Arbor Terrace

New Jersey
COVID-19 Outbreak Plans & Procedures

Updated Aug. 25, 2020

CONTENTS:

NJ - Infection Control: COVID-19 Care and Containment – Outbreak Response rev. 8-18-20

Process Owner: Resident Care Director

Policy

Coronavirus Disease 2019 (COVID-19)

This guidance is based on the currently limited information available about coronavirus disease 2019 related to disease severity, transmission efficiency, and shedding duration. This cautious approach will be refined and updated as more information becomes available and as response needs change in the United States. This guidance is applicable to all Arbor Communities.

- Infection control procedures including administrative rules and environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery.
- Prompt detection and effective triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the community.
- All communities must ensure that their personnel are correctly trained and capable of implementing infection control procedures; individual healthcare personnel should ensure they understand and can adhere to infection control requirements.

Recommendations:

1. **Containment Minimize Chance for Exposures**

Definitions:

Isolation is used to separate **ill** residents who have a communicable disease from those who are healthy. Isolation restricts the movement of ill residents to help stop the spread of certain diseases.
Residents placed in **ISOLATION** include the following:

- Resident has symptoms of an illness including fever, cough, sore throat, shortness of breath, nausea with vomiting or diarrhea.
- Resident has been diagnosed with an infectious illness: COVID-19, pneumonia, strep throat, norovirus, influenza, or other communicable disease.
- Residents returning from another healthcare setting and meeting the criteria in 1 or 2 above.
- Residents who are a Person Under Investigation due to exposure to someone who has tested COVID-19 positive.

ISOLATION Practices using Transmission Based Precautions include the following:

- Ensure completion of the **Isolation/Quarantine PPE Checklist for Care Directors.**

- Place the STOP sign reminder on the door.
- Limit the number of staff interacting with the resident. One caregiver per shift. Keep these residents on the same group assignment when possible. It is permissible in these circumstances to allow the nurse or med tech to bring medication to the apartment door and give to the caregiver to assist the resident.
- If symptoms are respiratory, resident will wear a mask.
- Personal Protective Equipment (PPE) required:
    a. Mask – always KN95 or N95 when available
    b. Gloves – always
    c. Gown – always for care staff
    d. Eyewear
    e. Hair cover

Quarantine is used to separate and restrict the movement of **well** residents who may have been exposed to a communicable disease to see if they become ill. These residents may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.

Residents placed in **QUARANTINE** include the following:

- Resident is asymptomatic of illness residing in a community that is under a complete quarantine order.
- Resident went to the Emergency department or urgent care and is asymptomatic for respiratory illness. (48 hours)
- Resident went to a physician's office for an appointment and is asymptomatic for respiratory illness. (48 hours)
- Resident went on LOA for the day with family. (48 hours)
- Resident has moved into the community and has tested negative for COVID-19.
- Resident returned from the hospital, rehab or nursing home and has tested negative for COVID-19.
- Resident returned from the hospital, rehab, or nursing home who previously tested positive for COVID-19, is now asymptomatic and or tested negative.

QUARANTINE practices include the following:

- Ensure completion of the **Isolation/Quarantine PPE Checklist for Care Directors.**
- Personal Protective Equipment required:
    - Gloves when providing direct care or contact with the resident or cleaning surfaces or handling soiled items
    - Masks will be worn while in the community. Both staff and resident will wear a mask while staff are in the apartment.
    - Staff will wear either goggles or face shield.
- Resident will remain in their apartment for meals and activity.

- They may be allowed minimal time in the hallway for exercise with a staff member present. During periods requiring universal source control, resident will wear a mask if they leave the apartment.
- They may have their apartment door open for brief periods of time while they are wearing a mask.
- If resident develops a fever or other symptoms; cough, shortness of breath, sore throat, etc., they will be placed in isolation.

Prospective Residents

- In addition to the existing Vitalsware assessment, prospective residents will be screened for symptoms of respiratory illness specifically **cough, fever, shortness of breath**.
- All guidelines will be applied to prospective residents; **Admission and Re-admission of Residents Guidelines: COVID 19.**

Existing Residents

- All guidelines will be applied to residents returning to the community; **Admission and Re-admission of Residents Guidelines: COVID19.**
- Each resident will have, heart rate, blood pressure, temperature, and pulse oximetry taken in frequency as directed by the NJDOH guidance, by caregiver or med tech and recorded in Quick MAR vital signs. **Refer to Vital Signs and Symptom Monitoring policy and Clinical Protocol Pulse Oximetry.**
- Each resident will be observed for symptoms of respiratory illness including cough, shortness of breath, congestion, nasal secretions. Observations will be documented in the resident's chart notes in QuickMar. **Refer to Documentation Guide COVID-19**.
- Any resident exhibiting one or more symptom will be isolated in their apartment and their primary physician will be notified of the symptoms.
    - Community staff will specifically ask for further medical evaluation and testing for COVID-19 for the resident.
- Implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the resident's nose and mouth if that has not already been done) and isolate the Patient Under Investigation for COVID-19.

