

Quick Reference: ED No. 20-026 Resumption of Services Guidance in all Long-Term Care Facilities – Infection Prevention & Control



Note: This document does not supersede any existing state and federal regulation. Facilities shall comply with any applicable existing regulatory requirements.

Criteria for phased resumption of services

Facilities may directly advance into the applicable Phase based on criteria within ED No. 20-026 (<https://www.nj.gov/health/legal/covid19/>).

Phase 0 (maximum restrictions)

- Any facility regardless of outbreak status, when New Jersey is in maximum restrictions of Road to Reopening
- OR**
- Any facility identified with an active outbreak¹ of COVID-19
- OR**
- Any facility that cannot complete COVID-19 testing in accordance with reopening plans as outlined in *Executive Directive No. 20-026*
- AND/OR**
- Any facility that cannot attest to adequate staff; testing capacity for repeat facility-wide testing; PPE; cleaning and disinfection supplies; “Phased Reopening Attestation;” “Reporting and PPE Stockpile;” and “Infection Control Contract/Hiring.”

Phase 1

- Facilities that conclude an outbreak of COVID-19 OR never had a case of COVID-19 at their facility
- AND**
- 14 days have passed since New Jersey moved to Stage 1 of Road to Reopening
- AND**
- Can attest to adequate staff; testing capacity for repeat facility-wide testing; adequate PPE; cleaning and disinfection supplies; “End of Outbreak” (if applicable); “Reporting and PPE Stockpile;” and “Infection Control Contract/Hiring.”
- AND**
- Performs continued testing of all staff per *Executive Directive No. 20-026*

Phase 2

- Facilities that conclude an outbreak of COVID-19 OR never had a case of COVID-19 at their facility
- AND**
- 14 days have passed since New Jersey moved to Stage 2 of *Road to Reopening*
- AND**
- Can attest to adequate staff; testing capacity for repeat facility-wide testing; adequate PPE; cleaning and disinfection supplies; “End of Outbreak” (if applicable); “Reporting and PPE Stockpile;” “Infection Control Contract/Hiring;” and “Phase 2 Indoor Visitation Attestation.”
- AND**
- Performs continued testing of all staff per *Executive Directive No. 20-026*

Phase 3

- Facilities that conclude an outbreak of COVID-19 OR never had a case of COVID-19 at their facility
- AND**
- 14 days have passed since New Jersey moved to Stage 3 of *Road to Reopening*
- AND**
- Can attest to adequate staff; testing capacity for repeat facility-wide testing; adequate PPE; cleaning and disinfection supplies; “End of Outbreak” (if applicable); “Reporting and PPE Stockpile;” “Infection Control Contract/Hiring;” and “Phase 2 Indoor Visitation Attestation.”
- AND**
- Performs continued testing of all staff per *Executive Directive No. 20-026*

¹ This guidance does not replace previous guidance issued by NJDOH for management of a COVID-19 outbreak, infection prevention and control recommendations for COVID-19, or laboratory testing guidance. Guidance may be subject to change as new information becomes available. For guidance related to COVID-19 in post-acute facilities, please visit the NJDOH COVID-19 information for healthcare professionals at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.

