



Updated as of 27 January 2022

Transitional Care Units Outbreak Response Plan

Policy:

- To effectively manage and contain an outbreak when identified in the Transitional Care Unit (TCU).
- To promote an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment.
- To help prevent the development and transmission of communicable diseases and infections.
- Outbreak investigations will be organized by the infection control manager (Infection Preventionist) or designee in collaboration with the microbiologist, director of nursing, employee health, and other related stakeholders when an outbreak is suspected.

Definitions:

1. Facility staff: Any employee, consultant, contractors, volunteers, and caregivers who provides care and services to residents on behalf of the facility.
2. Non-TCU core staff: Any facility staff defined above who are not assigned to TCU but is required to provide care and services to the residents on behalf of the facility.
3. TCU core staff: Any employee hired and assigned to TCU.
4. “Fully vaccinated” refers to a person who is more than or at 2 weeks following receipt of the second dose in a 2-dose series, or more than or at 2 weeks following receipt of one dose of a single-dose vaccine.
5. “Unvaccinated” refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known.
6. “Close contact” refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.
7. “Facility staff” includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.



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8. “Higher-risk exposure” refers to exposure of an individual’s eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating procedure. This can occur when staff do not wear adequate personal protective equipment during care or interaction with an individual. For more information, see CDCs “Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.”
9. Outbreak definition
 - a. One or more facility onset COVID-19 case in a resident
 - i. Facility-onset COVID-19 infection in a resident is defined as a confirmed diagnosis >14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring unless there is confirmation of possible transmission or exposure through a breach in PPE.
 - b. Two or more laboratory-confirmed COVID-19 cases among health care professional (HCP) within a 14-day period.
10. Outbreak conclusion definition: Considered concluded when there are no new symptomatic/asymptomatic probable or confirmed COVID-19 cases after 28 days (2 incubation periods) has passed since the last case’s onset date or specimen collection date (whichever is later).
11. COVID-19 screening requirements: Completion of the daily screening attestation for all staff. Staff who provide direct care and services are also required to have testing completion with the required frequency per week in addition to the attestation completion as applicable based on the vaccination status, CALI score, and facility outbreak status.

Lessons Learned and Experience with COVID-19:

1. Timely and consistent communication with families and their representatives.
2. Use of technology to connect families and their representatives as an alternative method of communication.
3. Admission screening of residents (patients) and routine testing of staff.
4. Rapid identification and prompt isolation of suspected infected individual.
5. Enforcing daily temperature and symptom screening among staff and residents.
6. Surge capacity of the required personal protective equipment (PPE).



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Section A: Infection Control

1. The TCU follows the hospital's protocol for:
 - a. Isolating and cohorting infected and at-risk patients in the event of an outbreak of a contagious disease until the cessation of the outbreak.
 - b. PPE requirements for Transmission-Based Precautions for patients/residents and staff.
 - c. Information on the availability of laboratory testing, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence-based outbreak response measures.
 - d. Policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak.
 - e. Policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.
 - f. Policies to develop and implement a Respiratory Protection Program that complies with the Occupational Safety and Health Administration (OSHA) respiratory protection standards for employees.
 - g. Policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan, including either employing on a full-time or part-time basis, or contracting with on a consultative basis, the following individuals:
 - 1) An individual certified by the Certification Board of Infection Control and Epidemiology; and
 - 2) A physician who has completed an infectious disease fellowship.
 - h. The hospital's infection control committee meets at least on a quarterly basis and is attended by the physician who has completed an infectious disease fellowship and an infection control coordinator who has education, training, completed course work, or experience in infection control or epidemiology, including certification in infection control by the Certification Board of Infection Control and Epidemiology.