2. **Adherence to Standard, Contact and Airborne Precautions Including the Use of Eye Protection**

- Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting.
- Elements of Standard Precautions that apply to patients with respiratory infections, including those caused by COVID- 19, are summarized below. Attention should be paid to training on correct use, proper donning (putting on) and doffing (taking off), and disposal of any PPE. Visitors or third-party providers who enter the apartment of a resident with known or suspected COVID-19 (i.e., PUI) should adhere to Standard, Contact, and Airborne Precautions, including the following:

Resident Placement

- Personnel entering the apartment should use PPE, including respiratory protection, as described below.
- Only essential personnel should enter the apartment. Implement staffing policies to minimize the number of HCP who enter the apartment. Refer to **Suggested Staff Model Accommodations for Residents on Isolation**.
- Communities should consider caring for these residents with dedicated staff to minimize risk of transmission and exposure to other patients and other staff members.
- Communities should keep a log of all persons who care for or enter the apartment or care area of these residents.
- Use dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuff sleeves). If equipment will be used for more than one resident, clean and disinfect such equipment before use on another resident according to manufacturer's instructions.
- Staff entering the apartment soon after a resident vacates the apartment should use respiratory protection. (See personal protective equipment section below) Standard practice for pathogens spread by the airborne route (e.g., measles, tuberculosis) is to restrict unprotected individuals, including staff, from entering a vacated apartment until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on clearance rates under differing ventilation conditions is available). We do not yet know how long COVID-19 remains infectious in the air. In the interim, it is reasonable to apply a similar time period before entering the apartment without respiratory protection as used for pathogens spread by the airborne route (e.g., measles, tuberculosis). In addition, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

Hand Hygiene

- Staff should perform hand hygiene using alcohol-based hand sanitizer (ABHS) before and after all resident contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS.
- Communities should ensure that hand hygiene supplies are readily available in various locations in the building.

Personal Protective Equipment

- Staff must receive training on and demonstrate an understanding of when to use PPE; what PPE is necessary; how to properly don, use, and doff PPE in a manner to prevent self-contamination; how to properly dispose of or disinfect and maintain PPE; and the limitations of PPE.
- Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.

Gloves

- Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the resident apartment or care area. Change gloves if they become torn or heavily contaminated.

- Remove and discard gloves when leaving the resident apartment or care area, and immediately perform hand hygiene.

Face Masks

- If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces (often called source control).
- When caring for residents who have tested positive for COVID 19, N95 face masks should be worn.

Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

- If adequate supplies are available of disposable masks, staff will wear mask and dispose of after use and between residents.
- If it becomes necessary to re-use a disposable mask the following steps will be taken:
    - Staff will obtain a clean mask at start of shift
    - Staff must take care not to touch the mask. If they touch or adjust the mask without gloves on, they should perform hand hygiene.
    - Mask will be worn until it becomes torn, visibly soiled, or hard to breathe through, then it will be discarded.
    - If it is necessary to remove the mask, staff will wear gloves and carefully fold so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag labeled with the staff members name.
- If disposable masks are not available staff may wear items made of cloth such as bandanas for face protection.
    - Staff will obtain a clean cloth face protector at the start of each shift.
    - If cloth face protector becomes torn, soiled, or difficult to breathe through it will be removed and discarded if necessary.
    - Reusable cloth face protectors will be placed in a receptable at the end of the shift for laundering with hot water and detergent.
- Prioritize facemasks for selected activities such as:
    - During care activities where splashes and sprays are anticipated
    - During activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable
    - For performing aerosol generating procedures, such as nebulizer treatments.
    - During universal source control periods- all staff wear masks at all times while in the community
- Residents requiring masks will wear a disposable mask if available.
    - Resident will reuse the mask until it becomes torn, soiled, or difficult to breathe through.
    - Resident will wear the mask when staff are in the apartment with them.

- Resident will wear the mask if they leave the apartment for an essential purpose or escorted exercise
- Have residents with symptoms of respiratory infection use tissues or other barriers, such as a bandana, to cover their mouth and nose if no other type of facemask is available or in short supply.

Gowns

- If adequate supplies are available of disposable gowns, staff will wear gown and dispose of after use and between residents.
- Put on a clean isolation gown upon entry into the resident apartment. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or before leaving the resident apartment or care area. Disposable gowns should be discarded after use.
- After exhausting the supply of disposable gowns. Items that are cloth and reusable will be provided to protect clothing.
    - Use disposable gown one time and discard when supply is available.
    - Use reusable item such as a cloth lab coat is acceptable.
    - Staff will obtain a clean lab coat at beginning of shift to wear in resident's apartment while providing care that may transfer secretions to staff member clothing:
    - Dressing, bathing, changing linens, changing briefs, or assisting with toileting or wound care
    - Cloth coat will be donned prior to providing care in the resident's apartment and removed and placed on a hangar in the bathroom.
    - The cloth or plastic reusable gown will be placed in a receptacle for laundering at the end of the shift.
    - When possible, each resident apartment will have a coat for the assigned staff member during the shift.
    - Staff may wear gown for more than one resident with the same infectious disease.
    - Soiled gowns will be laundered in hot water and detergent in a separate load and dried in dryer before placing back in circulation.

