



COVID-19

TOOLKIT OF RESOURCES FOR LONG TERM CARE FACILITIES

Version 2 | April 10, 2020

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

Guidance Overview (updated April 6, 2020)



The New Jersey Department of Health (NJDOH) has developed this guidance to assist long term and residential care facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. 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 and outbreaks among residents and healthcare personnel (HCP1) and should apply those outbreak management principles, in addition to heightened measures within, to COVID-19. **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 here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.

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/facility_operations/disaster_planning/Documents/EID_Sample_Policy.pdf.
- 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) Guidance on Preparing Workplaces for COVID-19 at <https://www.osha.gov/Publications/OSHA3990.pdf>.

Identify public health and professional resources.

- Locate a local health department (LHD) contact using the NJDOH – Local Public Health Directory at <http://www.local-health.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 bed capacity in hospitals is vitally important as the outbreak spreads.**
- 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>
 - Extended use of Personal Protective Equipment (PPE): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/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 visitors and HCP are the most likely sources of introduction of COVID-19 into a facility. **CDC recommends aggressive visitor restrictions and enforcing sick leave policies for ill HCP**, even before COVID-19 is identified in a community or facility.
- Implement **universal source control measures for all persons entering the facility (e.g., clergy, vendors, visitors)**. Restrict surgical and isolation **facemasks for use by HCP** – per CDC Strategies for Optimizing the Supply of Facemasks: Contingency Capacity Strategies.
- **On March 13, 2020 the Center’s for Medicare & Medicaid Services (CMS) instructed that Facilities should restrict visitation of all visitors and non-essential HCP, except for certain compassionate care situations, such as an end-of-life situation.**
- Communicate with families to advise them of visitor restrictions and consider using alternative methods for visitation (e.g., video conferencing) during the next several months. A sample communication letter can be found at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/Long-Term-Care-letter.pdf>.
- 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 status such as when it is safe to resume visits.
- When allowed (e.g., end of life situations), visitors should be screened for fever **and other symptoms of COVID-19²**. Those with symptoms or unable to demonstrate proper infection control techniques should not be permitted to enter the facility.
- Any visitors that are permitted and screened should use **source control measures** while in the building, perform frequent hand hygiene, and restrict their visit to a designated area.
- Advise any persons who entered 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.

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 case and/or outbreak and actions taken.
- Enact a policy defining what PPE should be used by visitors.
- Before visitors enter the designated area, staff will provide instructions to visitors on hand hygiene, limiting surfaces touched, and appropriate use of PPE.

- Maintain a record (e.g., a log with contact information) of all people who enter the room. If a common area is used, cleaning and disinfection should be performed between visits.
- 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-20-14-NH at <https://www.cms.gov/files/document/gso-20-14-nh-revised.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).
 - **For suspect or confirmed COVID-19 case(s) Standard and Transmission-based Precautions including use of a N95 respirator (or facemask, if unavailable), gown, gloves, and eye protection is recommended.**
 - 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](#)) and includes medical exams, fit testing, and training. **Consider implementing this program, if not in place.**
 - If there are shortages of gowns, they too should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of the HCP.
- 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 orders.
- Cohorting residents – See “Person Under Investigation (PUJ) and Positive COVID-19 Case(s)”, section below.
- Collection of specimens. Specimens for COVID-19 should not be collected in the facility unless proper infection control precautions can be followed. This includes:
 - Use of a respirator (or facemask, if unavailable), gown, gloves, and eye protection.
 - Performed in an Airborne Infection Isolation Room (AIIR) (e.g., negative pressure room) or in an examination room with the door closed. Ideally, the resident should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.

Restrict the movement of residents throughout the facility.

- Cancel communal dining and all group activities such as internal and external group activities (e.g., physical therapy, beauty shop).
- Restrict residents (to the extent possible) to their rooms except for medically necessary purposes. If they leave their room, residents should practice source control measures (e.g., use of barrier to cover their nose and mouth), perform hand hygiene, limit movement, and perform social distancing (i.e., stay at least 6 feet away from others).
 - All residents, whether they have COVID-19 symptoms or not, should cover their nose and mouth (i.e., source control) when around others, as tolerated. Source control may be provided with tissue or cloth, non-medical masks - when those are available.
- Alternative means of communication and entertainment should be explored to engage residents and comply with social distancing orders.

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>.
 - Review symptoms, clinical progression and expected outcomes (e.g., Acute Respiratory Distress Syndrome; mechanical ventilation).
 - 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).
 - Review and complete Physician Orders for Life-Sustaining Treatment (POLST), available at <http://www.njha.com/polst/>.
 - 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 daily monitoring of residents and HCP for fever and other symptoms of COVID-19.
 - For tracking residents, McGeer criteria for respiratory tract infections can be found at <https://spice.unc.edu/wp-content/uploads/2017/03/Respiratory-Tract-Infection-Worksheet-McGeer-SPICE.pdf>
 - For tracking residents, McGeer criteria for GI tract infections can be found at <https://spice.unc.edu/wp-content/uploads/2017/03/All-GI-Infection-Worksheet-McGeer-SPICE.pdf>
 - NJDOH Respiratory Surveillance Line List can be found at <http://nj.gov/health/forms/cds-11.dot>
 - CDC's LTC Respiratory Surveillance Line List can be found at <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>
 - **Note: Your LHD will provide instructions to report COVID-19 cases to public health authorities electronically.**
- Remember that older adults may manifest symptoms of infection differently and that other symptomology should also be assessed at minimum, **once per shift**. Vital signs should include heart rate, blood pressure, temperature, pain and **pulse oximetry**.
- For incoming residents, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room). **If a separate wing/unit is not available, use of the "exposed" cohort for asymptomatic admissions may be appropriate, with preferential use of a private room – See "Person Under Investigation (PU) and Positive COVID-19 Case(s)", section below.**
- **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.

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.

PERSON UNDER INVESTIGATION (PUI) AND POSITIVE COVID-19 CASE(S)

Determine appropriate placement of PUI and positive COVID-19 case(s) and infection control precautions.