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2. TCU has a staffing plan for securing additional staff in the event of an outbreak through a contract with nursing staffing agencies and in collaboration with the nursing administration for staffing needs.
3. The Outbreak Management Checklist for COVID-19 in nursing homes and other post-acute care settings (see Appendix A) will be completed once an outbreak is identified to ensure infection control measures are in place.
4. The TCU administrator and the director of nursing will review the outbreak response plan at least on an annual basis and as needed with the hospital's infection control committee.
5. This policy and its implementation will also be reviewed by the QAPI committee through designated communication channels annually or when changes are required as a response to the outbreak.
6. The TCU will ensure an adequate emergency stockpile of PPE, essential cleaning and disinfection supplies so that staff, residents and visitors can adhere to recommended infection prevention and control practices. The TCU will maintain to have adequate supplies of 2 months of PPE stock as guided by the required amount current burn rate. TCU will use the CDC's PPE Burn Rate Calculator for the estimation of the needed PPE stock amounts. The stock PPE is only to be used in the event of an emergency and not for daily use.
7. The infection preventionist or designee is required to report, at a minimum, twice per week, COVID-19 cases, facility staffing, and supply information to the National Healthcare Safety Network (NHSN) Long-Term Care Facility COVID-19 Module.
8. The infection preventionist or designee is required to report daily COVID-19 data at NJHA portal.
9. All newly admitted or readmitted residents will be placed into Transmission-Based Precautions to prevent transmission to others for 14 days during an outbreak. (Please see admission criteria policy for details).
10. In the event of an outbreak, all residents will receive care services in their room such as therapy until the outbreak has concluded.
11. Indoor visitation and communal activities will possibly cease in the event of an outbreak as recommended by the hospital and/or by the local health department and when activities can resume.



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12. Any other restrictions not related to an outbreak will be decided by the interdisciplinary team depending on the situation.
13. Staff and resident testing will immediately begin once an outbreak occurs, regardless of vaccination status of residents and staff.

Section B: Patient and Staff Testing

1. TCU will follow hospital protocol or DOH LTC guidance regarding further retesting in accordance with the CDC guidance, as amended and supplemented.
2. Prioritization of individuals to be tested will begin with those who exhibit signs of and symptoms of COVID-19 first then perform testing triggered by an outbreak:

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested	Residents, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*	Test all residents, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

- a.
 3. For outbreak testing, all staff and residents should be tested, regardless of vaccination status, and all staff and residents that tested negative should be retested every 3 to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.
 4. Residents who have signs and symptoms of COVID-19, vaccinated or not vaccinated, must be tested immediately. While test results are pending, residents with signs or symptoms should be placed on TBP in accordance with CDC guideline. Appropriate actions will be enforced once test results are obtained.
 5. Regardless of the frequency of testing being performed or the facility’s COVID-19 status, TCU will continue to screen all staff each shift, each resident daily, and all persons entering TCU such as vendors, volunteers, and visitors for signs and symptoms of COVID-19.



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6. Any vendor or volunteer that requires them to be tested from another source (e.g., their employer or on their own) will provide documentation that the required testing was completed during the timeframe that corresponds to the facility's testing frequency.
7. Staff with symptoms or signs of COVID-19, vaccinated or not vaccinated, must be tested immediately and are expected to be restricted from entering TCU pending the results of COVID-19 testing. Staff will follow the hospital's employee health protocol if COVID-19 is confirmed or may have been exposed to COVID-19.
8. TCU follows the hospital policies and protocols for other COVID-19 testing considerations.
9. Resident (Patient) Testing:
 - a. Preliminary approval for new TCU admission from the acute care requires a COVID-19 baseline testing (obtained from the Emergency Department) and retested (from the acute care) with negative results. Results from the polymerase chain reaction (PCR) test after sending the specimen to the lab is within 4 hours. PCR retesting with a negative result is preferred within the 48-hour period prior to being transferred to TCU.
 - b. TCU may admit patients directly from the Emergency Department or patient on observation status while CMS waivers are in effect. As such, only a baseline COVID-19 testing with negative result is required if the patient is coming from the Emergency Department or a hospital stay fewer than 3 days.
 - c. After resident admission to TCU any other testing that was offered and completed will be documented in the resident records, including the results of each test.
 - d. Immediate actions will be taken to prevent the transmission of COVID-19 upon identification of an individual with symptoms consistent with COVID-19, or who tests positive for COVID-19 by enforcing transmission-based precautions and/or transferring the individual to an appropriate cohort designated by the hospital.
 - e. All patients admitted to TCU will be screened for COVID-19. The resident will be monitored for COVID-19 symptoms and vital signs every shift until discharged from TCU.