Eye Protection

- Protective eyewear will be worn for residents in isolation *and* the following:
    - During showering of residents
    - Anytime the resident is unable or unwilling to wear a face covering and care is necessary
    - While working in memory care with residents during a period of quarantine
- Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and

disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

- Staff will obtain a clean pair of protective eyewear at start of shift.
- Eyewear will be used throughout the shift. If it becomes visibly soiled or removed it will be cleaned.
- Disinfectant wipes will be used while wearing gloves to wipe down goggles and face shields.
- Goggles will air dry prior to putting back on or in paper bag for remainder of shift, labeled with staff member's name.
- At the end of each shift goggles will be placed in a receptacle for disinfecting:
    - While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield or goggles using a clean EPA approved disinfectant wipe.
    - Carefully wipe the *outside* of the face shield or goggles using a wipe.
    - Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
    - Fully air dry on clean paper towel on clean surface.
    - Remove gloves and perform hand hygiene.

Storage of PPE supplies

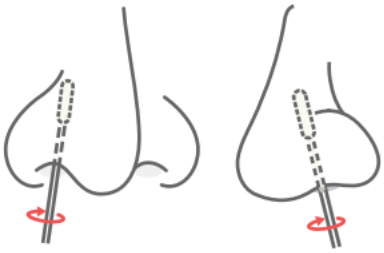
1. All clean, unused PPE will be maintained in a secure designated storage location.
2. The Nurse or Med Tech on duty will provide the necessary PPE to staff assigned to residents on Isolation.
3. Receptables for disposable and reusable PPE will be placed in the resident's apartment and labeled for scrubs/coats or goggles.
4. Soiled PPE should not be brought into a "clean" area such as the Wellness Center.
5. Identify how and when soiled PPE will be removed and brought to laundry or cleaning station.

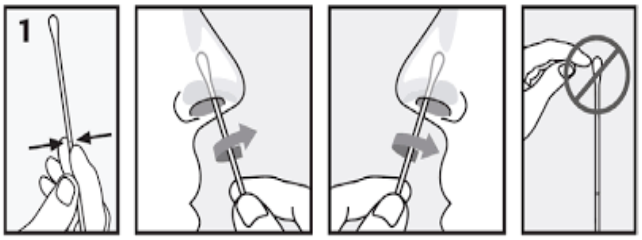
Diagnostic Respiratory Specimen Collection: COLLECTION OF NASAL ANTERIOR SPECIMENS FOR SARS-CoV2

Each community will identify and train 2-3 staff members on the proper collection and handling of nasal anterior specimens for SARS-CoV2.

1. Staff identified will be trained on specimen collection following these guidelines.
2. The procedure for nasal (anterior) nasal sampling is as follows:
    - Staff will don proper PPE including gown, N95 mask, face shield and gloves after performing hand hygiene.
    - Assemble supplies including swab and Universal Viral Transport tube.
    - Identify resident or staff member by name and explain procedure for collecting the specimen.
    - Ask the resident or staff member to blow their nose and have them dispose of the tissue.
    - Ask resident or staff member who should be seated to lean back and their tilt head.

- Remove one swab only from the package, taking care to hold it above the scored mark and not contaminate the swab.
- Stand to the side of the resident or staff member.
- Using a flocked or spun swab, gently insert the swab at least 2 cm (.75 inches) inside the nostril and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 seconds.





- Using the same swab repeat for the other nostril.
- Remove the cap from the transport tube.
- Immediately insert and swirl the swab in the transport tube. Snap applicator at scored mark.
- Replace cap and tightly secure to prevent leakage.
- Place tube labeled with name and date of birth inside biohazard bag and seal.

3. After each specimen is collected, remove gloves, and perform hand hygiene with hand sanitizer. All other PPE (gown, N95 mask, face shield, head covering) will remain on unless visibly soiled.

Discontinuing of Isolation Precautions for Residents Under Investigation and confirmed COVID-19 Residents

- The decision to discontinue Transmission-Based Precautions for residents with confirmed COVID-19 should be made using the guidelines as described below.

The time period used depends on the resident's severity of illness and if they are severely immunocompromised.

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of persons who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions

Residents with mild to moderate illness 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

Residents with severe to critical illness or who are severely immunocompromised

- At least 20 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

Time Based Strategy for Discontinuing Transmission-Based Precautions

*Residents who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection:*

- At least 10 days have passed since the date of their first positive viral diagnostic test.

*Residents who are **severely immunocompromised** who were **asymptomatic** throughout their infection:*

- At least 20 days have passed since the date of their first positive viral diagnostic test.

Test-Based Strategy for Discontinuing Transmission-Based Precautions

In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. However, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some patients (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the resident being infectious for more than 20 days.

The criteria for the test-based strategy are:

Residents who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved, **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.).

Residents who are not symptomatic:

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

- Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Illness Severity descriptions

Although not developed to inform decisions about duration of Transmission-Based Precautions, the definitions in the National Institute of Health are one option for defining severity of illness categories. The highest level of illness severity experienced by the resident at any point in their clinical course should be used when determining the duration of Transmission-Based Precautions.
Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.
Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level.
Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severely Immunocompromised examples

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.

