NJ Emergency Procedures for COVID – 19 Outbreak Response Plan

Policy Statement

This Community has taken measures to prepare for an outbreak event.

Policy Interpretation and Implementation

1. All staff members will be trained on Community Outbreak Response Plan and related policies and procedures.
2. All residents, employees and visitors shall be screened to identify exposure to the COVID-19 outbreak. Screen will include but not limited to surveillance for fever, respiratory and other symptoms related to COVID-19 including exposure.
3. Outbreak Response Plan has been established and will be initiated when a novel virus is increasing and sustaining human-to-human transmission in the United States, and cases are occurring in the Community's state.
4. If at any point during the public health response the state returns to the maximum restriction stage the communities must return to the maximum restriction of Phase zero (0).

Emergency Procedure Outbreak - Communication

The following procedure must be utilized in the event of an outbreak.

1. Declare a "CODE PURPLE" when a novel virus is increasing and sustaining human-to-human spread in the United States, and cases are occurring in the community's state.
2. Notify the Executive Director and Director of Resident Care if they are not on the premises.
3. Community management staff should report to the Command Post (main conference room) for briefing and instruction.
4. The most qualified staff member on duty at the time assumes the responsibility of activating the Emergency Response Plan.
5. Follow guidelines of Outbreak Response Plan.
6. Residents, employees, contract employees, and visitors should be evaluated daily for symptoms.
7. Employees should be instructed to self-report symptoms and exposure.
8. Follow Outbreak Response Plan in regards to managing high-risk employees and for guidelines as to when infected employees can return to work.
9. Adherence to infection prevention and control policies and procedure is critical. Post signs for cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of an outbreak is a must.
10. Determine when to restrict admissions and visitations. (Follow the current guidance of the NJDOH and CDC) communicate this to the affected parties.
11. Contact local and state health departments to discuss their support for additional PPE, COVID-19 test kits, the availability of vaccines and antiviral medications, as well as recommendations of usage.
12. Ensure adequate supplies of food, water, and medical supplies are available to sustain the Community if an outbreak occurs in the geographic region or at the Community.
13. Cohort residents and employees as necessary in order to contain and manage the outbreak.
14. Implement contingency staffing plans as needed; such as use of agency personnel.
15. All communities must have a least two (2) agency contracts on file at all times

NJ Emergency Procedures for COVID – 19 Outbreak Response Plan

Outbreak Plan

1. This Community has designated the Director of Resident Care as the Outbreak Response Coordinator.
2. He/she and the Executive Director, and the management team will address outbreak emergency plan preparedness.
3. All staff, residents and family members will be notified using one or more of the following communication methods
    a. Email
    b. Phone
    c. Letter
    d. In person or through social media platforms
4. Communication updates will occur at least weekly for resident's family and their representatives.

Surveillance and Detection

1. The Executive Director is responsible for monitoring public health advisories (federal and state) and updating the management team; particularly when an outbreak has been reported in the United States and is nearing the specific geographic location.
2. A protocol will be developed to monitor potential outbreak illnesses in residents and staff, which tracks illness trends.
    a. The admission policy includes that residents admitted during periods of an outbreak should be assessed for symptoms of the outbreak illness.
    b. A system is implemented to daily monitor residents and staff for symptoms of outbreak illness as well as confirmed cases of outbreak illness.
    c. Information from the monitoring systems is utilized to implement prevention interventions, such as isolation or cohorting.

Communication

1. The Director of Resident Care is responsible for communications with the local health authorities during an outbreak.
    a. Local health department contact information:

    _____
    _____

    b. State health department contact information:

    _____
    _____

2. The Director of Resident Care and the Executive Director is responsible for communicating with the staff, residents, and their families regarding the status and impact of the outbreak in the community. One voice speaking for the community ensures for accurate and timely information.
3. Communication includes usage of the Associate Directory to notify staff members of the outbreak. Efforts must be made, such as phone calls and posted signage to alert visitors, family members, volunteers, vendors, and staff members about the status of the outbreak in the Community.

4. The Director of Resident Care/Executive Director also maintains communications with the Emergency Management Coordinator, local hospitals, local Emergency Management Services, as well as other providers regarding the status of the outbreak.
5. Family members and responsible parties are notified prior to an outbreak that visitations may be restricted during an outbreak to protect the safety of their loved ones.