- For suspect or confirmed COVID-19 case(s), Standard and Transmission-based Precautions including use of a N95 respirator (or facemask, if unavailable), gown, gloves, and eye protection is recommended.
- Implement **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:
 - Identify three cohort groups: 1.) “Ill” 2.) “Exposed” (not ill, but potentially incubating) and 3.) “Not ill/not exposed”.
 - Dedicate resident specific equipment and supplies. If not possible, restrict dedicated equipment within a specific cohort with routine cleaning and disinfection between resident use.
 - HCP assigned to affected unit(s) should not rotate to unaffected units. This restriction includes prohibiting HCP from working on unaffected units after completing their usual shift on the affected unit(s).
 - **Close the unit to new admissions except as needed to cohort ill individuals or staff.**
 - **Consider closing to new admissions if you are unable to appropriately cohort. This does not include readmissions back to your facility.**
 - During an outbreak, public health authorities can provide assistance on a case-by-case basis.
- **If a wing/unit has multiple ill residents, transition the impacted wing/unit to house only these residents when the facility cannot otherwise rapidly isolate them (i.e. “ill” cohort).**
- **If the facility is unable to effectively cohort the impacted wing/unit(s) then rapid isolation of the unaffected wing/unit(s) is imperative.**
- **Consider repurposing unused space** such as therapy gyms, activity, and dining rooms during this time.
- Residents with known or suspected COVID-19 do not need to be placed into an AIIR (e.g., negative pressure room). AIIRs, if available, should be **prioritized for residents undergoing aerosol generating procedures** (e.g., cardiopulmonary resuscitation, open suctioning of airways, nebulizer therapy, sputum induction).
- Place residents with known or suspected COVID-19 in a private room with their own bathroom, with the door closed, (if available) on the COVID + designated wing/unit (i.e., “ill” cohort).
 - **Roommates of symptomatic residents may already be exposed; it is generally not recommended to separate them given spatial limitations. Ensure appropriate use of engineering controls such as curtains between residents to reduce or eliminate exposures from infected individuals.**
 - **Residents who are laboratory confirmed COVID-19 + should not be housed in the same room as a person with an undiagnosed respiratory infection.**
- **To the extent possible, prioritize rounding in a “well to ill” flow to minimize risk of cross-contamination (i.e., beginning with standard precaution care areas and working toward transmission-based precaution, then finally outbreak rooms).**

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 internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect throughout the facility. Consider increasing the frequency of routine cleaning.
- Dedicated medical equipment should be used when caring for a resident with known or suspected COVID-19, when possible.
 - **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.**

Enhance active surveillance.

- When a confirmed COVID-19 case is identified at the facility, monitor residents **more frequently**.
- Clinicians should use their judgment to determine if a resident has signs and symptoms compatible with COVID-19 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.

Perform HCP exposure risk assessment for staff who cared for 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:
 - NJDOH Monitoring and Movement Guidance for HCP Exposed to Confirmed Cases of COVID-19
 - NJDOH HCP Exposure to Confirmed COVID-19 Case Risk Algorithm
 - Retrospective Assessment Tool for HCP Potentially Exposed to COVID-19
 - NJDOH COVID-19 HCP Exposure Checklist
 - NJDOH COVID-19 Fever and Symptom Monitoring Log for HCP
 - HCP Exposure Line List

Implement procedure for monitoring HCP working within the facility.

- 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.
- If staff develop even mild symptoms consistent with COVID-19, they must cease resident care activities and notify their supervisor or occupational health services prior to leaving work.
- 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.

HCP HEALTH AND CONTINGENCY PLANNING

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 personnel) to regularly monitor themselves for fever and symptoms of COVID-19. Remind HCP to stay home when they are ill.
- If HCP develop fever or symptoms of COVID-19 while at work, they must cease patient/resident care activities and notify their supervisor or occupational health services prior to leaving work.
- Consult occupational health on decisions about further evaluation and return to work.
- With sustained community transmission consider having HCP wear all recommended PPE for the care of all residents, regardless of presence of symptoms.
- When transmission in the community is identified, LTCF 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.

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.
- 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.
- Identify facility space that could be adapted for use as expanded inpatient beds.

Develop strategies for optimizing the supply of PPE.

- Per Executive Order No. 111 – Healthcare Facility Capacity & Supplies Reporting, covered facilities must report data to the New Jersey Office of Emergency Management (NJOEM) by 10:00 am, concerning their capacity and supplies on a daily basis, at <https://report.covid19.nj.gov/>.
- Implement protocols for the extended use of PPE. CDC recommends that all U.S. healthcare facilities begin using PPE **contingency strategies** as of 4/2/2020. Review CDC's Strategies to Optimize PPE Supply at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
- During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between residents with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
- **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.

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.

NJDOH Outbreak Management Checklist



The following recommendations and reporting requirements are being provided to you to assist in the control of the current outbreak at your facility. Please review these basic guidelines with key staff members.

Facility Name: _____

Address / City / Zip Code: _____

E-number (Investigation Number): _____

Telephone: _____ Fax: _____

Contact Name: _____ Email: _____

OUTBREAK INTERVENTION	Date Instituted	Date Reinforced	Date Suspended
Communication			
Notify facility Administration.			
Notify facility Medical Director and Infectious Disease Physician (if available).			
Notify facility Infection Preventionist.			
Report any suspect or confirmed outbreak to your local health department (LHD). <ul style="list-style-type: none"> Identify LHD contacts using the NJDOH – Local Public Health Directory at http://www.localhealth.nj.gov/. Review “how to report” at http://www.nj.gov/health/cd/reporting/. Review NJDOH Quick Reference Reporting Requirements for Communicable Diseases and Work-related Conditions at https://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf. 			
Notify staff of the presence of a COVID-19 case and/or outbreak in the facility.			
Notify patients/residents and their families, as appropriate, of the presence of a COVID-19 case and/or outbreak in the facility.			

OUTBREAK INTERVENTION	Date Instituted	Date Reinforced	Date Suspended
General Facility Control Measures			
Review pandemic influenza and disaster preparedness plans to support containment and response efforts.			
Review testing capacity to identify SARS-CoV-2 in the facility. <ul style="list-style-type: none"> Identify commercial or public health laboratories who will conduct the test(s), personnel who will collect the specimen(s), and appropriate specimen collection materials. 			
Implement use of universal source control measures (e.g., cloth facial coverings) for persons (i.e., clergy, vendors, visitors) while in the facility.			
Increase accessibility of hand hygiene resources in the facility. <ul style="list-style-type: none"> Put alcohol-based hand sanitizer with 60–95% alcohol in every patient/resident room (ideally both inside and outside of the room) and other patient/resident care and common areas (e.g., outside dining hall, in therapy gym). Make sure that sinks are well-stocked with soap and paper towels. 			
Evaluate PPE and report levels to https://report.covid19.nj.gov .			
Educate on infection prevention practices, including control measures for COVID-19.			
Complete line list for symptomatic patients/residents .			
Complete line list for symptomatic staff . (Refer to LHD for COVID-19 specific line list).			
Send completed line lists and facility floor plan to LHD.			
Daily Reporting			
Complete line list for symptomatic patients/residents . (Refer to LHD for COVID-19 specific line list).			
Complete line list for symptomatic staff . (Refer to LHD for COVID-19 specific line list).			
Send completed line lists and facility floor plan to LHD.			