4. **Manage Visitor Access and Movement Within the Community**

- All visitors will check in and sign in at the front desk upon arrival. Visitors will be screened for symptoms of respiratory illness including cough, shortness of breath and fever. Communities will surveil temperatures of visitors and not allow anyone with symptoms of cold or flu or temperature over 100 degrees to visit the community.
- Restrict visitors from entering the apartments of known or suspected COVID-19 residents (i.e., PUI). Alternative mechanisms for residents and visitor interactions, such as video-call applications on cell phones or tablets should be explored. Communities can consider exceptions based on end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.
- Communities should provide instruction, before visitors enter residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current community policy while in the resident's room if they are in isolation.

- Visitors should be instructed to limit their movement within the community. This includes private duty caregivers and third-party providers.
- All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the community.

5. **Monitor and Manage Ill and Exposed Healthcare Personnel**

- Movement and monitoring decisions for staff with exposure to COVID-19 should be made in consultation with public health authorities. Refer to the **Risk Assessment and Management of Persons with Potential Exposure to COVID-19** policy in the Resident Care Manual Policies and Procedures.
- Community staff will be reminded to not report to work if they have cold or flu symptoms including cough, nasal secretions, fever.

- Staff may be subjected to monitoring for these symptoms including temperature checks for fever upon reporting to work.
- Any staff member with a fever above 100 degrees will be sent home and asked to remain out until they are symptom free and deemed not contagious.
- Communities should implement sick leave policies for staff that are non-punitive, flexible, and consistent with public health guidance.
- Staff with confirmed case of COVID-19 will be removed from work and monitored using the Fever and Symptom Monitoring Log.

6. Return to Work Guidelines for Staff with Confirmed COVID-19

Symptom-based strategy for determining when HCP can return to work

HCP with mild to moderate illness 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

HCP with severe to critical illness or who are severely immunocompromised:

- At least 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

Time-Based strategy for determining when HCP can return to work when asymptomatic

- HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.

- HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.
- In cases of extreme staffing crisis staff may be allowed to return sooner per CDC guidelines for Mitigation of Staffing Crisis. This **must be approved** by Regional VP of Resident Care.

Upon returning to work staff should:

- Wear a facemask at all times while in the community
- Be restricted from contact with severely immunocompromised residents until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene and cough etiquette
- Self-monitor for symptoms; obtain medical attention if symptoms recur or worsen

7. Train and Educate Healthcare Personnel

- Provide staff with job- or task-specific education and training on preventing transmission of infectious agents, including hand hygiene, cough etiquette, symptom management, isolation procedures and use of PPE.
- Ensure that HCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

8. **Implement Environmental Infection Control**

- Dedicated medical equipment should be used for resident care.
- All non-dedicated, non-disposable medical equipment used for resident care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA- registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those resident-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. These products can be identified by the following claim:

"[Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."

This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related). Specific claims for "COVID-19" will not appear on the product or master label.

- If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Ensure staff shared equipment or frequently touched surfaced are disinfected including: keys, phones, keyboards, medication cart scanners, pill crushers, radios, pagers.

9. **Establish Reporting within Communities and to Public Health Authorities**

- Notify Arbor support partners, including operations and resident care at the first observation of symptom and isolation of residents.
- Follow guidelines in **Infection Control Surveillance Line List policy** for reporting.
- Promptly notify state or local public health authorities of residents with known or suspected COVID-19 (i.e., PUI). Communities should designate specific persons within the community who are responsible for communication with public health officials and dissemination of information to HCP.
- Follow state regulations for notifying and reporting to licensure agencies.
- All mitigating actions implemented by the community to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered will be posted on the website and all visitors allowed according phase will be notified upon visiting the community.

10. **Mitigate staffing in the event of an outbreak**

- Understand staffing needs to provide a safe work environment and safe resident care.
- Collaborate with Arbor sister communities who are able to provide additional staff.
- Utilize internal HR and recruitment to hire additional HCP.
- Communicate with local healthcare coalitions to identify additional HCP, including those who are retired, students, and volunteers when needed.

11. **The Covid19 pandemic has brought a heightened awareness to the community, and along with it, new policy development in accordance with the lessons we have learned during this time.**

- Increased training to all staff on infection control measures and guidelines
- Vital sign and symptom monitoring policies
- Covid19 documentation guidelines
- Permanent staffing model to mitigate cross contamination and risk exposure
- Admission and Re-admission guidelines
- Infection Control Surveillance Line List policy
- Risk Assessment and Management of risk exposure
- Increased environmental infection control guidelines

INTERIM GUIDANCE COVID-19 TESTING PLAN- NEW JERSEY – REV. 8/19/20

PROCESS OWNER: EXECUTIVE DIRECTOR

Each community will implement a COVID-19 testing plan for both residents and staff members in compliance with the N.J. S. A. 26:2H-12.87 regulations.