Recommendations for infection prevention and control, visitation and services

| Category | PHASE 0 | PHASE 1 | PHASE 2 | PHASE 3 |
|--|---|---------|---|---|
| Outdoor visitation | Refer to Executive Directive No. 20-026 for information on outdoor visitation at https://www.nj.gov/health/legal/covid19/8-20_ExecutiveDirectiveNo20-026_LTCResumption_of_Svcs.pdf . | | | |
| Indoor visitation Visitors should practice routine infection prevention and control precautions including social distancing, hand hygiene, and wearing a cloth face covering or facemask | Prohibit visitation , in general. | | Limit scheduled visitation (appointment only) to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. Facilities should have a plan to limit visitation hours and the number of visitors permitted. Visitors should be permitted based on screening ² criteria and restricted to a designated area. | Resume indoor visitation. Visitors should be permitted based on screening ² criteria. |
| Visitation for pediatric, developmentally disabled, and intellectually disabled residents | Refer to Executive Directive No. 20-026 for information on visitation for pediatric, developmentally disabled, and intellectually disabled residents at https://www.nj.gov/health/legal/covid19/8-20_ExecutiveDirectiveNo20-026_LTCResumption_of_Svcs.pdf . | | | |
| Visitation for indoor end-of-life, compassionate care, and essential caregivers | Refer to Executive Directive No. 20-026 for information on visitation for indoor end-of-life and compassionate care at https://www.nj.gov/health/legal/covid19/8-20_ExecutiveDirectiveNo20-026_LTCResumption_of_Svcs.pdf . | | | |
| Entry of volunteers Volunteers should practice routine infection prevention and control precautions including | Prohibit entry of volunteers into the building. | | | Allow entry of volunteers based on screening ² criteria. |

²Screening includes monitoring temperature to identify fever and inquiring about other COVID-19 symptoms or known or suspected exposures. Source control should be in place prior to entry, as appropriate.

| Category | PHASE 0 | PHASE 1 | PHASE 2 | PHASE 3 |
|--|--|--|---|--|
| social distancing, hand hygiene, and wearing a cloth face covering or facemask. | | | | |
| <p>Entry of non-essential personnel/contractors like those providing elective consultations, non-essential services (e.g., barber).</p> <p>Non-essential personnel/contractors should practice routine infection prevention and control precautions including social distancing, hand hygiene, and wearing a cloth face covering or facemask.</p> | <p>Prohibit entry of non-essential personnel into the building.</p> | | <p>Limit entry of non-essential personnel/contractors into the building based on screening² criteria. When possible, restrict their movement to a designated area (e.g., medical consults provided in designated treatment room). Non-essential personnel are permitted access to COVID-19 negative and asymptomatic or COVID-19 recovered residents only.</p> | <p>Allow entry of non-essential personnel/contractors, as determined necessary by the facility based on screening² criteria.</p> |
| <p>Communal dining</p> | <p>Limit communal dining, encourage residents to stay in their room and/or cohort.</p> | <p>Limit communal dining to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. 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, keeping residents in the same small dining group, and using barriers and/or maintaining separation of space by at least 6 feet, as deemed appropriate based on facility risk assessment.</p> | | |
| <p>Group activities</p> <p>Resumption of group activities should include routine infection prevention and control</p> | <p>Limit group activities, encourage residents to stay in their room and/or cohort.</p> | <p>Restrict group activities in general. Limited activities may be conducted for COVID-19 negative,</p> | <p>Limit group activities to no more than 10 people, including outings, for COVID-19 negative, asymptomatic and COVID-19 recovered residents only, as</p> | <p>Resume Group activities, including outings, for COVID-19 negative, asymptomatic and COVID-19 recovered residents only, as deemed</p> |

²Screening includes monitoring temperature to identify fever and inquiring about other COVID-19 symptoms or known or suspected exposures. Source control should be in place prior to entry, as appropriate.

| Category | PHASE 0 | PHASE 1 | PHASE 2 | PHASE 3 |
|--|---|--|--|--|
| precautions including social distancing, hand hygiene, and wearing a cloth face covering or facemask. | | asymptomatic and COVID-19 recovered residents only in their small groups . Group size should not exceed more than 10 individuals. | deemed appropriate based on facility risk assessment. | appropriate based on facility risk assessment. |
| <p>Trips outside of building</p> <p>Any trip outside of the building during the public health emergency should be carefully considered on a case-by-case basis. If residents partake in these trips/outings they should be advised to follow all infection prevention and control measures, and be prepared to quarantine upon return, based on assessment of risk.</p> | <p>Avoid non-medically necessary trips outside the building. For medically necessary trips away from the facility the resident must wear a cloth face covering or facemask (as tolerated) and the resident’s COVID-19 status must be shared with the transportation service and entity with whom the resident has the appointment.</p> | | <p>*Refer to the appropriate Phase “Group Activities” (above) for guidance related to non-medical outings. For medical trips away from of the facility the resident must wear a cloth face covering or facemask (as tolerated) and the resident’s COVID-19 status must be shared with the transportation service and entity with whom the resident has the appointment.</p> | |
| <p>Resident screening</p> | <p>Screen² all residents, at minimum every shift with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs should include heart rate, blood pressure, temperature, and pulse oximetry. Perform COVID-19 testing if indicated.</p> | <p>Screen² all residents, at minimum daily, with temperature checks, questions and observations for other signs or symptoms of COVID-19 and test if indicated.</p> | | |