OUTBREAK INTERVENTION	Date Instituted	Date Reinforced	Date Suspended
Admissions, Transfers, and Re-Admissions			
Close the unit to new admissions except as needed to cohort ill individuals and staff .			
Consider closing to new admissions if you are unable to appropriately cohort, keeping new admissions unexposed. This does not include readmissions back to your facility.			
When transferring any patient/resident, notify the transporting agency and receiving facility of outbreak status at the facility.			
<p>Note: Facilities should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any patients/residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room). If a separate wing/unit is not available, use of the “exposed” cohort for asymptomatic admissions may be appropriate, with preferential use of a private room.</p>			
Infection Prevention and Control			
Restrict visitors and non-essential healthcare personnel, except in certain compassionate-care situations.			
Evaluate all persons who enter the facility for signs and symptoms of communicable diseases, including fever and other symptoms of COVID-19 (e.g., gastrointestinal [GI] upset, fatigue, sore throat, dry cough, shortness of breath).			
Implement active screening of patients/residents for fever and other COVID-19 symptoms, at minimum, each shift change.			
<p>Note: Older adults may manifest symptoms of infection differently, especially at illness onset. Check for patients/residents with malaise, confusion, falling, diarrhea, or vomiting in addition to traditional respiratory symptoms such as coughing, shortness of breath, and fever. Vital signs should include heart rate, blood pressure, temperature, pain and pulse oximetry. These assessments should happen, at minimum, once per shift. The facility staff should increase the frequency of wellness checks in all patients/residents and have a heightened awareness for any changes in their baseline.</p>			
Stop current communal dining and all group activities such as internal and external group activities (e.g., beauty shop, physical therapy gym sessions, activities).			
Implement Standard and Transmission-based Precautions including use of a N95 respirator or facemask (N95s should be prioritized for any aerosol-generating procedures), gown, gloves, and eye protection for confirmed and suspected COVID-19 case(s).			
Place appropriate isolation signage outside of patient/resident(s) room.			
Make necessary PPE available in areas where patient/resident care is provided.			
Make adequate waste receptacles available for used PPE. Position these near the exit inside the room to make it easy for staff to discard PPE prior to exiting, or before providing care for another patient/resident in the same room.			

OUTBREAK INTERVENTION	Date Instituted	Date Reinforced	Date Suspended
Infection Prevention and Control (cont'd)			
Dedicate equipment in isolation rooms, when able. If not possible, clean and disinfect equipment before use with another patient/resident within that cohort.			
Evaluate internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect throughout the facility.			
Conduct routine cleaning and disinfection of high touch 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)			
Consider increasing the frequency of routine cleaning			
Prioritize rounding in a “well to ill” flow to minimize risk of cross-contamination (i.e., beginning with standard precaution care areas and working toward transmission-based precaution, then finally outbreak rooms).			
Patient/Resident Management			
<p>Assess close contacts of positive case(s) of COVID-19 to assess exposure risks.</p> <ul style="list-style-type: none"> Close contact is defined as being within approximately 6 feet of a COVID-19 case for prolonged period of time or having contact with infectious sections of COVID-19 case (e.g., being coughed on). Close contacts should be quarantined for 14 days after last exposure and closely monitored for symptoms (i.e., “Exposed” cohort). NJDOH Monitoring and Movement Guidance for Managing Returning Travelers and/or Contacts of a Confirmed Case is available at https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance for Monitoring and Movement NJ-DOH mar 10 2020.108112.pdf 			
<p>Implement cohorting plan that allows for separation of patients/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.</p> <ul style="list-style-type: none"> Identify three cohort groups: 1. “Ill”; 2. “Exposed” (not ill, but potentially incubating) and; 3. “Not ill/not exposed” If a wing/unit has multiple ill patient/residents, transition the impacted wing/unit to house only these patients/residents when the facility cannot otherwise rapidly isolate them (i.e., “ill” cohort). 			
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 wing/unit(s) then rapid isolation of the unaffected wing/unit(s) is imperative.			
Provide source control for all patients/residents when providing direct care			
Note: All patients/residents, whether they have COVID-19 symptoms or not, should cover their nose and mouth (i.e., source control) when around others, as tolerated. Source control may be provided with tissue or cloth, non-medical masks - when those are available.			

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OUTBREAK INTERVENTION	Date Instituted	Date Reinforced	Date Suspended
Patient/Resident Management (cont'd)			
Place patients/residents with known or suspected COVID-19 in a private room with their own bathroom, with the door closed, on the COVID + designated wing/unit (i.e., “ill” cohort). <ul style="list-style-type: none"> • Roommates of symptomatic patients/residents may already be exposed; it is generally not recommended to separate them given spatial limitations. 			
<p>Note: Airborne Infection Isolation Rooms or AIIRs (e.g., negative pressure rooms), if available, should be prioritized for patients/residents undergoing aerosol generating procedures (e.g., cardiopulmonary resuscitation, open suctioning of airways, nebulizer therapy, sputum induction). Patients/residents who are laboratory confirmed COVID-19 + should not be housed in the same room as a person with an undiagnosed respiratory infection. Ensure appropriate use of engineering controls such as curtains to reduce or eliminate exposures from infected individuals. Additionally, the onset and duration of viral shedding and the period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infections with other novel coronaviruses (i.e, MERS-CoV and SARS-CoV). However, detection of viral RNA does not necessarily mean that infectious virus is present. For guidance on discontinuation of transmission-based precautions for patients/residents with confirmed COVID-19 infection review CDC’s Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) at https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html. Consider placing/keeping recovered COVID-19 + patients/residents in the “ill” cohort.</p>			
Staff Management			
Assess close contacts of positive case(s) of COVID-19 to assess exposure risks. <ul style="list-style-type: none"> • Healthcare workers with exposure to confirmed COVID-19 case(s) should be identified and an appropriate risk assessment completed to determine if they have a high, medium, low, or no identifiable risk exposure using NJDOH forms and guidance for assessing COVID-19 healthcare worker exposures found on the NJDOH COVID-19 - Information for Healthcare Professionals page at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml. 			
Implement use of universal facemask (i.e., source control) for staff while in the facility, in addition to active screening for symptomatic staff.			
<p>Note: Staff who work in multiple locations may pose higher risk and should be asked about exposures to facilities with recognized COVID-19 cases. If staff develop even mild symptoms consistent with COVID-19, they must cease patient/resident care activities and notify their supervisor or occupational health services prior to leaving work.</p>			
Identify staff who may be at higher risk for severe COVID-19 disease and attempt to assign to unaffected wings/units.			
Educate and train staff on sick leave policies, including not to report to work when ill.			
Assess staff competency on infection prevention and control measures including demonstration of putting on and taking off personal protective equipment (PPE).			