Procedure:

Resident and Staff Testing Timing

1. Baseline molecular testing of all residents and staff will be completed no later than May 26, 2020.
2. Any individual that tests negative will be retested within 3-7 days after the baseline testing.
3. Continue testing any individual who has previously tested negative once a week, until the testing identifies no new cases of Covid-19 among residents or HCP for a period of 14 days since the most recent positive result.
4. Any resident or staff that develops symptoms of respiratory illness will be tested for COVID-19, including those who have tested positive 3 or more months ago, if alternate diagnosis is not ruled out.
5. All previously tested negative HCP, and HCP who have tested positive and 3 months have passed since first positive test, will continue to be tested on a weekly basis, unless otherwise directed by the state or local department of health. This plan recognizes that there may be increased transmission rate in the community at large and testing will be adjusted as directed.
6. All new HCP will be tested upon hire and not be permitted to work in the building or be put on the schedule until a negative COVID-19 test result is confirmed.
7. All new admissions and re-admissions will be tested prior to move in and on days 1 and 7 after move-in. All residents who have previously tested positive will only be retested if 3 months have passed since their first positive test result and they have symptoms or have been exposed to a positive COVID-19 individual.
8. At any time that we are in outbreak status, as defined by N.J. Stat. § 26:2H-12.87, we will begin weekly testing in the community of all HCP and Residents who previously tested negative, and HCP who had a positive test result and 3 months have passed since first positive test. We will continue testing every 7 days until at least 14 days have passed since our most recent positive result. Staff only will continue to test weekly.

9. Any resident or staff that has symptoms of COVID-19 and 3 or more months have passed since they were first positive, will be re-tested if alternate diagnosis cannot be ruled out.
10. Participation in testing is a work requirement for staff in the assisted living and independent living community.
11. Residents that refuse to be tested will have that right honored. The resident will be considered a person under investigation (PUI). The physician and legal representative will be informed of this decision. The resident will be required to adhere to community policies and protocols in place including but not limited to universal source control (masking), quarantine or isolation.

Communication of testing plan

12. The community executive director will notify each resident and / or responsible party and staff member of the plan for COVID-19 testing including the date and time testing will take place.
13. Each person submitting to the test will receive information on how results will be obtained and communicated to them, contact information for local health officials, how to obtain follow up medical care if necessary and general information from the CDC regarding COVID-19 and appropriate public health actions.
14. Staff members will sign HIPAA consents for release of test results to Arbor Company personnel and health department officials.
15. Each community will provide information on the following to each person prior to being tested:
    a. How and when to obtain test results
    b. For contacting local health officials
    c. Obtaining follow up medical care if results are positive
    d. Public health actions such as self-isolation

Testing procedures

16. Staff trained on COVID-19 specimen collection using an anterior nasal specimen will perform the specimen collection.
17. Training will include step by step instructions including preparation of supplies, information for the person being tested, proper PPE and infection control precautions, specimen handling per the policy GUIDELINES FOR COLLECTION OF NASAL ANTERIOR SPECIMENS FOR SARS-CoV2

Results and Reporting

18. Laboratory results will be processed via portal. Limited community staff with access to the portal will review each result and inform the staff member, resident and responsible party of the result no later than 48 hours from receiving the result.

19. All COVID-19 test results will be reported to the New Jersey Communicable Disease Reporting and Surveillance System and other prescribed reporting requirements by the DOH and local health department.
20. Results for residents will also be communicated to the primary care provider for each resident.
21. Notification will be made within 24 hours to all facility residents, staff members and permissible visitors whenever or in each instance a case of COVID-19 has been diagnosed in a resident or staff member of the community in the following manner:
    a. In person and in writing for all residents, staff members and permissible visitors as appropriate
    b. Notification via telephone, email or other method of communication the facility is using at the time to notify the resident's family member, guardian or designated person during this time or restricted visitation, as well as any other visitors, to be followed up in writing within three days.
    c. Notification for subsequent cased may be done by phone, email or other method of communication the community is using at that time.

Post Testing Protocols

22. Residents that test positive for COVID-19 that have not had symptoms, will be co-horted to the extent possible with other COVID-19 positive residents. If co-horting is not possible, the resident will remain in their assigned individual apartment under isolation/transmission-based precautions for a minimum of 10 days from the date of the specimen collection. Lifting of transmission-based precautions will be done in accordance with the CDC/NJ DOH guidelines and applying the time-based strategy below.

    Time-based strategy –

    a. 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 14 days after their first positive test.

23. Residents with symptoms that test positive for COVID-19 will remain on isolation/ transmission-based precautions in accordance with CDC guidelines until the criteria for symptom-based strategy is met.

    Symptom-based strategy

a. At least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
b. At least 10 days have passed since symptoms first appeared.

24. Staff with symptoms and positive COVID-19 results will be removed from work duties until the following criteria is met:

    Symptom-based strategy. Exclude from work until:

    a. At least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
    b. At least 10 days have passed since symptoms first appeared

25. Staff with laboratory-confirmed COVID-19 who have not had any symptoms: Time-based strategy. Exclude from work until:

    a. 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based strategy should be used.

26. In cases of staffing shortages, the community Executive Director in conjunction with the regional operations team members may apply the Criteria for Mitigation of Staffing Crisis CDC guidelines to allow asymptomatic positive staff continue to report to work.

Engagement Outbreak Plan

Criteria to operate under Tier 2 is extensive and assessed by Arbor's COVID-19 taskforce and the community's Executive Director. Only approved communities are to operate in this manner.

