COVID-19 Testing & Outbreak Plan

Plan Statement

Coronavirus diseased 2019 (COVID-19) is a contagious, and at times fatal respiratory disease that is responsible for the novel coronavirus outbreak. On May 12, 2020 the State of NJ signed an executive order No. 20-013 that COVID-19 Testing at Licensed Long-term care facilities, Assisted Living residences, Comprehensive personal care homes, Residential Health Care Facilities and Dementia Care Homes. Pursuant to N.J.S.A. 26:13-17(a), access to medical information of individuals who have participated in medical testing programs or efforts by the Commissioner shall be limited to those persons having a legitimate need to acquire or use the information to, among other things, provide treatment to individuals and invest agate the cause of the transmission; and pursuant to N.J.S.A 26:2H-12.87(b) nursing homes, assisted living residences, comprehensive personal care homes, residential healthcare facilities, and dementia care homes (collectively, "long-term care facilities" or LTCs")must have outbreak response plans. The CDC and the New Jersey Department of Health have identified ley strategies to address COVID-19 in long-term facilities and congregate settings, including but not limited to identifying infection early; taking measures to prevent the spread of COVID-19 through asymptomatic, pre-symptomatic, and symptomatic transmission; and dedicating areas of a facility to care for residents with suspected or confirmed COVID-19.
The New Jersey Department of Health recommends a cohorting plan for long-term care facilities; cohorting is only one element if infection prevention and control measures used for outbreak control. This plan considers resources including availability of testing, personal protective equipment (PPE) and staffing.

Policy Interpretation and Implementation

Testing Procedures and Frequency

1. Testing shall occur with weekly molecular testing (nasal swab) testing of all residents and staff until no new facility onset cases of COVID-19 are identified among residents and positive cases in staff and at least 14 days have elapsed since the most recent positive result and this 14 day period at least two weekly tests have been conducted with all individuals having tested negative. Retesting of residents and staff who have been confirmed positive whenever required according to the CDS and CDC guidance. Weekly testing of staff will continue until further directed from the NJDOH and CMS. Continued reporting to the required agencies is ongoing.
    1. Testing dates
    2. Numbers of staff and resident that have been tested
    3. Aggregate testing results for the staff and resident population
    4. Any other information requested by DOH.
    5. Resident or Staff that have tested positive whether before 90 days from this Directive are required to be retested per the CDC guidance.
2. CDC guidance states; After initial PPS has been performed for residents and Health Care professionals (HCP) baseline and the results have been implemented resident cohorting and HCP work exclusions, nursing homes may consider retesting under the following circumstances

a. Residents and HCP who had their initial positive viral test in the past 3 months and who are now asymptomatic do not need to be retested as part of facility-wide testing. Until more is known, testing should be considered again (e.g., in response to an exposure) 3 months after the date of onset of the prior infection.

b. Residents and HCP who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be evaluated and may need to be retested if an alternate illness etiology cannot be identified.
c. Retest all residents who previously tested negative at weekly frequency until no new facility onset cases of COVID-19 are identified among residents and positive cases in staff and at least 14 days have elapsed since the most recent positive result and during this 14 day period at least two weekly tests have been conducted with all individuals having tested negative
d. Using symptom based or time based decisions about when residents with COVID-19 can be moved out of COVID-19 units; CDC guidance will be used to discontinuation of Transmission-Based Precautions and Dispositions of Patients with COVID-19 in Healthcare Settings for additional information.

3. Retesting of a resident
4. a. Retest any resident who develops symptoms consistent with COVID 19
5. Retesting of nursing home HCP
    a. Retest any HCP who develop symptoms consistent with COVID-19
    b. Consider retesting HCP at some frequency based on community prevalence of infections

<u>Test Results</u>

6. Results for all weekly tests and retests relating to residents shall be reported back to the facilities Medical Director and his/her designee
7. Results for Staff shall be reported back to each individual Staff member and to the facility administrator.

<u>Staff Consent, Exclusion from work and return to work</u>

8. Any individual Staff member who refuses to sign such authorization shall be treated as if he/she tested positive for Covid-19.
9. Present facility is under contract with 2 certified labs, specimen collection will be conducted by a lab. The administration of the test will be conducted by LTC RNs and LPNs or may be administered by Contracted laboratory staff, if available.
10. Resident or Staff that have tested positive before 90 days from the Executive Directive NO. 20-026 will be required to retest.
11. Return to Work Criteria for HCP with Suspected or Confirmed COVID-19
    - **Symptom-based strategy** HCP with **<u>mild to moderate</u> <u>illness</u>** who are **not** severely immunocompromised:
        - At least 10 days have passed since symptoms first appeared and
        - At least 24 hours have passed since last fever without the use of fever-reducing medications and
        - Symptoms (e.g., cough, shortness of breath) have improved

      Note: HP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work at least 10 days have passed since the date of their first positive viral diagnostic test

    - HCP with **<u>mild to moderate illness</u>** who **are** severely immunocompromised:

- At least 10 days and up to 20 days have passed since symptoms first appeared
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath)have improved
- Consider consultation with infection control experts

Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work at least 10 days have passed since the date of their first positive viral diagnostic test.