Continue on the next page

OUTBREAK INTERVENTION	Date Instituted	Date Reinforced	Date Suspended
Staff Management (cont'd)			
Bundle tasks to limit exposures and optimize the supply of PPE.			
Note: CDC recommends that all U.S. healthcare facilities begin using PPE contingency strategies as of 4/2/2020. Review the contingency strategies at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html .			
Consider cross-training staff to conserve resources.			
Review or develop staff contingency plans to mitigate anticipated shortages.			
Note: Review NJDOH COVID-19 Temporary Operational Waivers and Guidelines page at https://www.nj.gov/health/legal/covid19/ .			

Resources

NJDOH COVID-19: Information for Healthcare Professionals
https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

CDC Coronavirus (COVID-19)
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

CMS Coronavirus (COVID-19) Partner Toolkit
<https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>

NJDOH Accepting Patients/Residents Discharged from Hospital during COVID-19 Pandemic Tool

In addition to CMS, CDC, and NJDOH guidelines, the following are steps that can be taken to reduce the spread of COVID-19 in the post-acute care setting. Follow the chart to determine which action to follow.



1. Monitor for fever, respiratory and other COVID-19 symptoms per shift (Check for residents with malaise, confusion, falling, diarrhea, or vomiting in addition to traditional respiratory symptoms such as coughing, shortness of breath, and fever).
2. Put in single room.
3. Implement transmission-based precautions per CDC guidance and utilize PPE based on new [Strategies to optimize PPE supplies](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html).
 - <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
4. Create separate wing/unit or floor to accept asymptomatic patients/residents coming or returning from the hospital. This may mean moving patients/residents in facility to create a new wing/unit. Limit staff working between wing/units as much as possible.
5. Create separate wing/unit to accept COVID-19 (+) patients/residents and care for those suspected or confirmed with COVID-19.

	Patient is tested COVID-19 (-) or no clinical concern for COVID-19 (asymptomatic) ¹	Patient is tested COVID-19 (+)**
COVID-19 cases not present in the surrounding hospital catchment area	Admit patient and <ul style="list-style-type: none"> ■ #1 ■ #4 	Admit patient and <ul style="list-style-type: none"> ■ #1 ■ #2 ■ #3 ■ #5
COVID-19 cases present in the surrounding community of hospital catchment area	Admit patient and <ul style="list-style-type: none"> ■ #1 ■ #3 ■ #4 	Admit patient and <ul style="list-style-type: none"> ■ #1 ■ #2 ■ #3 ■ #5
COVID-19 cases wide-spread in the surrounding community and hospitals are at or past capacity	Admit patient and <ul style="list-style-type: none"> ■ #1 ■ #3 ■ #4 	Admit patient and <ul style="list-style-type: none"> ■ #1 ■ #2 ■ #3 ■ #5

¹For hospital discharges, facilities should ask the hospital to perform a complete COVID-19 screening including temperature and respiratory symptoms and then base decisions on the screening results.

** Create a plan for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units.

It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection.

NOTE: If the patient's/resident's condition and reason for admission requires transmission-based precautions other than related to COVID-19, the facility should follow those recommendations as best possible given the new [CDC guidance for Strategies to optimize PPE supplies](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html).

NOTE: If accepting a patient who is COVID-19 (+) but is considered recovered, please follow the CDC's Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Notification of COVID-19 Positive Patient/Resident and/or Facility Staff Member

- a. When the Facility receives information from its local health agency that either a patient/resident of the facility or a facility staff member has tested positive for COVID-19, the facility shall follow the guidance provided by the local health agency to implement the actions necessary to protect the health and well-being of its patients/residents and staff.
 - i. The Facility shall provide notification to its staff of the presence of a COVID-19 positive patient/resident or staff member in the facility in accordance with the direction provided by the local health agency or department.

NJDOH Guidance for Discontinuation of Transmission-based Precautions for Patients with COVID-19* (updated March 29, 2020)

Link to full guidance:

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

The guidance below is intended for hospitalized patients in an acute care facility or residents of a LTC facility who are diagnosed with COVID-19. Discontinuation of transmission-based precautions should be made using the guidance below in conjunction with clinical assessment of the patient, public health recommendations and the need for additional isolation for other communicable diseases, including drug-resistant organisms. In addition to transmission-based precautions, healthcare workers are reminded to adhere to standard precautions for all patient care. The guidance below describes scenarios which may or may not include repeat testing.

Clinical Scenario	Criteria for Discontinuation of COVID-19 Isolation Precautions
Laboratory Confirmed Case of COVID-19 who remains in an inpatient setting (including long term care).	<p>Non-test-based strategy:</p> <p>Patient should remain on home isolation at least until 7 DAYS have passed since symptoms first appeared AND at least 3 days (72 hours) have passed since recovery defined as</p> <ul style="list-style-type: none"> Resolution of fever, without use of antipyretic medication AND improvement in respiratory signs and symptoms <p>Note: Patients should NOT remain hospitalized for the sole purpose of isolation. If discharge is clinically indicated, refer to home isolation guidance below when providing discharge instruction. The decision to stop transmissionbased precautions should consider disease severity, illness signs and symptoms and results of laboratory testing for COVID-19 in respiratory specimens.</p>
	<p>Testing-based strategy:</p> <p>Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens) AND resolution of fever, without use of antipyretic medication AND improvement in illness signs and symptoms.</p>

*This guidance is based upon limited information and is subject to change as more information becomes available.