PPE and Personal Hand Hygiene Protocols

- All engagement staff must wear a mask at all times
- All residents must wear a mask at all times when they are anywhere other than in their apartment alone
    - Resident and staff must wear masks when walking outside if they are waking in close proximity to one another
    - Residents are allowed to take their mask off if walking totally alone around campus
- All engagement staff must wash their hands or sanitize before and after each resident interaction
    - Hand washing stations or sanitizer must be arranged in each common area for easy access
- All residents must be reminded and assisted to wash their hands or sanitize before and after each activity or interaction
- Gloves must be available in all common areas for engagement staff use as needed
    - Gloves should be changed frequently to include after physical contact with another person

Social Distancing Protocols

- No engagement activities or gathering should exceed 10 people
- All common areas must be arranged to honor social distancing, which is people being at least 6 feet apart - standing or sitting
    - Visuals must be used to assist in compliance with social distancing protocols - tape, removal of unnecessary furniture, signs, etc.
- All common areas will have a sign(s) upon entry that state the room capacity

Cleaning Protocols

- Activity spaces and common areas that are used for programming will be cleaned after each use to include cleaning all hard surfaces and furniture and sanitizing all items used or touched.

- Each community will put cleaning bins (plastic containers) in common areas to place any universally shared items that have been touched/used that need cleaning before another person uses
    - Please affix the provided sign (see Sagely print templates) to each bin designating its use

    - Engagement staff will craft a rotation to check and clean items in the bin and place back into use circulation

        - Cleaning bins should be sanitized at the same time you are cleaning items in the bin

- For residents who use items daily or ongoing, please create a separate container with their personal items so they will not be shared with others or require excessive cleaning

- All items and areas should be cleaned using approved cleaning supplies (consult with your Executive Director and/or Maintenance Director)

- All hand sanitizer products should be approved (consult with your Executive Director and/or Maintenance Director)

- Items to clean - everything! If you can touch it, clean it. Here are examples:
    - Wipe down or spray with disinfectant anything that is used by multiple people (dice, poker /bingo chips, markers, paint brushes, musical instruments, items in activity boxes, activity baskets, props, etc.) after each single use

    - Wipe/spray the bus (seats, arm rests, seatbelts, etc.) before and after each use as well as walkers and wheelchairs before they return to the community

    - Wipe/spray exercise equipment (machines, balance bars, etc.) and exercise props (weights, bands, noodles, balls, etc.) after each use

    - Wipe down computers, keyboards, iPads, iPods, Eversound equipment (all technology that is used by multiple people) after each use

    - Wash any items after single use that are shared among multiple people - blankets, pillows, stuffed animals, twiddle pets, sensory mats, etc.

- Elevator buttons and rails before and after each use

Engagement Protocols

- Support partners will assist communities to think about a flow to each day depending on activities and assigned dining times - using the Arbor provided plan templates
    - IL
        - Residents are free to come and go as they wish within or outside the community but while inside the community they will need to comply with all infection control standards:
            - Masks 100% of time outside the apartment
            - Social distance at all times with all people
            - Frequent handwashing
            - Room capacity limits observed including in dining room
        - Dining will start with one meal per day and graduate to full meal service by end of Tier Two, one person per table except for couples
        - Small group (≤10) led engagement resumes starting with 2-3 scheduled activities per day
        - The salon will be open with strict infection control criteria and beautician screening
        - Transportation will be offered for essential needs with 25% capacity to allow social distancing on the bus
        - Family visits will be restricted to outdoor spaces
        - Pool and gyms will be opened as long as cleaning can take place between individual uses of pool furniture or gym equipment

If you are an Independent Living neighborhood or community with alternative Tier 2 guidelines STOP HERE!

- AL
    - Resident in apartments except for escorted for meals, engagement, window or outdoor family visits and outdoor time
    - Leverage relationship with care
        - Resident assistants more responsible for assisting residents on their assignment to activities
        - RAs responsible for assisting residents back to their apartments after activities conclude
        - Engagement create the daily flow schedule (template provided) for each resident to communicate for resident and staff that are assisting to

opportunities - schedules can be as specific or generic as each community is able to accommodate
    - Grab and go stations set up for self engagement
- Engagement staffing will continue to think strategically about staff assignments to reduce cross contamination
    - Ex. I work in AL for one week and then switch over to MC to for the next; do not split shifts or work in one neighborhood one day and another the next
- Engagement activities or gathering should not exceed 10 people and honor social distancing. Activities will be offered 1 in the morning and 1 in the afternoon following the dining schedule
    - If an activity attracts more than 10 residents, another common area should be set up to accommodate all residents who would like to attend as much as possible (Zoom yourself or the virtual activity leader into the other rooms)
    - If a resident is not able to be accommodated, they will be directed to the grab and go activity stations
- Grab and go stations should be set up - 1 in the morning, 1 in the afternoon, 1 in the evening with different themes/options
- Visitors and vendors are not allowed inside the community, but arrangements can be made to host vendors or visitors outside while honoring PPE usage and social distancing
    - Families or friends are not allowed to take residents from the community
    - For outside concerts or other outside vendor led activities, if your campus allows for separate outdoor spaces to be used while honoring social distancing for 10 people in each space, you can proceed with more than 10 people enjoying the activity
        - Example: the entertainer is in the courtyard. A group of 10 socially distanced residents can be in the courtyard; a group of 10 socially distanced residents can be on the 2nd floor porch; residents can be on their apartment balconies
- Gyms should only be used during scheduled activity times with a staff member monitoring and executing proper cleaning protocols
- Outings, including scenic rides, are still not allowed due to social distancing challenges
- Salons will be opened per the Tier guidelines - communities should implement appointment scheduling as was happening prior to COVID
- Continue engagement theme carts door to door at least once a day during a “down time” (ex. 1-2:30 p.m.)
    - Library cart, ice cream cart, etc.
- Person centered birthday celebrations should still take place as able