Education and Training

The Director of Resident Care and other Department Managers are responsible for coordinating education and training on outbreak for their department staff. Local health department and hospital-sponsored resources are researched, as well as usage of web-based training programs. **Trainings will include All Associates and Agency personnel.**

1.

a. Education and training of staff members regarding infection prevention and control precautions, standard and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with the outbreak illness.
b. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters on outbreak illness, as well as relevant policies. Such materials should be developed or obtained from www.cdc.gov.
c. Informational materials should be disseminated before and during outbreaks.

Infection Prevention and Control

1. Cleaning and disinfection for outbreak follows the CDC recommended cleaning chemicals for COVID-19 and other types of viral, gastrointestinal and respiratory infections.
2. Infection prevention and control policies require staff to use Standard and Droplet Precautions (i.e., mask for close contact with symptomatic residents).
3. Respiratory hygiene/cough etiquette should be practiced.
4. The Director of Resident Care shall have in place procedures to cohort symptomatic residents or groups using one of more of the following strategies:
    a. Confining symptomatic residents and their exposed roommates to their room.
    b. Placing symptomatic residents together in one area of the Community.
    c. Closing units where symptomatic and asymptomatic residents reside, i.e., restricting all residents to an affected unit, regardless of symptoms.
    d. Develop criteria for closing units or the entire Community to new admissions during an outbreak.
    e. Ensure visitor limitations are enforced.

Occupational Health

1. Practices are in place that addresses the needs of symptomatic staff and Community staffing needs, including:
    a. Handling staff members who develop symptoms while at work.

   b. When staff members who are symptomatic, but well enough to work, are permitted to continue working.
   c. Staff members who need to care for ill family members.
   d. Determining when staff may return to work after having outbreak illness.
2. A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential Community operations. The staffing plan includes collaboration with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.
3. Staff are educated to self-assess and report symptoms of outbreak illness before reporting to duty.
4. Mental health services or faith-based resources will be available to provide counseling to staff during an outbreak.
5. Outbreak illness vaccinations of staff are encouraged and monitored when made available
6. High-risk employees (pregnant or immuno-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments when feasible.

Vaccinations and Antiviral Usage (when made available)

1. The Centers for Disease Control (CDC) and the Health Department will be contacted to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and antiviral medications during an outbreak, if applicable.
2. Guidance from the State Health Department will be sought to estimate the number of staff and residents who are targeted as first and second priority for receipt of vaccine or antiviral prophylaxis, if applicable.
3. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis, if applicable**.**

Preparedness of Supplies and Surge Capacity

1. Quantities of essential food, materials, medical supplies, and equipment have been determined to sustain the Community for a three-week outbreak. A predetermined amount of supplies are stored at the Community or satellite location.
2. Capacity for deceased residents has been determined, including a space to serve as a temporary morgue.

Certain Phases of an Outbreak Alert Should Include Specific Precautions:

1. When an outbreak illness has been detected in the United States with increased and sustained human-to-human spread:
   a. All prospective residents and employees will be screened if they have had recent travels or close contact with other ill persons who have recently traveled to a previously affected outbreak illness area.
   b. Infection prevention and control training will be initiated for Outbreak Preparedness.
2. When an outbreak illness is increasing and sustaining human-to-human spread in the United States and cases are occurring in the Community's state:
   a. All prospective residents and employees will be screened to identify exposure to outbreak illness. Fever and respiratory symptoms will be screened following exposure for 2 to 14 days.
   b. Residents, employees, contract employees, and visitors will be evaluated daily for symptoms. Employees will be instructed to self-report symptoms and exposure.

c. Guidelines will be established as to when infected employees can return to work.
d. Adherence to infection prevention and control policies and procedure is critical.
e. Signs will be posted to remind staff, residents and visitors of cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of outbreak illness is a must.
f. The Director of Resident Care in collaboration with the Executive Director will determine when to restrict admissions and visitations. Communicate this to the affected parties.
g. Local and State Health Departments will be contacted to discuss the availability of additional supplies i.e. PPE viral testing kits for COVID-19.
h. Adequate supplies of food, water, and medical supplies will be available to sustain the Community if outbreak occurs in the geographic region or at the Community.
i. Residents and employees will be cohorted as necessary when possible.
j. Contingency staffing plans will be implemented as needed (i.e. agency).

Cohorting Policy and Procedure

Policy

The Community will determine which residents can be cohorted. Cohorting refers to the practice of grouping residents infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents (cohorting residents).