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- f. Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances, such as identification of a confirmed COVID-19 case in TCU.
- g. Transportation services (such as non-emergency medical transportation) and receiving healthcare providers regarding a resident's COVID-19 status to ensure appropriate infection control precautions are followed.
- h. When an outbreak occurs in TCU, testing of all residents and staff (every 3 to 7 days) until no new facility-onset cases of COVID-19 are identified among residents and positive cases in staff regardless of vaccination status; and at least 14 days have elapsed since the most recent positive result; and during this 14-day period at least two weekly tests have been conducted with all individuals having tested negative.
- i. Any resident who refuses to be tested or is unable to be tested will be relocated to an area following isolation protocols.
- j. Any resident who is newly symptomatic consistent with COVID-19 must be retested at the onset of symptoms, regardless of the interval between the most recent negative test and symptom onset, in accordance with public health recommendations and be placed in Transmission-Based Precaution as applicable.
- k. Residents who left TCU for a procedure or other appointments within the hospital will need to be assessed for COVID-19 risk upon return to TCU. Resident will be tested based on the need as identified from the risk assessment completed.
- l. Vaccinated residents who left TCU for Out on Pass in less than 24 hours will be tested upon return and risk assessment will be completed.
- m. Unvaccinated residents who left TCU for Out on Pass in less than 24 hours will be tested upon return, risk assessment will be completed, and will be on quarantine for 7 days.
- n. If a resident requires to leave the hospital premises for any reason for more than 24 hours, the resident will be required to be tested upon return and will be on



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quarantine for 7 days and/or as per DOH/CDC guidelines, including completion of risk assessment.

- i. The resident will be reminded that any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same
- o. Upon resident's return from an Out on Pass:
 - i. Resident will be screened for signs and symptoms of COVID-19
 - 1. The resident will be tested for COVID-19 regardless of vaccination status when the resident or family member reports possible close contact to an individual with COVID-19 while outside of the hospital premises.
 - 2. The resident will be tested and placed on Transmission-Based Precautions, regardless of vaccination status, when develops signs and symptoms of COVID-19 upon return
 - ii. Residents who deem to be on high risk for uncertainty about adherence or the adherence of those around them regarding infection prevention measures based on the completion of risk assessment may be placed on quarantine upon return
 - iii. Residents will be monitored for signs and symptoms of COVID-19 daily

10. Staff Testing:

- a. Fully vaccinated staff do not have to be routinely tested except during an outbreak that requires outbreak testing of all staff regardless of vaccination status. Fully vaccinated staff must still be tested if the present symptoms consistent with COVID-19.
- b. Regardless of the required frequency of testing, the vaccination status of staff, or the facility's COVID-19 status, TCU will continue to screen all persons entering the facility including all staff, visitors, and residents daily, for signs and symptoms of COVID-19.
- c. COVID-19 testing is mandated for all TCU core staff applicable regarding the testing requirements mentioned above. As this follows the DOH directive, this is a condition of employment for all TCU core staff until further notice. Employees



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will not be allowed to work in TCU without meeting testing requirements, completion of daily screening attestation, and as approved by employee health.

- d. Non-TCU core staff will also be tested in accordance with the frequency required for TCU core staff and complete a daily screening attestation when assigned to work in TCU for a particular shift.
- e. Staff will provide authorization for release of laboratory test results prior to being tested for COVID-19 upon first registration.
- f. Any staff who tested positive will receive guidance from employee health regarding the next steps in accordance with the hospital policy.
- g. Further retesting will be in accordance with the most current CDC guidelines. Currently, testing protocol for routine testing of unvaccinated staff follows current directive for routine testing frequency based on the extent of the virus in the community using the COVID-19 Activity Level Index (CALI) weekly report in the prior week, according to the table below:

Routine Testing of Staff

Routine testing *of unvaccinated staff* should be based on the extent of the virus in the community. *Fully vaccinated staff do not have to be routinely tested.* Facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates *are* available on the following website (see section titled, “COVID-19 Testing”): <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency of Unvaccinated Staff*
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

**Vaccinated staff do not need be routinely tested.*

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

- h.
- i. If the Hudson county positivity rate decreases to a lower level of activity, TCU should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.