- What other 1:1 or deep connection moments do you want to keep alive? Here is the list everyone generated on 5/20/20!
    - HALLWAY EXERCISES
    - I would like to continue bowling !
    - Missy - just what you said about the calmer EG with less going on; they seem better. And a weekly/bi-weekly decorated beverage cart to roll in the fun!
    - Doing some exercise in our courtyard/outside
    - Neighborhood exercise groups and cheer carts for refreshments
    - Happy hour carts
    - families that live out of town said how much they love and appreciate the facetimes.!
    - We have enjoyed and utilized our courtyard and garden area much more than we ever have before.
    - Having weekly themes
    - Video Visits!
    - VIDEO VISITS
    - Fun cart visits to folks who don't come to group activities much
    - Themes meaning decorated theme carts
    - I WANT TO CONTINUE HAVING OUR FAMILY MEMBERS USING OUR SIGN UP SYSTEM TO COORDINATE VIDEO VISITS :)
    - taking advantage of outdoor spaces for more things (exercise, balcony participation)
    - I think our introverts are very happy!
    - Playing Bingo on the patios with social distancing in small groups currently will increase once quarantine is over
    - Our themed carts are a HUGE hit with the residents too!
    - zoom visits with residents for updates from the ED
    - They really enjoy a different quote every day
    - Yes they ask about costumes every week since we dress up on fridays
    - I have used Eversound for video visits, works well for hearing impaired folks but is a bit cumbersome.
    - Our Residents really enjoy the social distance Walkers Club.
- If you signed up to pilot the new well-being assessment in Sagely, complete the assessment with all IL and/or AL residents and connect with your engagement support partner on how to analyze and implement based on findings. Here's the guide.
- For Bridges, use your best judgement on how to shift within the Tier 2 guidelines. Here are suggestions:

    - Residents are able to eat in small groups (up to limited capacity dining room holds), one per table, closely supervised by staff. For residents who are better suited or have been more successful eating independently in their rooms, this practice should continue.
    - If no small group engagement is already happening, staff may conduct engagement for groups of up to 5 with social distancing per common space. If engagement is currently taking place in limited, social distancing ways, that should continue as is working for the community.
    - Continue to be mindful of the environment - how can you shift to make the environment seem more open, but keep visual cues in place to encourage social distancing?
- Memory Care, use your best judgement on how to shift within the Tier 2 guidelines. Here are suggestions:
    - Residents are able to eat in small groups (up to limited capacity dining room holds), one per table, closely supervised by staff. For residents who are better suited or have been more successful eating independently in their rooms, this practice should continue.
    - If no small group engagement is already happening, staff may conduct engagement for groups of up to 5 with social distancing per common space. If engagement is currently taking place in limited, social distancing ways, that should continue as is working for the community.
    - Continue to be mindful of the environment - how can you shift to make the environment seem more open, but keep visual cues in place to encourage social distancing?

Here's what you CAN do!

Below are ideas to use to adapt Engagement programming during the START plan. We encourage you to adapt a "Can Do" attitude as we are rethinking life in our community and how you are communicating these changes to residents, staff, and families. As always, refer to your ED or support partner for help if needed. And continue to share your ideas on workplace.

<u>Outings:</u>

- Create a virtual visit to a place you would like to visit such as a museum. Also, you can use iN2L travel features and google cam.

<u>Shopping:</u>

- Help residents shop online from local stores that offer delivery or curbside pick-up such as Walmart or Publix.

- Help residents order items from Amazon. They offer same day and one day delivery on many items including grocery.

Alternative Visit Options:

- Continue virtual visits and window visits for any resident or family member
- Offer in-person, socially distanced visits that take place outside or another identified, safe location - be sure to submit your community plan prior to visits being scheduled using the Family Outdoor Visit Guide (link)

Church Services:

- If you have a church that residents regularly attend, see if they offer a live stream service that can be set up on a large screen TV for a virtual experience.

Community Puzzle/Bingo:

- Use Activity Connection, Golden Carers, and iN2L to print a variety of puzzles and brain games that can be used one time and discarded. Be sure there is a cleaning bin located near the pens/pencils so those items can be sanitized.
- Help residents set up an area in their personal apartment to work a puzzle. Discard puzzle after use.
- Use laminated or disposable bingo cards only. You can print bingo cards online from activity connection or have your current bingo cards laminated if not already.

- If using poker chips or plastic bingo markers, they need to be sanitized after each use. You can run them through the commercial dishwasher in your community. If using disposable cards, use an ink blot marker and sanitize after each use.

Bridging of Programs:

- Combining programs should not take place. If there is activity that was being offered jointly, use Zoom to still offer to the large group, but in different locations in the community with smaller groups of residents.

Cooking/Snacktivity:

- Prepackaged items can be offered
- Bottled beverages or individually poured and served beverages can be offered
- You can stream cooking shows and have the dining team prepare or prepare yourself ahead of time what the show is cooking

Individual Activity Boxes:

- If you have a resident who uses art supplies or other engagement supplies (playing cards, etc.) on a regular basis, create a special box with their name on it and allow them to use those supplies. Sanitize the items in their box regularly.