Procedure

In order to slow the spread of COVID-19 in the community and protect vulnerable population from contracting the virus, the Commissioner of the Department of Health hereby ORDERS that any community unable to effectively cohort its residents in accordance with the minimum requirements set forth below shall immediately curtail admissions as follows:

1. The community shall specifically allow 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 community 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 community shall be prohibited from accepting admissions or readmissions of individuals if the community has COVID-19 results 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

3. The community shall be permitted to accept admissions or readmissions of individuals if the community has COVID-19 residents and the community can:
    a. Cohort as in 1. ABOVE
    b. Follow CDC guidance for infection prevention and control; and
    c. Maintain adequate staffing.

4. A community without any COVID-19 Positive residents shall be permitted to accept admissions or readmissions of individual with or without COVID-19 if the community has the ability to:
    a. Cohort as in 1b.ABOVE
    b. Follow CDC guidance for infection prevention and control; and
    c. Maintain adequate staffing

5. Admissions or readmissions for persons under investigation for COVID-19 is permitted only if they can be placed in isolation.

6. The community shall comply with infection control measures as per the Departments guidance available at http://www.nj.gov/health/cd/documents/topics/NCOV/COVID LTC Recommendations.pdf

7. The community shall implement outbreak interventions outlined in the Department's Outbreak Management Checklist available at https://www.nj.gov/health/cd/documents/topics/NCOV/COVID Outbreaks Management Checklist.pdf

Reporting Communicable Diseases

Purpose

The purpose of this procedure is to guide reporting of suspected and confirmed communicable diseases to the appropriate governmental agency or authority.

General Guidelines

1. All reportable infectious diseases (residents' or employees') must be reported to the Director of Resident Care as soon as a definite diagnosis is made or strongly suspected.
2. The Director of Resident Care is responsible for notifying the local, district, or state health department of confirmed cases of state-specific reportable diseases.
3. Diseases that are included in state lists of reportable diseases may also include diseases that must be reported to the CDC (Nationally Notifiable Diseases).
4. Reportable diseases are divided into several groups:
    a. Mandatory written reporting: a report of the disease must be made in writing.
    b. Mandatory reporting by telephone: a health care provider must make a report by phone.
    c. Report of total number of cases.

5. When a disease has been reported to the local, district, or state health department, the Director of Resident Care is responsible for maintaining an in-house report of such action, including the date and time of the report.
6. Should the resident or employee reside in another county, the disease must be reported directly to the county of residence (if known). If such information is not known, the disease will be reported to the local county health department.

Notification

Policy Statement

This Community has taken measures to notify residents, family, and staff in the event of an outbreak.

Notification

1. Any Associate should immediately report any resident(s) or staff member(s) with a sudden onset of symptoms suggestive of outbreak illness to the person in charge and/or the Director of Resident Care, who should immediately take appropriate action.
2. The VP of Clinical Services and VP Operations – ALF and medical director should be consulted any time the Community suspects an outbreak.
3. New cases of ill residents and staff should be recorded each shift using a line listing or Infection Log.
4. Notify the local health department of any suspected or confirmed outbreak and consult with them about laboratory testing. The local health department will request the following information:
    a. Number of ill residents and staff
    b. Onset of illness
    c. Signs and symptoms of the illness
    d. Any laboratory tests complete or pending
    e. Job duties of any ill staff
5. Notify "sister" facilities that may share staff, facilities, or other resources with the affected Community or unit so they can implement proper infection prevention and control measures and monitor for illness.
6. Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.)
7. On a case by case bases families will be allowed minimum visits for any resident on end of life crises or extenuating circumstance. This allowance must be approved by the Director of Resident Care or Executive Director.
8. Mandatory confidential daily screening of everyone who comes into the site (necessary visitors, contractors, volunteers, vendors, delivery persons and physicians, among others) for potential exposure will be done. This will include taking temperatures. For any individuals who decline to be screened or who will meet any of the criteria for potential exposure, they will be politely asked to leave the Community.
9. Staff Agency, Contractors, Private Aides, and Companions will be required to complete a screening and acknowledge that they will immediately report any signs and symptoms of respiratory infection to their manager/designee on duty AND that they received CDC handouts related to infection preventing and donning/doffing PPE.

10. Screening will be conducted every day with every individual who enters the Community, since exposure can occur at any time.
11. If employee develops symptoms while at work, the employee should stop working, put on a face mask immediately and notify the manager.
12. Follow HR sick leave policies that allow employees to stay home if they have symptoms of respiratory infection.