²Screening includes monitoring temperature to identify fever and inquiring about other COVID-19 symptoms or known or suspected exposures. Source control should be in place prior to entry, as appropriate.

| Category | PHASE 0 | PHASE 1 | PHASE 2 | PHASE 3 |
|--|---|--|---------|---------|
| <p>Staff and other persons screening (e.g., essential caregivers)</p> | <p>Screen² and log all persons entering the facility and all staff at the beginning of each shift. Advise any persons who enter the facility to monitor for fever and other COVID-19 symptoms 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.</p> | | | |
| <p>Resident SARS-CoV-2 molecular testing</p> <p>Re-testing individuals who previously tested positive should be done in accordance with CDC and CDS guidance (e.g., >3 months after the date of onset of the prior infection).</p> | <p>Test any resident showing new signs or symptoms consistent with COVID-19.</p> <p>Test all previously negative residents weekly 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; test any resident showing new signs or symptoms consistent with COVID-19.</p> | <p>Test any resident showing new signs or symptoms consistent with COVID-19 and in accordance with public health recommendations.</p> | | |
| <p>Staff SARS-CoV-2 PCR testing</p> <p>Re-testing individuals who previously tested positive should be done in accordance with CDC and CDS guidance (e.g., >3</p> | <p>Test all COVID-19 negative staff weekly. Prioritize testing of staff showing new signs or symptoms consistent with COVID-19. Refer to <i>NJDOH COVID-19: Information for Healthcare Professionals</i> page for testing considerations at https://www.state.nj.us/health/cd/topics/covid2019_healthcare.shtml.</p> | | | |

²Screening includes monitoring temperature to identify fever and inquiring about other COVID-19 symptoms or known or suspected exposures. Source control should be in place prior to entry, as appropriate.

| Category | PHASE 0 | PHASE 1 | PHASE 2 | PHASE 3 |
|---|---|---------|---------|---------|
| months after the date of onset of the prior infection). | | | | |
| Cohorting | Maintain separation of COVID-19 positive and negative residents in accordance with <i>NJDOH Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities</i> at https://www.state.nj.us/health/cd/topics/covid2019_healthcare.shtml . | | | |

Resources

CDC Preparing for COVID-19 in Nursing Homes

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CMS Memo Nursing Home Reopening Recommendations for State and Local Officials

<https://www.cms.gov/files/document/gso-20-30-nh.pdf>

New Jersey COVID-19 Information Hub, FAQ

<https://covid19.nj.gov/faqs/nj-information/general-public/when-and-how-is-new-jersey-lifting-restrictions-what-does-a-responsible-and-strategic-restart-of-new-jerseys-economy-look-like>

NJDOH Revised Executive Order 20-013 (Testing in Post-Acute Settings)

https://www.nj.gov/health/legal/covid19/05-20-2020_ExecutiveDirectiveNo20-013_LTC_planCOVID19testing_revised.pdf

NJDOH COVID-19, Communicable Disease Manual Chapter

https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf

NJDOH COVID-19: Information for Healthcare Professionals

https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

The Road Back: Restoring Economic Health Through Public Health

http://d31hzhk6di2h5.cloudfront.net/20200518/ff/c9/8c/41/1917eaf623c02595b9225209/Strategic_Restart_Plan.jpg

²Screening includes monitoring temperature to identify fever and inquiring about other COVID-19 symptoms or known or suspected exposures. Source control should be in place prior to entry, as appropriate.