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- j. If the Hudson county CALI level increases to a higher level of activity, TCU will begin testing unvaccinated staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
 - k. Staff must wear eye protection (eye shield or goggles) when the CALI score is moderate or high level as part of their PPE.
 - l. Retest staff who have previously tested positive according to current CDC guidance.
 - m. Asymptomatic staff and residents with a higher-risk exposure will follow current CDC guidance with identified prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and again 5-7 days after exposure.
 - n. The facility will have documentation of its efforts to obtain quick turnaround test results with the identified laboratory and contact with the local and state health departments in the event that the 48-hour turn-around time cannot be met due to community testing supply shortages, limited access or inability of the laboratory to process tests within 48 hours.
 - o. Any staff who is newly symptomatic consistent with COVID-19 must be retested at the onset of symptoms, regardless of the interval between the most recent negative test and symptom onset.
 - p. TCU will follow hospital protocols to address staffing and facility demands during an outbreak.
 - q. In emergency situations, EMS personnel, including the hospital's code team, shall be permitted to enter TCU with proper PPE without COVID-19 screening requirements.
11. The administrator or designee will continue to report to the Office of Emergency Management in Executive Order No.111 testing dates, staff and resident/patients tested, aggregate testing results for the population, and other information requested by DOH.



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Section C: Staff Monitoring

All healthcare personnel (HCP) will be routinely monitored to quickly identify signs of a communicable disease that could develop during an outbreak of a contagious disease.

1. All HCPs who enter TCU at the beginning of their shift or when there is a need to provide care and services to the residents are required to complete the COVID-19 screening by logging in their current temperature and completing the rest of the questions in the attestation form.
2. Any HCP who answered “yes” to the attestation form or is experiencing any symptoms of infection while at work must immediately notify the supervisor and inform employee health.
3. TCU follows the hospital’s policies on infection exposure, surveillance, and on criteria for return to work with confirmed or suspected COVID-19.

Section D: Documentation of Testing

1. For symptomatic residents, identification of signs or symptoms, when the testing was conducted, when results were obtained, and the actions the facility took based on the results will be documented in the electronic health record. Hospital employee health will record staff who are symptomatic in their files.
2. Upon identification of a new COVID-19 in TCU such as an outbreak, documentation will convey:
 - a. Date the case was identified
 - b. Date that all other residents and staff are tested
 - c. Dates that staff and residents who tested negative are retested and the results of all tests
 - d. All residents and staff that tested negative are expected to be retested until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.
3. For staff routine testing, TCU will document the facility’s county positivity rate, the corresponding testing frequency indicated (e.g., every other week), and the date each positivity rate was collected. The testing that was performed for all staff and the results of each test will also be documented.
4. TCU will document when the state and local health departments were notified to assist in testing efforts, such as obtaining testing supplies or processing test results.



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Section E: Communications

While residents have the right to receive visitors at all times and make choices about aspects of their life in the facility that are significant to them, there may be times when the scope and severity of an outbreak warrants the health department to intervene with the facility's operations. We expect these situations to be extremely rare and only occur after the facility has been working with the health department to warrant pausing visitation, it would also warrant a pause on accepting new admissions (as long as there is adequate access to care for hospital discharges).

