for Long-Term Care Facilities during COVID-19 Pandemic

The New Jersey Department of Health (NJDOH) has developed this guidance to assist long term and residential care facilities in response to the COVID-19 pandemic. Given the congregate nature of long-term care facilities (LTCF) and residents served (e.g., older adults often with underlying chronic medical conditions), this population is at an increased risk of serious illness when infected with COVID-19. LTCF have experience managing respiratory infections, including the previous surge of COVID-19, and outbreaks among residents and healthcare personnel (HCP[1]) and should apply those outbreak management principles, in addition to heightened measures within. **Please note this is a rapidly evolving situation and as more data become available this guidance may change.** Additional resources on how LTCF can prepare for and manage COVID-19 can be found at https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html. **Highlight reflects content revisions.**

Identify plan and resources

Review and update your CMS "all-hazards emergency preparedness program and plan" which includes emergent infectious diseases.

- If you do not have a plan, a template can be found at https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Pages/default.aspx.
- Review CDC's COVID-19 Preparedness Checklist for Nursing Homes and other LTCF at https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf.
- Review the Occupational Safety and Health Administration (OSHA) Emergency Preparedness and Response page at https://www.osha.gov/SLTC/emergencypreparedness/.

Identify public health and professional resources.

- Locate a local health department (LHD) contact using the NJDOH – Local Public Health Directory at http://www.localhealth.nj.gov/.
- Contact NJDOH at https://www.nj.gov/health/cd/topics/covid2019_questions.shtml or via phone during regular business hours at (609) 826-5964 for questions, and after hours/weekends at (609) 392-2020 for emergencies.
- Connect with state long-term care professional/trade association resources.
- Assign one person to monitor public health updates from federal, local, and state entities.

Identify contacts at local hospitals in preparation for the potential need to hospitalize facility residents or to receive discharged patients from the hospital.

- If a resident is referred to a hospital, coordinate transport with the hospital, LHD, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the facility.
- **Opening and/or maintaining bed capacity in hospitals is vitally important**.
- A list of New Jersey state hospitals can be found at https://healthapps.state.nj.us/facilities/acFacilityList.aspx.

Protecting residents, visitors, and HCP

Provide education about respiratory infections, including COVID-19.

- Educate on potential harm from respiratory illnesses to nursing home residents, and basic prevention and control measures for respiratory infections such as influenza and COVID-19.
- Include the following topics in education:
  - Hand hygiene: https://www.cdc.gov/handhygiene/providers/index.html
  - Respiratory hygiene and cough etiquette: https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm
  - Personal Protective Equipment (PPE): https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-

ppe.html
- o Flu season: https://www.cdc.gov/flu/season/index.html
- CDC COVID-19 Print Resources: https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html.

Develop criteria and protocols for screening and/or restricting entrance to the facility.
- Ill individuals are the most likely sources of introduction of COVID-19 into a facility. **CDC recommends aggressive screening and enforcing sick leave policies for ill HCP**.
- Individuals (e.g., vendors, visitors, essential caregivers) should be screened for fever and other symptoms of COVID-19[2]. Those with symptoms or unable to demonstrate proper infection control techniques should not be permitted to enter or stay at the facility. **Any individuals that are permitted and screened should practice source control, social distancing, perform frequent hand hygiene, and restrict their visit to a designated area**.
- **Use of a facemask for source control is recommended for HCP if not otherwise wearing a respirator.**
- Facilities located in areas with **moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic individuals with COVID-19 incubation or infection. Community transmission levels can be assessed by referring to the NJDOH COVID-19 Activity Level Index (CALI) Score at https://www.nj.gov/health/cd/statistics/covid/index.shtml. Universal eye protection in addition to source control and other infection prevention and control measures, should be instituted to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions, for all HCP and for all individuals who are unable to maintain social distancing.
- Advise any persons who entered the facility to **monitor for fever and other COVID-19 symptoms[2]** 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 persons they were in contact with, and the locations within the facility they visited.