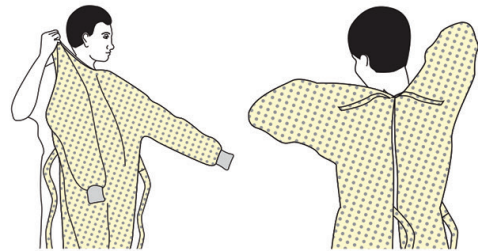
Donning and Doffing of PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



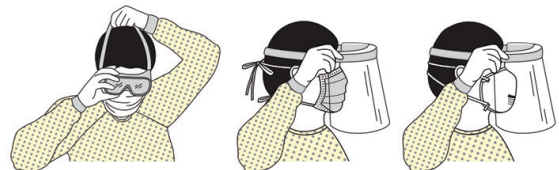
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



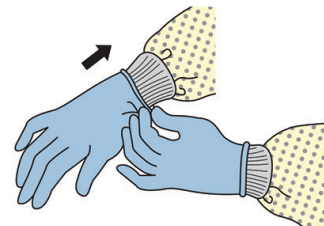
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

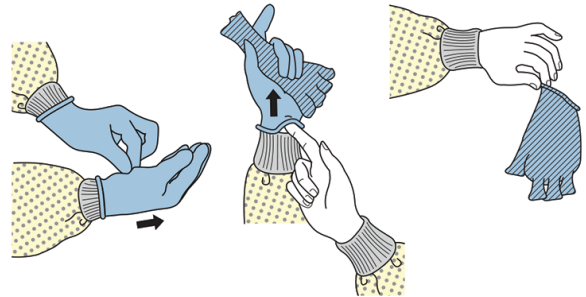


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



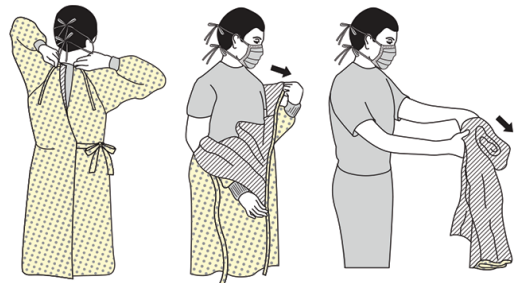
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



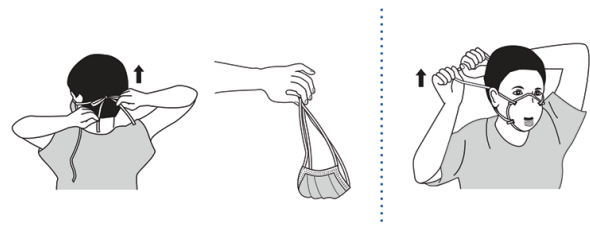
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

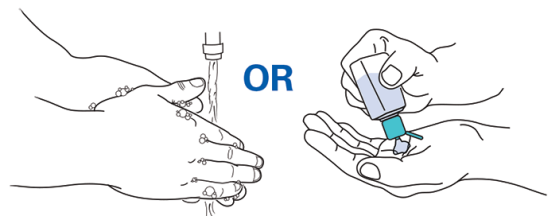


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

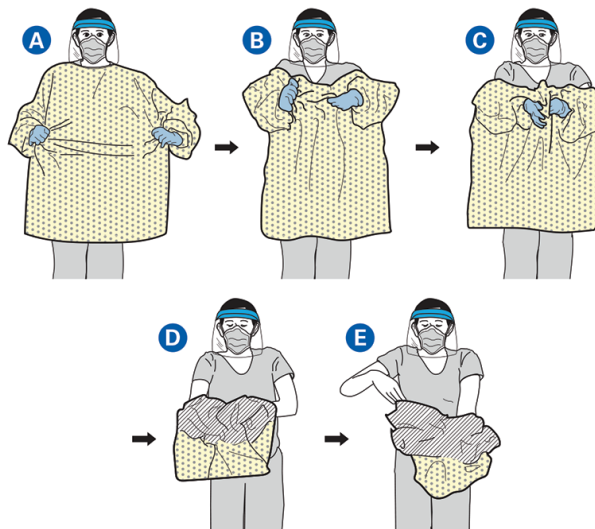


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



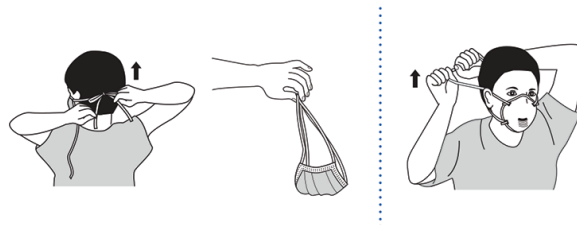
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

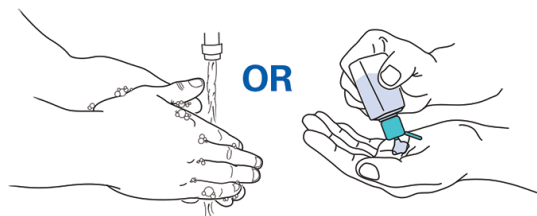


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



NJHA PPE, Supply & Capacity Portal

Consistent with Gov. Phil Murphy’s Executive Order 111, licensed acute care hospitals, hospital systems and long-term care facilities are required to report data to the New Jersey Office of Emergency Management (OEM) through the New Jersey Hospital Association PPE website (<https://ppe.njha.com>). Daily submissions are required by no later than 10 p.m.

The PPE, Supply & Capacity portal has been active and collecting information since March 24, 2020. As the COVID-19 pandemic spreads, the need for additional information to inform the emergency response effort will continue to evolve. Data elements collected will be added or modified as needed. When such changes occur, information and instructions will be posted on the portal entry page.

Module	Question	Definition
LTC - Case Count		
	# of Vacant Bed	The number of beds that are not currently occupied by residents
	# of New Admissions (in the past 24 hours)	The number of new residents admitted in the past 24 hours
	# of COVID-19 Positive Residents	The number of current residents with confirmed case of COVID-19
	# of COVID-19 Suspected Residents	The number of current residents with a presumptive positive case of COVID-19
	# of COVID-19 Negative Residents	The number of total current residents MINUS COVID-19 Positive and Suspected residents
	Taking New Admissions	YES, if accepting new residents; NO if not
LTC - PPE Inventory		
	N95 (Universal)	The number of individual items, not boxes
	N95 (Size L or Larger)	The number of individual items, not boxes
	N95 (M & Regular)	The number of individual items, not boxes
	N95 (S & XS)	The number of individual items, not boxes
	Surgical Masks (in units)	The number of individual items, not boxes
	Exam Gloves (Size L or Larger)	The number of individual gloves, not boxes or pairs
	Exam Gloves (M)	The number of individual gloves, not boxes or pairs
	Exam Gloves (S & XS)	The number of individual gloves, not boxes or pairs
	Face Shields	The number of individual items, not boxes