The notification of residents, residents' families, visitors, and staff in the event of an outbreak of a contagious disease in the hospital:

1. Once the administrator or director of nursing receives the hospital's current protocol in response to an outbreak event, the activities director/coordinator or designee will notify residents, their representatives or family member confirmed or suspected COVID-19 activity in TCU, mitigating actions taken by the hospital to prevent or reduce the risk of transmission, including if normal operations in TCU will be altered through phone call, email, mailed letter, or hospital website.
2. The notification to inform residents, their representative or family member will occur by 5 pm the next calendar day following the occurrence of a single confirmed COVID-19 infection or of three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other in TCU.
3. Residents, their representatives or family member will receive cumulative updates to at least weekly or by 5 pm the next calendar day following the subsequent occurrence of either: Each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other in TCU.
4. The director of nursing will monitor the process effectiveness and timely reporting/notification to patients and families through patient and their representative's feedback.
5. Virtual communications:
 - a. Residents can use their own choice of virtual communication equipment (e.g. smartphone, tablets, laptop, etc.) and use the hospital Wi-Fi to connect to the internet to communicate with their families and representatives in the event of visitation restrictions. Alternatively,



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residents will be provided access to have virtual communication (e.g. phone or FaceTime) with their families or representatives as requested.

- b. Shared virtual communication equipment will be sanitized per use as per hospital protocol.
6. The activities coordinator or designee is the primary contact to families for inbound calls and conducting regular outbound calls to keep families up to date regarding general operating status.
7. The activities coordinator will host conference calls to families on a weekly basis to share the status of activities or happenings in the facility and where family members or their representatives can ask questions or make suggestions.
8. Families or representatives may call the TCU at any time for urgent calls or complaints at 201-418-2151 or to email HUMCTCU09006@carepointhealth.org.

References:

1. QSO-20-39-NH; QSO-20-38-NH
2. CDC testing, isolation, and quarantine guidelines: [Clinical Questions about COVID-19: Questions and Answers | CDC](#)
3. COVID-19 Activity Level Index Weekly report: [Department of Health | Communicable Disease Service | COVID-19 Activity Level Index \(CALI\) Weekly Reports \(nj.gov\)](#)
4. DOH Investigation Guidance as of Feb 2021: [NCOV_chapter.pdf \(nj.gov\)](#)
5. DOH Executive Directive 21-012, 20-026 and 21-001

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Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings



Facility Name:	
Address/City/Zip Code:	
E-number (Investigation Number):	
Telephone #:	Fax #:
Contact Name:	Email:

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. **Highlight reflects content revisions.**

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 <i>Quick Reference Reporting Requirements for Communicable Diseases and Work-related Conditions</i> 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.			
General Facility Control Measures			
Review SARS-CoV-2, 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), turnaround time, personnel who will collect the specimen(s), the manufacturers' instructions for use, and appropriate specimen collection materials. 			
Implement use of universal source control measures (e.g., well-fitting face coverings) for all persons (e.g., clergy, vendors, visitors) while in the facility, regardless of vaccination status.			
Increase accessibility and ensure proper functioning 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, as appropriate (ideally both inside and outside of the room) and other patient/resident care and common areas (e.g., outside dining hall, in therapy gym). Ensure sinks are well-stocked with soap and paper towels. Review NJDOH <i>Hand Hygiene in Healthcare Settings</i> at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml#4. 			



