



## **COVID-19 Surge Planning for Residential Providers**

**UPDATED Date: 06-09-2021**

**UPDATED 06/09/21:** For vacant homes and day programs that were identified as sites for isolating 10% of a provider's total residential population, providers no longer are required to keep these vacant for surge planning. Providers are still expected to identify alternate settings or similar isolation strategies.

Epidemiologists in New Jersey and across the nation are concerned about a potential increase in COVID-19 cases in the upcoming Fall and Winter months. While the primary focus of the Department of Human Services' (DHS) Division of Developmental Disabilities (Division) and provider community has been the mitigation of COVID-19 spread and infection risk, planning for the probability of an increase in COVID-19 positivity is responsible and prudent.

The DHS Office of Program Integrity and Accountability (OPIA) and Division are requiring all residential programs licensed under [N.J.A.C. 10:44A \(Standards for Community Residences for Individuals with Developmental Disabilities\)](#) and [N.J.A.C. 10:44C \(Community Residences for Persons with Head Injuries\)](#) engage in surge planning in the event of an increase of COVID-19 positivity in one or more of their residential programs. Though not required, those living in unlicensed settings (such as individuals living at home using self-directed staff) are encouraged to create similar plans.

The purpose of a Surge Plan is to document practices to be used in the event of a COVID-19 outbreak. Meaningful engagement now will allow providers to better protect residents if an outbreak occurs. Input from an individual or and/or their guardian should be considered by the provider to the extent practical. It is understood that unforeseen circumstances may occur in the event of an outbreak and the Surge Plan may require adjustment.

### **Content of Surge Plan**

The provider shall ensure the Surge Plan is available to their key staff in the event it must be executed and furnished to DHS, OPIA and/or the Division upon request. Providers should note that review of the Surge Plan will occur, at a minimum, at the time of licensing inspections. The plan can be more comprehensive than the below outline but shall include, at a minimum, the following sections:

#### *Section One – Overview of Residential Operations*

Include the number of residential settings by county; the number of residents per home; and a high level overview of the medical and behavioral needs for residents served. Include provider policy that demonstrates compliance with the Divisions' [Screening in Residential and Congregate Day Program Settings](#). Indicate the number of alternate sites that must be identified to accommodate 10% of the agency's total residential population.

#### *Section Two – Established Screening, Symptom Monitoring and Testing Protocols*

Detail the screening, symptom monitoring and testing protocols that are in place at all residential settings for residents and staff.

For residents, describe the following: how many times a day a resident is monitored for symptoms (including fever) and what method(s) are used; actions staff are required to take to isolate a symptomatic resident from other residents and staff in the home; how medical services are accessed for a symptomatic resident; how symptomatic residents access COVID-19 testing; how the family/guardian of a symptomatic resident are notified in the event a resident is symptomatic or tests positive for COVID-19; how other staff and residents of a home are notified that they have been in contact with a person positive for COVID-19; if a positive COVID-19 test is received for one or more residents, the process to immediately test all other residents and staff of the home.

For staff, describe the following: that staff are instructed to not come to work if they are feeling ill; how staff are screened at the beginning of each shift using the [Screening in Residential and Congregate Day Program Settings](#) policy imposed by the Division; that if staff do not pass screening they are not permitted to work; process used to put staff off work if they develop symptoms after starting their shift; provider standards and documentation requirements for the return to work of staff who had been symptomatic or COVID-19 positive; how other staff and residents of a home are notified that they have been in contact with a person positive for COVID-19; if a positive COVID-19 test is received for one or more staff person, the process to immediately test all other residents and staff of the home.

### *Section Three - Identification of Alternate Settings*

The Surge Plan shall include a plan to accommodate at least 10% of the provider's total residential population in identified alternate settings and contingency planning in the event unforeseen circumstances preclude execution of this element of the Surge Plan. Input from the individual and/or their guardian should be considered to the extent practical.

Outline the provider's plan to isolate residents who test positive for COVID-19, or reside in a residence where a positive resident lives, in an alternate setting outside of the home where they can be separated from other housemates for at least 14 days. This is a required element for all Surge Plans.