Review, implement, and reinforce an infection control plan for preventing communicable disease among residents, visitors, and HCP. The plan should include:
- **Transparent communication** to staff and families regarding identification of a COVID-19 outbreak or investigation and actions taken.
  - o Communicate with families to advise them of visitor restrictions and alternative methods for visitation (e.g., video conferencing) during an outbreak. A sample communication letter can be found at https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/Long-Term-Care-letter.pdf.
  - o Consider creating list serve communication to update families, assigning staff as primary contacts for families for inbound calls and conducting regular outbound calls to keep families up-to-date, offering a phone line with a voice recording updated at set times each day with the facilities general operating.
- Enact a policy defining what PPE should be used by visitors and essential caregivers.
- Before visitors enter the designated area, staff will provide instructions to visitors on hand hygiene, limiting surfaces touched, and appropriate use of PPE. Designated visitation areas should be cleaned and disinfected after each visit.
- Ensure visitor movement is limited within the facility (e.g., avoid the cafeteria and other gathering areas).
- Review the CMS Quality, Safety & Oversight (QSO) Group memo Ref: QSO-20-39-NH at https://www.cms.gov/files/document/qso-20-39-nh.pdf and the NJDOH COVID-19 Temporary Operational Waivers and Guidelines at https://www.nj.gov/health/legal/covid19/ for expanded recommendations.
- A policy for when HCP should use Standard, Droplet, and Contact Precautions for residents with symptoms of respiratory infection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
  - o **For suspect or confirmed COVID-19 case(s) Standard and Transmission-Based Precautions including use of a N95 respirator or higher (or facemask, if unavailable), gown, gloves, and eye protection is recommended**.

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- o CDC guidance states that **facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand**. **When available, respirators (instead of facemasks) are preferred**; they should be prioritized for situations where respiratory protection is most important (i.e., procedures **that are likely to generate respiratory aerosols**) and for the care of residents with pathogens requiring Airborne Precautions (e.g., tuberculosis, measles, varicella).
- Use respiratory protection as part of a **comprehensive respiratory protection program** that meets the requirements of OSHA's Respiratory Protection standard ([29 CFR 1910.134](29 CFR 1910.134)) and includes medical exams, fit testing, and training. **Implement this program, if not in place.**
- Employers must demonstrate and document good-faith efforts to comply with OSHA standards, as outlined in the *Respiratory Protection Guidance for the Employers of Those Working in Nursing Homes, Assisted Living, and Other Long-Term Care Facilities During the COVID-19 Pandemic* (https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf) and summarized in *Understanding Compliance with OSHA's Respiratory Standard During the Coronavirus Disease (COVID-19) Pandemic* (https://www.osha.gov/sites/default/files/respiratory-protection-covid19-compliance.pdf). OSHA's temporary enforcement memoranda are time-limited to the current COVID-19 crisis and are aligned with CDC's Strategies for Optimizing the Supply of N95 Respirators. LTCF employers should periodically refer to OSHA's COVID-19 webpage for the most up-to-date interim/temporary enforcement discretion memoranda and guidance.
- In the event of shortages or exhaustion of supplies, refer to the CDC *Optimizing Supply of PPE and Other Equipment during Shortages* at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.
- Implementing and/or maintaining a respiratory hygiene program throughout the facility.
- Utilize telemedicine and alternative means of communication (e.g., telephones, video chat, call bell system, intercoms) to maintain social distancing.
- Cohorting residents and staff.
- Collection of specimens.

Identify care plan goals and life sustaining treatment plans for residents.
- Review and update care plans to avoid unnecessary emergency room visits and hospitalizations.
- Review National Hospice and Palliative Care Organizations' COVID-19 Shared Decision Making Tool with residents, families, and authorized proxies, available at https://www.nhpco.org/wp-content/uploads/COVID-19-Shared-Decision-Making-Tool.pdf.
  - o Review symptoms, clinical progression and expected outcomes (e.g., Acute Respiratory Distress Syndrome; mechanical ventilation).
  - o Confirm residents' care preferences (e.g., home with palliative or hospice care; remain at LTCF with symptom management; hospitalization for medical intervention; allow natural death).
  - o Review and complete Physician Orders for Life-Sustaining Treatment (POLST), available at http://www.njha.com/polst/.
  - o Advise residents, families, and authorized proxies to review and update Advance Directives at https://www.state.nj.us/health/advancedirective/.
- Transfer notification applies to all residents of the facility. If possible, limit transfers to medical necessity.