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Outbreak Intervention	Date Instituted	Date Reinforced	Date Suspended
Evaluate personal protective equipment (PPE) supplies and report levels to https://report.covid19.nj.gov or any successor reporting mechanism required by NJDOH or NJ Office of Emergency Management until registered and entering data to the CDC National Healthcare Safety Network (NHSN) COVID-19 Module.			
Daily Reporting			
Complete line list for patients/residents.			
Complete line list for staff.			
<p>Note: Facilities are required to report all lab-confirmed SARS-CoV-2 infections among residents and staff to their LHD (regardless of current outbreak or investigation status). Facilities should check with their participating laboratory to ensure test results are being reported; any point of care testing performed by the facility should be reported directly to their LHD. Line list should include all COVID-19 cases, including symptomatic persons pending testing and persons testing positive by antigen (usually rapid/point of care) or NAAT (usually sent to a lab). Positive results should be included for both symptomatic and asymptomatic cases. Refer to the <i>COVID-19 Communicable Disease Chapter</i> at https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf for definitions. NHSN Long-term Care Facility COVID-19 Module is required by CMS for nursing homes; however, voluntary reporting into NHSN is encouraged for all facilities.</p>			
Complete the NJDOH Communicable Disease Service (CDS) Facility Outbreak or Investigation Survey for daily updates (e.g., NoviSurvey).			
Send the completed line lists and facility floor plan to the LHD.			
Admissions, Transfers, and Readmissions			
Establish a plan to manage newly admitted and readmitted patients/residents who are unvaccinated* for a 14-day observation. This may include identification of an area (e.g., one side of a wing/unit, a group of rooms at the end of a wing/hallway) or unit dedicated to observation.			
<p>Note: *Unvaccinated individuals have not met the definition of fully vaccinated. Fully vaccinated refers to a person who is ≥ 2 weeks after receipt of the second dose in a 2-dose series (Pfizer-BioNTech and Moderna), or ≥ 2 weeks after receipt of the single-dose Janssen Vaccine, per the CDC Public Health Recommendations for Vaccinated Persons at https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.</p>			
Consider closing to new admissions if unable to appropriately cohort. This may not include readmissions back to the facility.			
When transferring any patient/resident, notify the transporting agency and receiving facility of the outbreak status at the facility and the patient's/resident's infection status.			
<p>Note: SARS-CoV-2 diagnostic test results should be provided (in addition to other pertinent clinical information) to the receiving facility for any transferred patients/residents upon receipt of lab results. Upon identification of a case of COVID-19 in a patient/resident who was recently admitted (within 14 days), the <i>admitting facility</i> should provide these results back to the sending facility to allow for the appropriate response and investigation. 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. Refer to the NJDOH <i>Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities</i> at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.</p>			
Infection Prevention and Control			
Educate residents, HCP, and visitors about SARS-CoV-2, current precautions being taken in the facility, and actions they should take to protect themselves (e.g., hand hygiene, vaccination).			



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<p>Note: Any persons who enters the facility should be advised to monitor for fever and other COVID-19 symptoms for at least 14 days after exiting the facility. If symptoms occur advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the persons they were in contact with, and the locations within the facility they visited.</p>			
<p>Log and screen all persons who enter the facility for signs and symptoms of communicable diseases, including fever (temperature checks including subjective and/or objective fever equal to or greater than 100.4 F or as further restricted by facility) and other symptoms of COVID-19 (e.g., gastrointestinal upset, fatigue, sore throat, dry cough, shortness of breath). Refer to CDC Symptoms of Coronavirus for updated symptoms at https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.</p>			
<p>Increase symptom monitoring of patients/residents for fever and other COVID-19 signs and symptoms to each shift during an outbreak.</p>			
<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. The facility staff should increase the frequency of wellness checks in all patients/residents and have a heightened awareness for any changes from their baseline.</p>			
<p>Make all necessary PPE available in areas where patient/resident care is provided.</p>			
<p>Make waste receptacles adequately available for discarding 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.</p>			
<p>Implement standard and transmission-based precautions (TBP) including use of a NIOSH-approved N95 respirator or higher (or well-fitting FDA approved facemask if unavailable), gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) for unvaccinated* new and readmissions, confirmed and suspected COVID-19 case(s), and unvaccinated* close contacts to a confirmed COVID-19 case. Refer to NJDOH <i>Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities</i> at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtm for information on PPE use in each cohort or circumstance.</p>			
<p>Note: Public health authorities may recommend the use of full COVID-19 PPE, regardless of the presence of symptoms, when uncontrolled transmission is identified, with strong consideration for inclusion of fully vaccinated patients/residents. A facility-wide or group-level approach, including full COVID-19 recommended PPE, may be considered if all potential close contacts cannot be identified or managed with contact tracing or when contact tracing fails to halt transmission.</p>			
<p>Place appropriate isolation signage outside of patient/resident(s) room.</p>			
<p>Dedicate equipment in isolation rooms, when able. If not possible, clean and disinfect equipment following the manufacturer's instructions before use with another patient/resident within that cohort.</p>			
<p>Review internal environmental service protocols to ensure appropriate measures are being taken to clean and disinfect throughout the facility.</p>			
<p>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).</p>			
<p>Consider increasing the frequency of routine cleaning and disinfection.</p>			