In the event that isolation in an alternate setting cannot be achieved due to the agency's alternate space being unexpectedly unavailable at the time of implementation or the move being unsafe for the impacted individual(s), outline a strategy to isolate within the residence. In this circumstance, describe how individual(s) would be safely isolated, including that they would not share a bedroom with other individuals and that positive individuals would have a dedicated bathroom which will be sanitized between uses.

Alternate settings outside of the residence may include any combination of vacant homes within the provider's network, the conversion of one or more day program sites for temporary use, agreement(s) with local hotel/motels to rent space to isolate COVID-19 positive individuals, or other similar isolation strategies based on a provider's resources.

**UPDATED 06/09/21:** For vacant homes and day programs that were identified as sites for isolating 10% of a provider's total residential population, providers no longer are required to keep these vacant for surge planning. Providers are still expected to identify alternate settings or similar isolation strategies.

Typically, a hotel or motel that has a valid registration with the Division of Community Affairs will likely be acceptable. It is prudent to disclose to hotels/motels while in this planning stage that the location would be used for COVID-19 positive individuals to ensure that they will accept if the circumstance presents. If the hotel/motel management states that they will not allow COVID-19 positive individuals to utilize the site, the provider can plan

for the relocation of negative individuals to utilize the space, isolating the COVID-19 positive individuals in the original site.

Please note that the use of alternate sites, including unopened group homes or day programs, requires prior approval from the Office of Licensing. For information on how to obtain approval for a location, providers should review and follow the instructions in [Surge Planning Use of Alternate Sites](#) contact your Office of Licensing supervisor.

#### *Section Four – Staff Training*

Outline the overall COVID-19 infection control standards in place at residential settings. Staff either shall have received, or a plan shall be in place for them to receive, training in the following areas: proper use of personal protective equipment (Including donning and doffing); cleaning and disinfection; and hand washing. At a minimum, at least one staff per shift shall have received this training within 30 days of the required attestation due date as outlined in the **Submission** section of this document. The provider shall document proof of staff training in these areas which shall be available to DHS, OPIA and/or the Division upon request.

If the provider has not already developed such training, the following resources created by the Centers for Disease Control and Prevention (CDC) are offered. Please note that some of the below resources were created for long term care settings but still contain helpful information. Some providers may elect to clarify some elements with staff for the residential setting they are assigned to.

#### **[CDC: Using Personal Protective Equipment \(PPE\)](#)**

This resource outlines all types of personal protective equipment (PPE) used in hospital settings, including the donning and doffing of PPE. Such PPE typically includes masks and gloves, but could also include gowns or other types of PPE depending on the circumstances. There is an optional video included in this resource on different types of PPE that may be useful, including surgical masks, N95 respirators, gowns, face shields and goggles. If used, providers should review ahead of implementation to ensure that staff are clear as to what PPE is used and under what circumstances.

#### **[CDC: Guidance for Group Homes for Individuals with Disabilities](#)**

This entire resource (four pages printed) contains useful information. Some elements of this resource link to other CDC pages. Suggested focus shall be on: [Cleaning and Disinfecting](#) (Cleaning section; Disinfect section; Soft Surfaces section; Electronics section; Laundry section; HVAC, ventilation, and filtration section; When someone is sick section); and [Hand Washing](#).

#### **[CDC: Nursing Homes and Long-Term Care Facilities](#)**

Providers shall focus on the *"Mini Webinar training series for front-line staff to help protect residents from COVID-19"*. This series includes: Keep COVID-19 Out; Clean Hands: Combat COVID-19; Closely Monitor Residents for COVID-19; Use Personal Protective Equipment Correctly for COVID-19; and Sparkling Surfaces: Stop COVID-19's Spread.

This resource was created for long term care facilities and includes references to visitation restrictions more restrictive than those currently in place by the Division. This resource does not supersede the current Division policy [Guidance for Residential Providers on Visits with Family and Friends](#).

#### **Sample Surge Plan**

Appendix A of this document includes a sample Surge Plan for providers to reference. Please note that this is a sample and different formats are acceptable so long as the elements described in this document are included. Each Surge Plan is required to be unique for the provider.