Monitoring

Policy Statement

This Community has taken measures to monitor residents, family, and staff in the event of an outbreak.

- ***Screen and log all persons entering the community***; and all staff at the beginning of each shift. For any sign or symptoms of COVID-19, including but not limited to:
  1. Chills
  2. Cough
  3. Shortness of Breath
  4. Sore Throat
  5. Fatigue
  6. Muscle or body aches
  7. Headaches
  8. New loss of taste or smell
  9. Congestion or runny nose
  10. Nausea or vomiting
  11. diarrhea

Monitoring

1. Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have the resident wear a facemask (if tolerated). Director of Resident Care will follow the CDC criteria to guide evaluation of PUI for COVID-19.
2. In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis required Airborne Precautions (e.g., COVID-19, Influenza, and Tuberculosis).
3. Residents potentially exposed will not be transferred consistent with the most recent CMS guidelines unless their clinical status requires transfer and the physician orders it.
4. Staff who develop respiratory symptoms are to apply facemasks and report to the Director of Resident Care and human resources. Ill staff may not return to work until they have been afebrile longer than 72 hours (without antipyretic treatment) and respiratory symptoms have improved.
5. Director of Resident Care should monitor their local and state public health sources to understand COVID-19 activity in their community.
6. The administrative staff, including the Director of Resident Care Services, and the Executive Director will manage visitor access and movement within the Community.

a. Visitors for residents in isolation for COVID-19 will be limited to persons who are necessary for the resident's emotional well-being and care.
b. Exemptions to visitor restriction may be considered at the discretion of the Community; i.e. Hospice residents in crisis or imminent death.
c. Regardless of restriction policy, all visitors will be instructed to follow respiratory hygiene and cough etiquette precautions.
d. Visits to residents in isolation for outbreak illness will be scheduled and controlled to allow for:
    i. Screening visitors for symptoms of acute respiratory illness before entering the Community; and
    ii. Providing instruction, before visitors enter residents' rooms, no hand equipment (PPE) while in the resident's room.
e. Visitors will not be present during aerosol-generating procedures.
f. Visitors will be instructed to limit their movement within the Community.
g. Visitors may be advised to contact their healthcare provider for information about outbreak illness.

7. The Director of Resident Care will monitor outbreak illness activity.
    a. The Director of Resident Care has established procedures for monitoring and reporting outbreak illness activity in the Community.
    b. The Director of Resident Care maintains close communication and collaboration with local and state health authorities.

Infected Healthcare Workers

1. The Director of Resident Care and/or designee will monitor and manage ill healthcare personnel. Staff who develop fever and respiratory symptoms will be:

a. Instructed not to report to work, or if at work, to stop resident-care activities, and promptly notify their supervisor and the Director of Resident Care and/or designee for further instructions.

b. Reminded that adherence to respiratory hygiene and cough etiquette after returning to work is always important.

(1) If symptoms such as cough and sneezing are still present, staff must wear a facemask during resident-care interaction for activities of daily living.

(2) The importance of performing frequent hand hygiene (especially before and after each resident contact and contact with respiratory secretions) will be reinforced. (Include signage throughout the community, and all bathrooms and sink areas.

c. Excluded from work until at least 72 hours after they no longer have a fever (without the use of fever-reducing medicines such as acetaminophen). Those with ongoing respiratory symptoms will be considered for evaluation by the Director of Resident Care and/or designee to determine appropriateness of contact with residents.

d. Considered for temporary reassignment or exclusion from work for 7 – 14 days from symptom onset or until the resolution of symptoms, whichever is longer, if returning to care for immunocompromised residents?

2. Staff with fever will be sent home for a period of at least 72 hour and at least 24 hour without aid of antipyretic and no evidence of other symptoms which can be related to COVID-19. The staff must be tested for COVID-19.

3. Staff who develop acute respiratory symptoms without fever may still have a COVID-19 infection and will be: tested for COVID-19 as well as:

a. Considered for evaluation by the Director of Resident Care to determine appropriateness of contact with residents.

b. Reminded that adherence to respiratory hygiene and cough etiquette after returning to work is always important. If symptoms such as cough and sneezing are still present, staff will wear a facemask during resident care activities. The importance of performing frequent hand hygiene (especially before and after each resident contact) will be reinforced.

c. Allowed to continue or return to work unless assigned to care for immunocompromised residents.

d. If assigned to care for immunocompromised residents, considered for temporary reassignment or considered for exclusion from work for 7 to 14 days from symptom onset or until the resolution of all non-cough symptoms, whichever is longer?