- If a resident has a therapeutic doll or stuffed pet that belongs to them, create a personal box to keep those items in. Encourage that resident to use those items while in their room to avoid contact with other residents.

Productive and educational activities

- Ensure that residents are being provided with flyers and information related to the worldwide Coronavirus situation (do not label ANY activity name/titles using the word Coronavirus on the calendar or in flyers). #Be Aware. #BePrepared is a great alternative name.

- Be prepared (ask your ED for Arbor provided resources) to discuss the worldwide Coronavirus situation with residents during Coffee & Conversation and other group discussion activities

- Host hand sanitizer making activities - https://www.tomsguide.com/news/how-to-make-hand-sanitizer-ingredients-for-making-it-at-home

- Host educational health talks focused on infection control – use your ED and RCD to help guide these talks

Support Groups/Education Classes:

- Continue any support to this group such as sending refreshments, give-a-ways, or any items we were currently providing while they were meeting in our communities.

Large Groups or Outside Vendors:

- Re-engage with exercise vendors, entertainers, school groups, orchestras, band groups, church choirs, etc. to see if they offer a video or virtual stream of their activity/performance that you can show residents in the theatre or other common areas.
- You can also create virtual visits among the students and residents or live stream a performance from the school or church or other organization
- Organizations or vendors can be hosted outside for in-person activities while following social distancing measures

Happy Hours

- Happy hours should still be conducted by hallway carts

COVID-19 Virtual Visits and Other Means of Virtual Communication

Process Owner: Engagement Director

Policy:
Each community will have a system in place to host routine virtual visits between residents and their family members as well as offer other ways to keep family members connected through virtual means. This system should be sustainable for at least 90 days.

Procedure:

1. The engagement team will have a system in place to host routine virtual visits between residents and their family members with a minimum of offering the opportunity to connect with their loved one at least once per week. Please refer to the **Virtual Visit Implementation Plan,** embedded in this document.

2. The community will implement a buddy system among department heads and other applicable staff to provide weekly connection with assigned resident family members through text and/or e-mail. All communication should include an engaging and happy picture of the resident.

3. The engagement team will send weekly community life e-mail updates in a group format to all resident families using the provided **Community Life E-mail Update template,** embedded in this document.

Virtual Visit Implementation Plan

Ways to connect:

- Decide how your community can best offer virtual visits. Here are the options most readily available to all communities:
    - FaceTime via the community iPads
        - Share your Apple ID with families to call on face time during their scheduled time OR use the family's provided call info to initiate the virtual call during their scheduled time
            - If you do not know your Apple ID, check this link.
        - If your community has multiple iPads on the same Apple ID (most are), make sure you disable the FaceTime feature on the iPads not being used for virtual visits, so it does not ring on all devices at one time. Go into settings on FaceTime and disable the feature.
    - Zoom using community iPads or any community computer/laptop
        - If families want to use zoom, send them a link prior to the scheduled time.
        - see the **Zoom set up instructions,** embedded in this document
        - Set up a zoom link specifically for virtual visits so you are not using yours if you need to be on a different call. Create an account using a generic email such as engagement.community@gmail.com
    - Skype using the iN2L(s), if not in use for programming or any community computer/laptop
        - See the **iN2L Skype set up instructions**
        - If you need help setting up iN2L for virtual visits, please contact the iN2L help desk.

**If you need help setting up your iPad with FaceTime, please contact help@bfatechnologies.com. Provide your community name and a phone number to call you back.

Scheduling:

*Due to the time and training required to use online platforms such as Sign-up Genius successfully, using an 'old fashioned' paper schedule is recommended.

- Brainstorm as a community timeslots that staff will be available to assist with virtual visits. Be sure to offer multiple time slots throughout the day to help accommodate families.
- To help accommodate all requests:
    - Encourage families to use Zoom and connect multiple family members at one time for a more meaningful visit.

    - Offer visits in 15 min increments.
- Print copies of the **Virtual Visit Scheduling Sheet** and ask your front desk staff to manage scheduling appointments for families
    - Be sure to edit the scheduling sheet to only show times that someone at the community is able to assist with virtual visits
- Orient the staff assisting with scheduling to all of the information needed when talking to family members.
    - Their Name
    - Resident's Name
    - Cell phone number
    - E-mail address
    - Preferred connection method (FaceTime, Zoom or Skype)
    - Any other family members that would like to join this virtual visit
- If you have a high demand of requests, you may need to limit families on how many visits they may have per week.

Identifying Staff to Help Coordinate Visits:

- Brainstorm with your ED and/or DH team any staff that may be available to help facilitate visits
- Can your front desk help coordinate visits in the bistro or another area is close to the desk? The receptionist may have a little extra time with no visitors 😊
- Have engagement coordinators rotate helping at different times of the day in between programming
- Ask a department head to assist with one virtual visit each day

General Tips/Tricks:

- Look for ways to make it special. Is there a special occasion that you could help a resident attend virtually?
- Be sure to share with families the flyer on **How to Have an Engaged Conversation** flyer with your loved one especially if they are living in memory care.
- Use headphones to limit background noise and limit distractions to other residents.