Surveillance and tracking
Perform surveillance to detect respiratory infections, including COVID-19.
- Maintain and/or implement protocol(s) for monitoring of residents and HCP for fever and other symptoms of COVID-19[2].
  - o For tracking residents and staff, refer to the NJDOH Facility Line List Template at https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-19%20_Facility_Line_List_Template.xlsx.
  - o **Note: Your LHD will provide instructions to report COVID-19 cases to public health authorities electronically.**

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- Remember that older adults may manifest symptoms of infection differently and that other symptomology should also be assessed. Vital signs should include heart rate, blood pressure, temperature, pain and pulse oximetry.
- For incoming residents, if possible, dedicate a unit/wing exclusively for those coming or returning from the community or other healthcare facilities. This can serve as an observation area where they remain for 14 days to monitor for symptoms that may be compatible with COVID-19[2] (instead of integrating as usual on short-term rehab floor or returning to long-stay original room). **Testing at the end of this period could be considered to increase certainty that the person is not infected.** Refer to NJDOH *Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities* at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.
- If symptoms are detected, clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza. Verify the diagnosis using clinical, epidemiological and lab test information, considering seasonal disease occurrence. Co-infection with COVID-19 is possible and should be considered; refer to CDC's *Clinical Tips* at https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-tips-for-healthcare-providers.html. Refer to CDC for more information about COVID-19 symptoms[2].

Report any known or suspect communicable disease outbreak, by phone to the LHD with jurisdiction over the facility.
- Refer to NJDOH Guidelines for the Control of Respiratory Virus Outbreaks in LTCF and Other Institutional Settings at https://www.nj.gov/health/cd/documents/flu/outbreak_prevention.pdf
- Your LHD will help assess the situation and provide guidance for further actions, including laboratory testing.

Resident management
Determine appropriate placement of new- and re-admissions, positive COVID-19 case(s).
- Review the NJDOH Outbreak Management Checklist at https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Outbreak_Management_Checklist.pdf.
- For suspect or confirmed COVID-19 case(s), Standard and Transmission-based Precautions including use of a N95 respirator or higher (or facemask, if unavailable), gown, gloves, and eye protection is recommended.
- Implement the **facility cohorting plan** that allows for separation of residents, dedicating staff and medical equipment to each of these cohorts and allowing for necessary space to do so at the onset of an outbreak:
  o Dedicate resident specific equipment and supplies. If not possible, restrict dedicated equipment within a specific cohort with routine cleaning and disinfection between resident use.
  o HCP assigned to the COVID-19 Positive cohort should not rotate to unaffected units. This restriction includes prohibiting HCP from working on unaffected units after completing their usual shift in the COVID-19 Positive cohort.
  o Close the unit to new admissions **except as needed to cohort** ill individuals or staff.
  o Close to new admissions if you are unable to comply with the Emergency Conditional Curtailment of Admissions order at https://www.nj.gov/health/legal/covid19/4-13-20_EmergencyCurtailmentOfAdmissions.pdf.
  o If there are multiple cases on the wing/unit and when movement would otherwise introduce COVID-19 to another occupied wing/unit, do not relocate them.
  o Refer to the NJDOH Cohorting in Post-Acute Care Facilities document at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.

Implement environmental infection control measures.
- Conduct routine cleaning and disinfection of frequently touched surfaces and shared medical equipment using an EPA-registered, hospital-grade disinfectant on List N (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2). Adhere to the manufacturer's instructions for use and review internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect

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throughout the facility. Consider increasing the frequency of routine cleaning and disinfection.
- Dedicated medical equipment should be used when caring for a resident with known or suspected COVID-19, when possible.
  - o All non-dedicated, non-disposable medical equipment used for resident care should be **cleaned and disinfected** according to manufacturer's instructions and facility policies.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Consider implementing engineering controls such as curtains or partitions between patients/residents to reduce or eliminate exposures from infected individuals. This is especially important when semi-private rooms must be used. Ensure there is a policy and procedure for routine cleaning and disinfection.