12. **Test based strategy**. In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious disease experts I concerns exist for the HCP being infectious for more than 20 days.

    HCP who are symptomatic-

    - Resolution of fever without use of fever-reducing medications and
    - Improvement in symptoms (e.g., cough, shortness of breath), and
    - Results are negative from at least two consecutive respiratory specimens collected less than 24 hours apart (total of two negative specimens) tested using FDA- authorized molecular viral assay to detect SARS-CoV-2 RNA.

    HCP who are not symptomatic-

    - Results are negative from at least two consecutive respiratory specimens collected less than 24 hours apart (total of two negative specimens) tested using FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

13. Return to Work Practices and Work Restrictions, after returning to work, HCP
    a. Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline.
    b. A face mask for source control does not replace the need to wear an N95 or higher-level respirator or other recommended PPE when indicated
    c. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen
14. If a staff member tests positive for COVID-19 (symptomatic or asymptomatic) the facility may permit them to return to work subject to CDC/DOH recommendations as to time frames and requirements that are incorporated.

Cohorting

15. Cohort COVID -19 Positive residents will be placed on Iris unit rooms numbered 201-205. This consists of both symptomatic and asymptomatic residents who tested positive for COVID-19, including any new or re-admissions. Residents who test positive for COVID-19 are known to shed the virus. Regardless of symptoms; therefore all positive residents would be placed on this unit.

16. Cohort COVID-19 Negative, Exposed residents will be placed on Rose unit rooms numbered 304-330 and Garden unit rooms numbered 114-127, 128-131. This consists of residents who test negative for COVID-19 or who have recovered.
17. Cohort COVID-19- New or Re-admission residents will be placed on a 14 day OBS unit located on Garden rooms numbered 101-112 & Rose unit 301 & 302.This cohort consists of all persons from the community or other healthcare facilities whose COVID-19 status is unknown. This unit will serve as observation area where persons remain for 14 days to monitor for symptoms that maybe compatible with COVID-19, testing will be performed to determine the certainly that a person is not infected.
18. Cohort COVID-19 Person Under Investigation (PUI), will be place on Rose unit rooms numbered 303. This consists of residents that are symptomatic or inconclusive test results that we are awaiting additional tests determine proper unit placement.

Staffing Shortages Created by Testing

19. It is the policy of this facility to ensure that we have adequate staffing during emergencies. Our employees are expected to report to their work site and provide services related to emergency response and recovery operations in addition to their normally assigned duties if requested to do so. Supervisors, co-workers, and residents share an expectation that medical services will proceed uninterrupted and that any medical needs generated by the incident impact will be addressed.
20. Preparedness planning in this facility is recognized as a shared responsibility between nursing and administration.
21. All staff in regular and temporary or contracted positions (appropriate with their role) should contact their immediate supervisor or manager if they are unable to report to duty as scheduled due to an emergency.
22. All approved Paid Time Off (PTO) days during an event may be cancelled. Employees should be available to report for duty if it is safe and feasible to do so.

Communication and notifications to residents, families and staff

23. Weekly notifications of the facilities status are sent to families every Friday by the end of the business day unless otherwise advised.
    a. If the facility receives a positive resident or staff COVID-19 test result, notifications are sent to families and staff via a texting based system using eztext.com. no later than 5pm the next business day, Residents are notified by the Social Service Department via a newsletter.
    b. A Communication Officer is assigned for the families and staff to reach out to with any questions
    c. Conference calls and virtual times are set weekly for families so that information can be shared such as the activities or facility happenings, suggestions or questions can be answered.
    d. The facilities website will be updated at minimum a weekly basis to share the status of the facility and include information that helps families know what is happening in the facilities environment

Personal Protection Equipment (PPE)

Wedgewood Gardens will have and adequate emergency stockpile of PPE, essential cleaning and disinfection supplies so that the staff, residents and visitors can adhere to recommended infection prevention and control practices.

a. Two months of a stock pile of PPE, will only be used in the event of an emergency and not daily use, if at anytime the facility is forced to use the stock pile due to an emergency it is required to restock the supply
b. b. Essential cleaning products and disinfection supplies on hand in the event of a supply chain disruption

Reporting

24. The facility administrator and/or his/her designee shall submit the following reports:
    a. An attestation stating that the LTC has developed a plan in compliance with this policy shall be submitted by email to LTC Diseaseoutbreakplan@doh.nj.gov, no later than two months from the enactment of Directive NO.20-026
    b. NJDOH - COVID-19 Facility Outbreak Survey. (State) Frequency: Daily During an outbreak (until 28 days passes)
    c. Line list during an outbreak (Local)Frequency: whenever there's a new case listed
    d. NJHA - PPE, Supply & Capacity (State)Frequency: Daily
    e. CDC – NHSN (Federal)Frequency: Twice weekly