Continue on the next page

Module	Question	Definition
LTC - PPE Inventory (cont'd)		
	Isolation Gowns (Universal)	The number of individual items, not boxes
	Isolation Gowns (Size L or Larger)	The number of individual items, not boxes
	Isolation Gowns (M)	The number of individual items, not boxes
	Isolation Gowns (S & XS)	The number of individual items, not boxes
	Coveralls (Size L or Larger)	The number of individual items, not boxes
	Coveralls (M)	The number of individual items, not boxes
	Coveralls (S & XS)	The number of individual items, not boxes
LTC - Capacity		
	Can the facility cohort COVID+ patients on separate floors?	The facility is able to dedicate a floor in a building with dedicated staff and appropriate PPE to care for COVID+ patients.
	Can the facility cohort COVID+ patients on a separate wing?	The facility is able to dedicate a section of a floor or floors in a building with dedicated staff and appropriate PPE to care for COVID+ patients.

Useful websites for LTC Facilities

New Jersey Hospital Association COVID-19 Resource page:

<http://www.njha.com/coronavirus>

NJDOH: General COVID-19 Information:

<https://www.nj.gov/health/cd/topics/ncov.shtml>

NJDOH: Priority Actions for All Post-acute Care Settings in Response to COVID-19:

REVISED – March 30, 2020

https://www.nj.gov/health/cd/documents/topics/NCOV/LINCS_Priority_Messaging_to_Post-acute_Care.pdf

CMS: March 13, 2020, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED):

<https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

CMS: March 23, 2020 Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Memorandum including guidance Prioritization of Survey Activities for LTC and COVID-19 Focused Survey for Nursing Homes:

<https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>

CDC: LTC Preparing for COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

NJDOH- Employee Exposure Tools and COVID-19: Information for Healthcare Professionals:

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

Strategies for Optimizing the Supply of PPE based on CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

CDC COVID Educational Resources for LTC Staff

All the trainings below can be accessed at
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html>

Information for Long-term Care Facilities

Learn about infection prevention and control for COVID-19 in long-term care facilities, including nursing homes.

Webinar: [Information for Long-term Care Facilities](#)

Coronavirus Testing

Learn about testing for COVID-19 and how to advise patients.

Video interview: [Coronavirus Testing](#)

Nursing Home Infection Preventionist Training Course

Learn best practices for infection prevention and control in nursing homes. Free CE.

Self-paced online course: [Nursing Home Infection Preventionist Training Course](#)

What Clinicians Need to Know

Learn how to identify persons under investigation for COVID-19, assess risks for exposures and care for hospitalized and at home patients.

Webinar: [What Clinicians Need to Know](#)

Infection Prevention and Control Recommendations

Learn how to implement infection prevention and control measures for COVID-19, assess risks for exposures and optimize the use of personal protective equipment supplies.

Webinar: [Infection Prevention and Control Recommendations](#)

Underlying Medical Conditions and People at Higher Risk

Learn about people who are at higher risk for COVID-19 complications because of their age or underlying medical condition.

Webinar: [Underlying Medical Conditions and People at Higher Risk](#)

Healthcare Respiratory Protection Resources

Learn about respiratory protection in healthcare settings.

Varied Formats: [Healthcare Respiratory Protection Resources](#)



State of New Jersey
DEPARTMENT OF HEALTH

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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

IN RE: :

New Jersey Nursing Homes and Assisted Living Facilities :

EMERGENCY CONDITIONAL CURTAILMENT OF ADMISSIONS ORDER

TO: All Administrators

Pursuant to Executive Order 103, Governor Philip D. Murphy declared that the spread of COVID-19, which is a novel coronavirus, within New Jersey constitutes an imminent public health hazard that threatens and presently endangers the health, safety, and welfare of the residents of one or more municipalities or counties of the State. As such, Governor Murphy declared the existence of a Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 to -31, and a State of Emergency, pursuant to the Disaster Control Act, N.J.S.A. App.A:9-45 & App. A:9-47. These emergency declarations were thereafter continued by Executive Order No. 119.

Under the declared health emergency, the Commissioner is empowered, pursuant to N.J.S.A. 26:13-12, to "[t]ake all reasonable and necessary measures to prevent the transmission of infectious disease or exposure to toxins or chemicals and apply proper controls and treatment for infectious disease or exposure to toxins or chemicals." Pursuant to this authority, the Department of Health (Department), hereby directs all nursing homes and assisted living facilities that fail to adhere to the below directives to curtail all admissions and readmissions in accordance with this Order.

I. EMERGENCY CONDITIONAL CURTAILMENT OF ADMISSIONS ORDER

- A. Pursuant to the above-referenced authority, in order to slow the spread of COVID-19 in the community and protect vulnerable populations from contracting the virus, the Commissioner of the Department of Health hereby ORDERS that any facility unable to effectively cohort its residents in accordance with the minimum requirements set forth below shall immediately curtail admissions as follows:
1. The facility shall review its outbreak response plan to determine whether it includes a cohorting plan as described below. If it does not, the facility is directed to implement such a plan, specifically allowing for:
 - a. Overall separation of residents;
 - b. Dedicating staff to each cohort; and
 - c. Allowing for necessary space to do so at the onset of an outbreak.
 2. The facility shall identify a minimum of three cohort groups:
 - a. Individuals who are showing symptoms of COVID-19 or who have tested positive for COVID-19;
 - b. Individuals who have been exposed to someone who has tested positive for COVID-19 or has shown symptoms of COVID-19 (i.e., individuals who are not themselves symptomatic, but may potentially be incubating the virus); and
 - c. Individuals who are not ill and have not been exposed
 3. The facility shall be prohibited from accepting admissions or readmissions of individuals if the facility has COVID-19 residents and does not have the ability to:
 - a. Cohort as in 1. above;
 - b. Follow CDC guidance for infection prevention and control; and
 - c. Maintain adequate staffing.
 4. The facility shall be permitted to accept admissions or readmissions of individuals if the facility has COVID-19 residents and the facility can:
 - a. Cohort as in 1. above;
 - b. Follow CDC guidance for infection prevention and control; and
 - c. Maintain adequate staffing.
 5. A facility without any COVID-19 positive residents shall be permitted to accept admissions or readmissions of individuals with or without COVID-19 if the facility has the ability to:
 - a. Cohort as in 1b. above;
 - b. Follow CDC guidance for infection prevention and control; and
 - c. Maintain adequate staffing.
 6. Admissions or readmissions for persons under investigation for COVID-19 is permitted only if they can be placed in isolation.