Enhance active surveillance.
- When a confirmed COVID-19 case is identified at the facility, monitor residents **at minimum, during every shift,** with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs (heart rate, blood pressure, temperature, and pulse oximetry)**.**
- Clinicians should use their judgment to determine if a resident has signs and symptoms compatible with COVID-19[2] and whether they should be tested.
- Seek out additional cases of respiratory illness among residents and HCP. Be alert for new onset of illness among exposed persons, and review resident and HCP histories to identify previous onsets of illness that may not have been correctly recognized as being part of the outbreak.
- <u>Continue to perform ongoing weekly testing of all staff</u> until guidance from the NJDOH changes based on epidemiology and data about the circulation of virus in the community (ED 20-026).
  - o Staff who have previously tested positive must be re-tested according to CDC and CDS guidance at https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html.
  - o Refer to the NJDOH Testing in Response to a Newly Identified COVID-19 Case in Long-term Care Facilities at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.

Staff management and contingency planning
Implement procedure for monitoring HCP working within the facility.
- Screen and log all persons entering the facility and all HCP at the beginning of each shift. Advise any persons who enter the facility to monitor for fever and other COVID-19 symptoms[2] 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 persons they were in contact with and the locations within the facility they visited. **Screen all HCP at the beginning of their shift for fever and other symptoms of COVID-19. Actively take their temperature and document absence of symptoms.**
- **Ensure compliance with source control and social distancing requirements.**
- Facilities must ensure that **essential caregiving visits** comply with existing directives and are conducted as safely as possible and must require infection prevention and control practices, hand hygiene and PPE.
- **HCP who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.**
- Identify HCP who may be at higher risk for severe COVID-19 disease and attempt to assign to unaffected units.

Evaluate and manage HCP with symptoms of illness.
- Implement sick leave policies that are non-punitive, flexible, and consistent with public health measures that allow ill HCP to stay home.
- As part of routine practice, ask HCP (including consultant and contracted personnel) to regularly monitor themselves for fever and symptoms of COVID-19[2]. Remind HCP to stay home when they are ill.
- If HCP develop fever or symptoms of COVID-19 while at work, they must cease resident care activities, keep

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their mask on, and notify their supervisor or occupational health services prior to leaving work.

Perform HCP exposure risk assessment for staff who cared for or had close contact with a COVID-19 case(s).
- To help facilities document and assess HCP risk and exposure, NJDOH has developed the below series of tools and checklists based on CDC guidance, available at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml:
  - Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel
  - NJDOH HCP Exposure to Confirmed COVID-19 Case Risk Algorithm
  - Retrospective Assessment Tool for HCP Potentially Exposed to COVID-19
  - NJDOH COVID-19 Fever and Symptom Monitoring Log for HCP
  - HCP Exposure Line List

Develop contingency staffing and resident placement plans.
- Identify minimum staffing needs and prioritize critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.
- When transmission in the community is identified, LTCFs may face staffing shortages. Facilities should develop (or review existing) plans to mitigate staffing shortages. Staffing shortages may be addressed by reviewing the COVID-19 Temporary Operational Waivers and Guidelines at https://www.nj.gov/health/legal/covid19/ for potential solutions.
- Communicate with local healthcare coalitions, federal, state, and local public health partners to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed. Be aware of emergency waivers or changes to licensure requirements or renewals for select categories of HCP.
- Contact your healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
- Strategize about how your facility can help increase hospital bed capacity in the community.
- Establish memoranda of agreement with local hospitals for admission to the LTCF of lower acuity residents to facilitate utilization of acute care resources for those more seriously ill.

Develop strategies for optimizing the supply of PPE.
- Facilities are required to have an adequate emergency stockpile of PPE, essential cleaning and disinfection supplies so that staff, residents and visitors can adhere to recommended infection prevention and control practices.
- Use the CDC's PPE Burn Rate Calculator to estimate the amount of PPE needed for the facility's required supply. The calculator can be found at: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/PPE-Burn-Rate-Calculator.xlsx.
  - Facilities should calculate the quantity of PPE to fulfill this requirement at a burn rate based on the highest use of PPE during the COVID-19 surge in their facilities.
- Review protocols for optimization of PPE supplies. Review CDC's Strategies to Optimize PPE Supplies at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.
- **Bundle** tasks to optimize PPE and limit exposures. Consider **cross-training** to conserve resources.
- Review CDC's FAQ about PPE at https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html.

[1]For this guidance, CDC defines HCP as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. This may include, but is not limited to contracted staff, licensed independent practitioners, nursing students, etc.

[2]Symptoms of COVID-19 may include gastrointestinal upset, fatigue, sore throat, dry cough and shortness of breath; visit https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html for more information.

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