**Submission**

Providers are not required to submit their Surge Plan for review. However, they are required to complete and submit the [Surge Planning Attestation](#) by 5pm on November 20, 2020 to [dhs.ool@dhs.nj.gov](mailto:dhs.ool@dhs.nj.gov). Agencies must make their Surge Plan available to DHS, OPIA or the Division upon request or audit. Providers that do not submit their Attestation by the date provided or are unable to furnish the Surge Plan upon request shall be subject to negative actions. Providers should note that review of the Surge Plan will occur, at a minimum, at the time of licensing inspections.

**Appendix A**

**Provider XYZ Residential Surge Plan**

**Section One**

*Overview of Residential Operations*

As of October 30, 2020 Provider XYZ operates ten residential programs in three counties. The following is a breakdown of which counties the homes are located in, the number of people served at the site, the profile of the residents served at the location and whether a vacancy exists at the location.

COUNTY	PROGRAM SITE	INDIVIDUALS SERVED	SPECIFICATIONS	VACANCIES
Burlington	123 Road, Burlington, NJ 08016	4	On-Site Nursing Care	0
Burlington	456 Street, Burlington, NJ 08016	4	On-Site Nursing Care	0
Burlington	789 Way, Burlington, NJ 08016	3	Behavioral	1
Burlington	321 Lane, Burlington, NJ 08016	4	Behavioral	0
Camden	123 Road, Camden, NJ 08102	4	Behavioral	0
Camden	456 Street, Camden, NJ 08102	4	On-Site Nursing Care	0
Camden	789 Way, Camden, NJ 08102	4	Behavioral	0
Camden	321 Lane, Camden, NJ 08102	4	Not Medical or Behavioral	0
Mercer	123 Road, Trenton, NJ 08625	4	Not Medical or Behavioral	0
Mercer	456 Street, Trenton, NJ 08625	3	Not Medical or Behavioral	1

Provider XYZ complies with the *Universal Masking and Cohorting of Staff* policy currently imposed by the Division. Staff at all residential locations are required to wear Personal Protective Equipment (PPE), especially a face mask which is required to be worn over their nose and mouth, while working.

Supervisors and managers perform regular unannounced drop-ins at each home at different times of the day, including weekends, every week to ensure compliance. Staff who do not comply receive disciplinary action, which can include termination in accordance with our progressive discipline policies.

10% of our agency’s total population is 3.8. Therefore, Provider XYZ is required to identify enough sites to accommodate four individuals. Our agency has the intention of identifying more sites than required.

**Section Two**

*Established Screening, Symptom Monitoring and Testing Protocols*

### *Residents*

Each resident in a home operated by Provider XYZ is monitored for signs and symptoms of COVID-19 at least once per shift. The *Screening in Residential and Congregate Day Program Settings* policy issued by the Division for staff screening has been adapted for this purpose. Temperature checks are included in the symptom monitoring for all residents.

There are questions related to the signs and symptoms within the monitoring protocol. For residents who are able to communicate signs and symptoms verbally or through gestures, they are asked these questions. For residents who are not able to communicate signs and symptoms in this manner, staff are relied upon to report any changes in mood or behavior that may indicate illness. Any resident who communicates through responses to monitoring questions or a change in mood or behavior that they may be ill are immediately isolated within the home from other housemates and immediate medical attention is sought. If at any time symptoms appear to be immediately life threatening 911 is called.

The individual's primary care physician is consulted and they are tested for COVID-19 if directed to do so. The individual's guardian is also immediately notified of any changes in health, including the need for testing and any COVID-19 test results.

In the event that a resident tests positive for COVID-19, Provider XYZ will facilitate testing of all other residents within 24 hours. This will be achieved by taking residents to the nearest community based testing site. In recognition that some residents may not tolerate drive thru testing, an appointment may be made at the nearest Rite Aid or CVS to obtain a test. In the event that this is not feasible, the individual's doctor will be consulted as to the best way to obtain a test.

### *Staff*

Staff employed by Provider XYZ are directed not to come to work if they are feeling ill. Staff are screened at the beginning of each shift using the *Screening in Residential and Congregate Day Program Settings* policy issued by the Division. Any staff that does not pass the screening is not permitted to work.