Emergency Conditional Curtailment of Admissions Order

April 13, 2020

Page 3

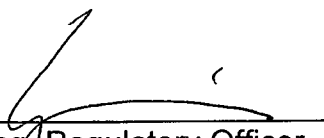
7. The facility shall comply with infection control measures as per the Department's guidance available at:
[https://www.nj.gov/health/cd/documents/topics/NCOV/COVID LTC Recommendations.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_LTC_Recommendations.pdf)
8. The facility shall implement outbreak interventions outlined in the Department's Outbreak Management Checklist available at:
[https://www.nj.gov/health/cd/documents/topics/NCOV/COVID Outbreak Management Checklist.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Outbreak_Management_Checklist.pdf)

B. This Order is effective immediately upon your notification by email.

This emergency order shall remain in effect until the Department lifts the order. Please confer with your local health officer for further actions that may be necessary.

Failure to comply with this Emergency Order may result in the imposition of penalties and/or other applicable remedies.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions regarding this Emergency Curtailment of Admissions Order, please contact Lisa King in the Office of Program Compliance at (609) 376-7890. For other questions, please contact the New Jersey Coronavirus and Poison Center Hotline at (800) 222-1222. For COVID-19 updates, please continue to check the Department's website for routinely updated information at <https://www.nj.gov/health/cd/topics/ncov.shtml>.



Lisa King, Regulatory Officer
Office of Program Compliance
Division of Certificate of Need and
Licensing

LK:jlm:dj

DATE: April 13, 2020
Control X20030
Via E-MAIL

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
NOTICE OF RULE WAIVER/MODIFICATION/SUSPENSION
PURSUANT TO EXECUTIVE ORDER NO. 103 (MURPHY) (MARCH 9, 2020)
AND EXECUTIVE ORDER 119 (MURPHY) (APRIL 7, 2020)
COVID-19 STATE OF EMERGENCY

Temporary Rule **WAIVER/MODIFICATION OF N.J.A.C. 8:39-43.2 - REQUIREMENTS FOR NURSE AIDE CERTIFICATION, adopted by THE COMMISSIONER OF THE DEPARTMENT OF HEALTH**

Date: **April 14, 2020**

Authority: N.J.S.A. App.A:9-45 & App. A:9-47; Executive Order No. 103 (Murphy) (“EO 103”), Executive Order No. 119 (Murphy) (“EO 119”)

Effective Date: **April 14, 2020**

Expiration Date: Concurrent with end of EO 103, as extended by EO 119

This is an emergency adoption of a temporary rule waiver/modification of N.J.A.C. 8:39-43.2, which sets forth the requirements for applicants to receive certification as a nurse aide in long-term care facilities. Section 6 of EO 103, issued in response to the COVID-19 pandemic, authorizes agency heads to waive/suspend/modify any existing rule, where the enforcement of the rule would be detrimental to the public welfare during the emergency, notwithstanding the provisions of the Administrative Procedure Act or any law to the contrary. Pursuant to that authority, as well as the Emergency Health Powers Act, N.J.S.A. 26:13-1 to -31, and N.J.A.C. 8:36-2.7(a), and with the approval of the Governor and in consultation with the State Director of Emergency Management, the Commissioner of the Department of Health is waiving its rules as follows:

COVID-19 is a contagious, and at times fatal, respiratory disease that is responsible for the 2019 novel coronavirus outbreak. The Centers for Disease Control and Prevention (CDC) expects that additional cases of COVID-19 will be identified in the coming days, including more cases in the United States, and that person-to-person spread is likely to continue to occur. As of April 12, 2020, there were at least 61,850 positive cases of COVID-19 in New Jersey, with at least 2,350 of those cases having resulted in death. If COVID-19 continues to spread in New Jersey at a rate comparable to the rate of spread in other affected areas, it will greatly strain the health care professionals charged with caring for patients ill with COVID-19 and may become too large in scope to be handled by New Jersey’s currently certified health care professionals. Staffing

shortages have already been reported at long-term care facilities, assisted living facilities, assisted living programs and comprehensive personal care homes throughout New Jersey.

N.J.A.C. 8:39-43.2 sets forth the requirements for applicants to receive certification as a nurse aide in long-term care facilities. Under the rule, applicants must (1) successfully complete a nurse aide in long-term care facilities training program that has been approved by the Department; (2) provide evidence that he or she is of good moral character, including, but not limited to, compliance with the requirements of the Criminal Background Investigation Program in accordance with N.J.A.C. 8:43I; and (3) pass both the Department's clinical skills competency exam and written/oral exam.

In order to effectively respond to the shortage of staff in long-term care facilities, assisted living facilities, assisted living programs and comprehensive personal care homes, it is necessary to expand N.J.A.C. 8:39-43.2, which requires that applicants for certification as a nurse aide in long-term care facilities pass both the Department's clinical skills competency exam and written/oral exam. Pursuant to this rule waiver/modification, the Department adds N.J.A.C. 8:39-43.2(c), which permits long-term care facilities, assisted living facilities, assisted living programs and comprehensive personal care homes to temporarily employ individuals who complete and pass the 8-hour Temporary Nurse Aide Training Program sponsored by the American Health Care Association and the National Center for Assisted Living and who have demonstrated competency using the program's skills competency checklist. All individuals seeking to work as a nurse aide pursuant to this waiver/modification must comply with the requirements for a criminal background check pursuant to N.J.A.C. 8:43I, and the time delineated in N.J.S.A. 26:2H-84(d) will be extended for a period of 90 days. This rule waiver/modification will allow the Department to effectively respond to the immediate shortage of staff in long-term care facilities while still ensuring that individuals who are hired as nurse aides receive the adequate training.

Facilities that hire one or more nurse aides under the modified requirements created by this waiver/modification must retain records detailing which, if any, of the above actions were implemented, including a list of the names, Social Security numbers and birth dates of the individuals temporarily hired pursuant to this waiver/modification, the training records and completed competency checklists, the duration of the implementation, and must document and immediately report to the Department any incidents involving the abuse, neglect or misappropriation of property of a resident of the facility, which are attributable to the nurse aides hired under this waiver/modification.