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Outbreak Intervention	Date Instituted	Date Reinforced	Date Suspended
Prioritize rounding in a "well to ill" flow to minimize the risk of cross-contamination (i.e., beginning with standard precaution care areas and working toward TBP rooms, then finally outbreak rooms) when services or equipment are unable to be designated.			
Identify Airborne Infection Isolation Rooms or AIIRs (e.g., negative pressure rooms). If available, AIIRs should be prioritized for patients/residents undergoing aerosol generating procedures (AGPs) (e.g., cardiopulmonary resuscitation, open suctioning of airways, non-invasive ventilation). Refer to CDC <i>Clinical Questions about COVID-19: Questions and Answers</i> at https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control for additional information on AGPs.			
Patient/Resident Management			
Facilities should perform contact tracing to identify high-risk exposures in staff and close contact encounters in patients/residents. Refer to CDC <i>COVID-19 Contact Tracing Training and Resources</i> at https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-training.html .			
Note: Contact tracing should identify all patient/resident close contacts and staff high-risk exposures. All individuals with close contact and/or a high-risk exposure should be tested as described below. If testing reveals additional cases, continue performing contact tracing. Consider a broad-based testing approach such as facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.			
Contact tracing approach: Perform SARS-CoV-2 testing (via point-of-care viral platform or commercial laboratory) of all patients/residents and staff identified as close contacts or who has a high-risk exposure, regardless of vaccination status, who have not been previously positive within the past 90 days. ** Testing includes a series of two viral tests for SARS-CoV-2 infection. Testing is recommended immediately but not earlier than 2 days after exposure, and, if negative, 5-7 days after exposure.			
Broad-based approach: Perform SARS-CoV-2 testing for all patients/residents and staff on the affected unit(s), regardless of vaccination status, who have not been previously positive within the past 90 days**, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later.			
NOTE: Resident should continue to wear well-fitting source control, practice physical distancing, and monitor for symptoms for 14 days from the last exposure to the SARS-CoV-2 positive individual, even if they test negative.			
Continue to monitor routine visitation. Long-term care facilities should refer to the current CMS guidance for visitation recommendations during an outbreak investigation per ED-21-012 at https://www.nj.gov/health/legal/covid19/ .			
Note: Facilities must receive written, informed consent from visitors that they are aware of the possible dangers of exposure to SARS-CoV-2 for both the patient/resident and the visitor, and that they will follow the visitation rules set by the facility (e.g., consideration of patient/resident rights, clinical health, safety risk). Indoor visitation during an outbreak investigation for unvaccinated* patients/residents should ideally occur in the patient's/resident's room, using well-fitting source control (if tolerated) and physically distanced. Source control and physical distancing recommendations should be followed regardless of vaccination status. Outdoor visitation during an outbreak investigation could be allowed, but patients/residents should wear well-fitting source control (if tolerated), maintain physical distancing from others, and not linger in common spaces when moving about.			
Implement a cohorting plan that allows for separation of patients/residents who have confirmed SARS-CoV-2 infection, unvaccinated* close contacts, and unvaccinated* new or readmissions to be placed in a separate care unit/area with dedicated staff and medical equipment to each of these cohorts and allowing for necessary space to do so at the onset of an outbreak investigation. Refer to the NJDOH <i>Considerations for Cohorting COVID-19 patients in Post-Acute Care Facilities</i> at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml .			