Any staff who become ill after starting their shift are instructed to notify their supervisor and are sent home immediately. Staff who do not pass screening or become ill at work are directed to consult their doctor and must furnish a doctor's note before being permitted to return to work. Any staff member directed to be tested by their healthcare professional who tests positive for COVID-19 are required to notify the agency immediately.

In the event a staff member tests positive for COVID-19, Provider XYZ requires all other staff to have a COVID-19 test completed within 24 hours of being notified by their supervisor. They are permitted to work with PPE while the test is being processed so long as they are not symptomatic and they can confirm that they consistently wore PPE while working.

Staff who reside with someone who tests positive for COVID-19 are not permitted to work for 14 days and must furnish a note from their doctor stating they are cleared to return to work before resuming their duties.

### *Overall Notification*

In the event that a resident or staff in one of our group homes tests positive for COVID-19, the agency immediately notifies the guardian(s) of each resident of the home as well as the staff assigned to the site. The agency is careful not to break confidentiality of the resident or staff by providing the name of the positive person, but it is relayed that an exposure to COVID-19 has occurred.

## Section Three

### *Identification and Use of Alternate Sites*

In the event that a resident in one of our homes tests positive for COVID-19, strategies are in place to isolate and quarantine impacted individuals for at least 14 days. Strategies will be implemented in a person-centered way based on the dynamics in play at the point in time the circumstance presents itself. Input from the individual and/or their guardian will be a factor in decision making.

In recognition of the possibility that at the time the alternate site identified needs to be utilized it may be unexpectedly unavailable or moving the impacted individual(s) to the location will be unsafe, Provider XYZ may need to isolate within the residence. Examples of movement to an alternate site being unsafe may include the medical/behavioral/ambulation profile of the impacted resident(s), specialized staffing needs and other factors. Isolation within the home would only be exercised if the impacted individual(s) can safely self-isolate, have their own bedroom not shared by others and a dedicated bathroom is available for those positive for COVID-19 which will be sanitized between uses.

For residents of Burlington County, the agency has one empty four-person group home that it will utilize for isolation. The agency received approval on XX date from the Office of Licensing to use this setting. Should more COVID-19 positive residents be identified than the group home can accommodate, the agency has an agreement with the manager at Extended Stay Suites to utilize that location for up to three, two bedroom units. We have disclosed that the space would be used for COVID-19 positive individuals and the vendor agreed that they would allow usage for this purpose. This is subject to availability at the time of the occurrence.

For residents of Camden County, the agency will convert its day program to a temporary residence. The agency received approval on XX date from the Office of Licensing to use this setting. The setting will serve a maximum of five people at any one time. Should that location be overwhelmed we have agreements with the local Red Roof Inn and Howard Johnsons to rent rooms. However, these locations will not allow COVID-19 people to be isolated there. As a result, we have adapted our plan to use this space to relocate individuals who are not COVID-19 positive there so that COVID-19 positive individuals can remain in the original home. Utilization of these sites is also subject to availability at the time of the occurrence.

For residents of Mercer County, the agency has no vacant group homes or day program sites to use. For residents of this county, the agency will rely on the rooms secured through agreements with the Extended Stay Suites in Burlington County.

The above surge plan provides alternate settings for at least 15 residents, which exceeds the required plan to accommodate 10% of our total residential population (four people).

## Section Four

### *Staff Training*

Provider XYZ has reviewed the staff training requirements within the Department of Human Services COVID-19 Surge Planning for Residential Providers policy. After careful review, it is determined that the currently implemented formal staff training protocol on hand-washing and cleaning and disinfection contains all the required elements and does not need revision. Provider XYZ will adjust its personal protective equipment (PPE) training to include more PPE types and how they are to be donned and doffed.

Provider XYZ will also further strengthen its training by using the CDC resources provided. Specifically, the *Mini Webinar training series for front-line staff to help protect residents from COVID-19* will be used.

At a minimum, at least one staff on each shift will have received all the outlined training within 30 days of attestation submission date. Provider XYZ shall document that receipt of training in the staff's HR file which shall be available for review by to DHS, OPIA and/or the Division upon request.