Facilities that hire one or more nurse aides under the modified requirements created by this waiver/modification must, within one week of the hiring of one or more nurse aides, provide the Department with the names, Social Security numbers and birth dates of the individuals temporarily hired pursuant to this waiver/modification by sending the information to:

Garlina Finn, Education Program Development Specialist
Certification Program
New Jersey Department of Health
P.O. Box 358
Trenton, New Jersey 08625-0358

This waiver/modification is effective only during the period of Public Health Emergency declared by Governor Philip D. Murphy in Executive Order No. 103 issued on March 9, 2020 and extended by Executive Order No. 119 issued on April 7, 2020, and so long as the Public Health Emergency exists pursuant to a Governor's Executive Order. When the Public Health Emergency is lifted, facilities will be required to return to operation in accordance with all licensure standards. Nurse aides employed pursuant to this waiver/modification will no longer be eligible to work as certified nurse aides and will have to fulfill the regulatory requirements to become a certified nurse aide.

Full Text of the modified rule follows (additions indicated in boldface **thus**):

8:39-43.2 – Requirements for Nurse Aide Certification

- (a) An applicant for certification as a nurse aide in long-term care facilities shall:
1. Successfully complete a nurse aide in long-term care facilities training program that has been approved by the Department;
 2. Provide evidence that he or she is of good moral character, including, but not limited to, compliance with the requirements of the Criminal Background Investigation Program in accordance with N.J.A.C. 8:43I; and
 3. Pass both the Department's clinical skills competency exam and written/oral exam.
- (b) An applicant shall fulfill the requirements in (a) above in order to be listed on the New Jersey Nurse Aide Registry.

The above-referenced rule is hereby waived/modified subject to the following additional terms and conditions:

- (c) **During the period of Public Health Emergency declared by Governor Philip D. Murphy in Executive Order No. 103 issued on March 9, 2020, and extended by Executive Order No. 119 issued on April 7, 2020, and so long as the Public Health Emergency exists pursuant to a Governor's Executive Order, the following individuals, although not certified, may be employed as nurse aides:**
1. **Individuals who complete and pass the 8-hour Temporary Nurse Aide Training Program sponsored by the American Health Care Association and the National Center for Assisted Living program and have demonstrated competency using the program's skills competency checklist.**
 2. **All individuals seeking to work as a nurse aide pursuant to this waiver/modification must comply with the requirements for a criminal background check pursuant to N.J.A.C. 8:43I, and the time delineated in N.J.S.A. 26:2H-84(d) (60 days for the Division of State Police in the Department of Law and Public Safety background check and an additional 60 days for the federal authorities' background check) will be extended for a period of 90 days.**
 3. **Long-term care facilities, assisted living facilities, assisted living programs and comprehensive personal care homes may temporarily employ**

individuals who qualify under N.J.A.C. 8:39-43.2(c)(1) and (2). Facilities that hire one or more nurse aides under the modified requirements created by this waiver/modification must:

- a. retain records detailing which, if any, of the above actions were implemented, including a list of the names, Social Security numbers and birth dates of the individuals temporarily hired pursuant to this waiver/modification, the training records and completed competency checklists, the duration of the implementation, and must document and immediately report to the Department any incidents involving the abuse, neglect or misappropriation of property of a resident of the facility, which are attributable to the nurse aides hired under this waiver/modification.**
- b. within one week of the hiring of one or more nurse aides, provide the Department with the names, Social Security numbers and birth dates of the individuals temporarily hired pursuant to this waiver/modification by sending the information to:**

**Garlina Finn, Education Program Development Specialist
Certification Program
New Jersey Department of Health
P.O. Box 358
Trenton, New Jersey 08625-0358**

- 4. When the Public Health Emergency is lifted, facilities will be required to return to operation in accordance with all licensure standards. Nurse aides employed pursuant to this waiver/modification will no longer be eligible to work as nurse aides and will have to fulfill the regulatory requirements to become a certified nurse aide.**

I find that waiver/modification of the rules above is necessary because enforcement of the existing rules would be detrimental to the public welfare during this emergency.

4/14/20

DATE



**JUDITH M. PERSICHILLI, RN, BSN, MA
COMMISSIONER
DEPARTMENT OF HEALTH**

AHCA Temporary Nurse Aide 8-hour Training Course

Available free of charge here:
<https://educate.ahcancal.org/products/temporary-nurse-aide>

Temporary Nurse Aide Skills Competency Checklist

To be used for new employees who complete AHCA/NCAL's Temporary Nurse Aide Training Program (www.TempNurseAide.com)

ADAPT AS NEEDED FOR FACILITY PROCESSES

CMS DEFINITION §483.35 “Competency” is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

Many factors must be considered when determining whether or not facility staff have the specific competencies and skill sets necessary to care for residents’ needs, as identified through the facility assessment, resident-specific assessments, and described in their plan of care.

All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations.

DEMONSTRATION OF COMPETENCY

Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff’s ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre- and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

Continue on the next two pages

Temporary Nurse Aide Skills Competency Checklist

To be used for new employees who complete AHCA/NCAL's Temporary Nurse Aide Training Program (www.TempNurseAide.com)

Preventing Infection While Providing Personal Care

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Standard Precautions		
Handwashing		
Using Barriers (Gloves, Gowns, Mask, etc.)		
Isolation/Transmission Based Precautions		
Cleaning, Disinfection, Sterilization		
Personal Care Routines (bathing)		
Shampooing		
Oral Hygiene		
Denture Care		
Grooming		
Shaving		
Nail Care		

Personal Safety and Emergency Care

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Dressing/Undressing		
Bloodborne Pathogens		
Body Mechanics		
Choking		
Injury Prevention		

Documentation and Core Nursing Skills

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Documentation		
Bedmaking		
Making an Occupied Bed		
Transferring a Resident		

Temporary NA Name: _____

Date of Hire: _____

Positioning, Moving, and Restorative Care

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Positioning		
Moving Up in Bed When Resident Unable		
Moving a Resident		
Stand, Pivot, Transfer		
Assisting with Walking (ambulation)		

Nutrition and Elimination

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Assisting with Meals		
Assisting with Elimination (toileting)		
Assisting with Ostomy		

Advanced and Specialty Care Environments

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Oxygen Therapy		
Motivate Resident/Stop when Resists		
Specific Behavioral Symptoms		
Specific Techniques for ADLs		

Comfort Care and End of Life

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Pain Management		
Promoting Comfort and Sleep		
End of Life Care		

Ethics and the Law in LTC

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Physical Care of Body After Death		

Temporary NA Name: _____

Date of Hire: _____