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Outbreak Intervention	Date Instituted	Date Reinforced	Date Suspended
Relocate laboratory confirmed SARS-CoV-2 positive patients/residents to the COVID-19 care unit/area. If there is no functional designated COVID-19 care unit/area, the person should be in a private room with their own bathroom with the door closed, as appropriate.			
<p>Note: Ensure appropriate use of engineering controls such as curtains to reduce or eliminate exposures between roommates. Unvaccinated roommates of a SARS-CoV-2 positive person should be considered exposed and potentially infected and, if at all possible, should not share rooms with others during the 14 days after their last exposure. Refer to NJDOH COVID-19 Exposure Risk Assessment Template for Patients in Post-acute Care Settings at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml#3.</p>			
Provide and encourage use of well-fitting source control for all patients/residents, as appropriate.			
<p>Note: Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have: not been fully vaccinated; or suspected or confirmed SARS-CoV-2 infection or other respiratory infection; or had close contact (patients/residents and visitors) or a higher-risk exposure (staff) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission; or moderate to severe immunocompromise; or otherwise had source control and physical distancing recommended by public health authorities. While it is generally safest to implement universal use of source control for everyone in a healthcare setting, there are allowances that could be considered for fully vaccinated individuals (who do not otherwise meet the criteria described above) in healthcare facilities located in counties with low to moderate community transmission. Refer to CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360738701.</p>			
Staff Management			
Upon completion of outbreak testing, resume testing of all unvaccinated* SARS-CoV-2 negative staff, who have not been previously positive within the past 90 days**. Prioritize testing of staff showing new signs or symptoms consistent with COVID-19, regardless of vaccination status. Re-testing staff who previously tested positive should be done in accordance with CDC and CDS guidance.			
<p>Note: **Re-testing staff who previously tested positive should be done in accordance with CDC and CDS guidance. Refer to the NJDOH COVID-19 Exposure Risk Assessment Template for Patients in Post-acute Care Settings at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml#3 for additional information. Facilities shall adhere to the more frequent standard to determine routine testing frequency of unvaccinated SARS-CoV-2 negative staff. For example, if NJ's COVID-19 Activity Level Index (CALI) for the prior week indicates twice weekly and CDC's county level of community transmission indicates once weekly, the facility shall test twice weekly or as otherwise required by NJDOH. Refer to NJDOH ED 21-012 Directive for the Resumption of Services in all Long-Term Care Facilities licensed pursuant to N.J.A.C 8:43, N.J.A.C 8:36, N.J.A.C 8:39, and N.J.A.C 8:37 at https://www.nj.gov/health/legal/covid19/.</p>			
Implement use of universal source control (e.g., well-fitting FDA approved facemasks) for staff while in the facility, in addition to screening for symptomatic staff.			
<p>Note: Cloth face coverings are not PPE. They are not appropriate substitutes for PPE (e.g., N95 respirator, surgical mask) when PPE are recommended or required to protect the wearer. 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, keep their mask on, 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 (e.g., immunocompromised) and attempt to assign to unaffected wings/units.			



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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 return demonstration of putting on and taking off PPE.			
Bundle tasks to limit exposures and optimize the supply of PPE.			
Note: Review CDC <i>Optimizing PPE Supplies</i> at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html . Contingency and then crisis capacity measures augment conventional capacity measures and are meant to be considered and implemented sequentially . As PPE availability returns to normal, healthcare facilities should promptly resume conventional practices.			
Consider cross-training staff to conserve resources.			
Review or develop staff contingency plans to mitigate anticipated shortages. Refer to CDC <i>Strategies to Mitigate Healthcare Personnel Staffing Shortages</i> at https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html			
Note: Review NJDOH COVID-19 Temporary Operational Waivers and Guidelines page at https://www.nj.gov/health/legal/covid19/ and NJDOH COVID-19: Information for Healthcare Professionals at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml .			

*Unvaccinated individuals have not met the definition of fully vaccinated. Fully vaccinated refers to a person who is ≥ 2 weeks after receipt of the second dose in a 2-dose series (Pfizer-BioNTech and Moderna), or ≥ 2 weeks after receipt of the single-dose Janssen Vaccine, per the CDC Public Health Recommendations for Vaccinated Persons at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

**Re-testing staff who previously tested positive should be done in accordance with CDC and CDS guidance. Refer to the NJDOH COVID-19 Exposure Risk Assessment Template for Patients in Post-acute Care Settings at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml#3 for additional information.

Resources

NJDOH COVID-19: Information for Healthcare Professionals

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

CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

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

CDC Contact Tracing Training and Resources

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-training.html>

CMS Coronavirus (COVID-19) Partner Toolkit

<https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>