4. The following human resources practices are in place:

a. Sick leave policies for staff are non-punitive, flexible and consistent with public health guidance to allow and encourage staff with suspected or confirmed influenza to stay home.

b. All staff, including staff who are not directly employed by the healthcare Community but provide essential daily services, are made aware of the sick leave policies.

c. Procedures are established for:

(1) Tracking absences;

(2) Reviewing job tasks and ensuring that personnel known to be at higher risk for exposure to those with suspected or confirmed COVID-19 are given priority for vaccination;

(3) Ensuring that employees have prompt access, including via telephone to medical consultation and, if necessary, early treatment; and

(4) Promptly identifying individuals with possible COVID-19.

5. Staff will self-assess for symptoms of febrile respiratory illness. Decisions about work restrictions and assignments for staff with respiratory illness will be guided by clinical signs and symptoms.

Management of Residents

1. Restrict residents under surveillance to their apartment for 14 days after a new move.
2. Efforts should be made to minimize movement of residents from an affected unit of Community to an unaffected location. In most circumstances, asymptomatic, exposed residents should **not** be moved from an affected to an unaffected resident unit. The value in moving asymptomatic residents who have been exposed (e.g., to a symptomatic roommate) is uncertain since they may already be infected and be incubating the virus.
3. Evaluate the need to cancel communal meals and group activities until 14 days after the last positive case.
4. Clean and disinfect all equipment between residents including, but not limited to: blood pressure cuffs, stethoscopes, electronic thermometers and transfer equipment. Consider dedicating commonly used equipment for use in affected areas only.
5. Cleaning of Medication Carts before start of shift, after Medication Pass completion and end of shift.
6. Ensure health care providers managing a symptomatic resident's medical care are aware of their resident's illness to determine if any changes to medical management are warranted.
    a. Consult with health care providers for residents experiencing vomiting or diarrhea who are also taking fluid-depleting drugs and/or laxatives.
    b. Consult with health care providers regarding the use of anti-emetics or anti-motility agents.
    c. For residents experiencing vomiting or diarrhea, monitor hydration status to include implementation of intake and output monitoring.
7. Limit new admissions until all cases have been asymptomatic for at least 14 days. **If new admissions are being considered, consult with the physician and the Community medical director if utilizing.**
    a. Consider admitting resident(s) to an unaffected area or to an area where all cases have been asymptomatic for 14 days.
    b. Inform prospective residents and their health care provider about the ongoing outbreak in the admitting Community.
8. If any resident, regardless of symptoms, is transferred to a hospital or other Community, you should notify the Community.
9. Discourage sharing of resident's personal food supplies or other personal belongings for the duration of the outbreak.
10. Utilize disposable items during outbreak period.

Laboratory Testing

Policy: Provide guidance to the staff in the appropriate testing and handling of cultures.

Procedure:

1. Cultures are to be obtained from residents upon a physician's order only.
2. Cultures are to be obtained, labeled and handled according to accepted policies and procedures of the lab.
3. Culture results are to be called or forwarded via fax to the physician as soon as they are available.
4. Completed culture reports are to be reviewed by the Director of Resident Care or wellness nurse.

5. In the event of an outbreak or other infectious emergency, the Director of Resident Care has the authority to:
    - Request cultures for screening, monitoring and/or follow-up as necessary under the direction of the appropriate health authorities.
    - Report findings and consult with appropriate health authorities.

Procedure:

1. Obtain a physician's order to collect a culture from a resident (unless under the direction of the Director of Resident Care, an outbreak or other emergency situation has occurred).
2. Gather appropriate equipment/supplies according to the lab policies and procedures for the type of specimen to be collected.
3. Don the appropriate PPE
4. Wash hands.
5. Explain to the resident what you are going to do.
6. Follow the accepted nursing/lab procedures to collect the specimen.
7. Label and handle the specimen according to the accepted lab policies and procedures using universal infection control practices.
8. Wash hands.
9. Notify the lab of the need for a specimen pick-up per lab policies and procedures.
10. Sign off the physician's order as completed and record the collection of the specimen in the resident's medical record. Include the following:
    - Date/time collected
    - Type of specimen
    - Source for specimen (as applicable)
    - Description of specimen (amount, color, consistency, odor, etc.)
    - Date/time lab notified and picked up specimen
11. Record obtaining of culture on the Infection Log and 24 hour report as appropriate.
12. When culture results are reported to the community, notify the physician as soon as possible.
    - Call the physician directly and read the report. Document the physician notification and response in the resident's medical chart. Record in the culture report the date and time of the physician notification.
    - Fax the culture report to the physician and follow-up with a phone call to assure that the physician received the report. Document all actions taken in the resident's medical chart.
13. If the physician orders an antibiotic:
    - Double check the resident's allergy information.
    - Check the sensitivity report, as available; to assure the antibiotic is appropriate for Organism.
    - Alert the physician if any problems are noted with any of the above.
14. Notify the Director of Resident Care if the culture results show POSITIVE FOR COVID-19; or any other infectious organism.
15. Record culture results on the Infection Log as appropriate.

Environmental Services

1. During COVID-19 or other infectious outbreak housekeeping personnel will safeguard the cleanliness of the environment, thus reducing the potential of spread of infectious microorganisms. The Environmental Service Director or Housekeeping Supervisor is responsible for assuring that the routine and procedures are followed consistently by housekeeping personnel.
    - All cleaning solutions used are of the appropriate and registered by Environmental Protection Agency (EPA)
    - Cleaning supplies and equipment shall be appropriately cleaned, disinfected and stored to protect against the spread of microorganisms.
    - All personnel are responsible for promptly reporting potentially infectious conditions.
    - Record of Infection Control rounds will be utilized on a daily basis.

2. Cleaning after discharge and prevention of the spread of infectious organisms, guidance is provided to the staff in the cleaning practices required when a resident is discharge from the community and disinfection practice when the spread of infectious organisms exist.
    - The Director of Care will notify the housekeeping department when the possibly of the spread of infectious organism exit. (Resident testing positive for COVID-19).
    - Cleaning consist of a thorough cleaning and disinfection of the room with special emphasis on those items handled directly by the resident; furnishings, faucets handles, commodes, door knobs, etc. high touch areas.
    - Washing of walls where frequently touched areas.
    - Floor clean specific to covering; example, carpet, wood, tile, ceramic, etc.
    - Non-disposable, re-usable residents care items should be cleaned and appropriately disinfected with approved germicidal solutions before use for another resident.

3. Apartment cleaning is done to establish cleanliness and consistency in the way an apartment is cleaned and disinfected during an infectious outbreak

4. All residents' laundry will be washed and dried separately; returned to their rooms using proper infection control standards.

5. All common area are cleaned to establish cleanliness and consistency in the way common areas are cleaned and disinfected during an infectious outbreak.

6. All water Fountains are shut off, will remain inoperable during the outbreak period.

7. Training – Clean Check Training System will be utilized for training purposes along with the policy and procedures.

    - Pandemic/Outbreak Disinfection
    - Cleaning residents rooms
    - Donning Proper PPE

- Rest Room Cleaning
- Carpet Cleaning
- Hard floor Cleaning

Strict Outbreak Guidelines

Any community with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS, per the COVID-19; any community that cannot attest to criteria to advance phases, and all facilities if New Jersey is in maximum restriction per the "Road Back to Recovery".

All communities are initially considered to be in Phase 0. A community can initially advance phases in conjunction with the states reopening Stages, with a 14 day delay (one incubation period).

Community with a COVID-19 outbreak will remain in Phase 0 (maximum restriction) until their outbreak of COVID-19 has concluded. The detection of a new COVID-19 outbreak returns the community to Phase 0 regardless of the communities current Phase. In order to leave Phase 0, the community must re-submit an attestation upon conclusion.

Outbreaks are considered concluded when there are no symptomatic/asymptomatic probable or confirmed COVID-19 cases among employees or residents after 28 days (2 incubation Periods) have passed since the last case's onset date or specimen collection date (whichever is later). The determination of an outbreaks conclusion will be made by either NJDOH or local health officers.

In order for the community to meet the requirements before advancing from Phase 0 or to any other phase, the community must submit to the department via email to LTC.OutbreakEnd@doh.nj.gov an End of Outbreak attestation.

- ❖ Please review Re Opening plan for NJ for further guidance during the COVID-19 Pandemic outbreak
- ❖ Please review the Emergency Procedure for COVID-19 Outbreak Response Plan with all of your associates and agency personnel.

Spring Hills Senior Communities LLC

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