Bridgeway Senior Healthcare is committed to providing exceptional care and support to our residents and their families. As required by state and federal regulation, we have developed outbreak response plans to ensure the safety and well-being of everyone in our community.

Our outbreak response plan includes information on:

- Protocols for isolating and cohorting infected and at-risk residents in the event of an outbreak of a contagious disease;
- Policies for notifying residents, residents' families, visitors, and staff in the event of an outbreak of a contagious disease;
- Information on laboratory testing;
- Protocols for assessing whether facility visitors and staff are ill;
- Policies to conduct routine monitoring of residents and staff to identify communicable disease that could develop into an outbreak;
- Policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations, and
- A strategy for securing more staff in the event of an outbreak of infectious disease among staff or another emergent or non-emergent situation affecting staffing levels.

You can find our complete Outbreak Response plan within this document. If you have any questions regarding our Outbreak Response plan, you can reach out to the individual buildings or at askbridgeway@bshcare.com.

BRIDGEWAY CARE AND REHABILITATION CENTER AT HILLSBOROUGH

Outbreak Response Plan

DEFINITION OF AN OUTBREAK

An outbreak in a LTC facility is defined as any unusual occurrence of disease or any disease above background or endemic levels.

Type of Outbreak's include but not limited to:

- COVID-19
- Flu
- Pneumococcal
- Norovirus
- Other

If there is more than one occurrence of one of these diseases, the facility will work with local Department of Health personnel to determine if the facility is in an outbreak.

SIGNS AND SYMPTOMS ASSOCIATED WITH MOST DISEASES

Infections may be difficult to differentiate from other illnesses due to common signs and symptoms. The most common signs and symptoms, among others, associated with contagious diseases include:

- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Headache
- Congestion or runny nose
- Fever
- Chills with or without shaking
- New fatigue
- New muscle or body aches
- Nausea
- Vomiting
- Diarrhea
- New loss of sense of taste or smell
- Other

RESIDENT PROTOCOLS

Monitoring Residents for symptoms

Resident monitoring is based on the facility's outbreak status:

- Non-Outbreak: monitor for fever, decreased oxygen saturation and new or worsening signs and symptoms of infection daily.

- Outbreak: obtain full set of vital signs, including oxygen saturation, and monitor for fever and new or worsening signs/symptoms of infection every shift.

If a resident develops new or worsening signs and symptoms of an infection, staff will perform point-of-care antigen testing and contact the clinician and/or PCR testing if appropriate.

Pre-admission Screening

All new admissions and re-admissions will be screened for infections, including vaccination status for COVID-19, Flu, and/or Pneumonia, current signs and symptoms of infections, and test results, prior to acceptance and upon admission into the facility. If the resident was tested at a facility prior to admission, the sending facility must provide lab results to the receiving facility.

To be considered fully vaccinated for COVID-19, at least two weeks must have passed since the receipt of the second dose of a 2-dose series or at least two weeks have passed since the receipt of a single dose vaccine. To be considered up to date, newly admitted residents must have received the most recent COVID-19 vaccine available.

Cohorts

Residents will be placed in cohorts based upon their positive test results. The facility will designate areas for each cohort as needed.

Cohort 1 (RED)
COVID-19 Positive

This cohort consists of both symptomatic and asymptomatic residents who test positive for COVID-19 and other like diseases regardless of vaccination status, including any new or re-admissions who are positive and have not met criteria for discontinuation of isolation. If feasible, care for positive residents in a separate designated area. Residents who test positive are known to shed viruses, regardless of symptoms; therefore, all newly positive residents would be placed in this positive cohort.

- The isolation area will be clearly marked with signage.
- Limited staff should enter red zones (e.g., to provide direct resident care, housekeeping/maintenance).
- Isolation will be discontinued based on CDC and NJDOH guidelines.
- Requires use of full PPE – gown, gloves, face shield, and N95 mask.

Cohort 2 (YELLOW)
Symptomatic with Suspected Infection

All symptomatic patients/residents should be evaluated for the causes of their symptoms. Residents who test negative for COVID-19 or other viral diseases could be incubating and later test positive. Ideally, a patient/resident with suspected infection should be moved to a single-person room with a private bathroom while test results are pending if available. In general, it is recommended that the door to the room remain closed to reduce transmission of SARS-CoV-2 or other pathogens. However, in some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must

remain open, work with facility engineers to implement strategies to minimize airflow into the hallway. If limited single rooms are available, or if numerous residents are simultaneously identified to have symptoms concerning COVID-19 or other infections, they should remain in their current location pending return of test results.

Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again on days 3,5 & 7 after the exposure. Patients/residents can be removed from quarantine after Day 7 if they continue to test negative.

Management of COVID-19 Positive Residents

The following procedure will be followed when a resident has tested positive for COVID-19:

1. Move the resident to the COVID-19 designated area for Cohort 1 and maintain transmission-based precautions until they meet current criteria for discontinuation. If a resident becomes positive within 14 days of admission, the facility is responsible for notifying the sending facility of the results to allow for the appropriate response and investigation and alert the local health department.
2. Notify the DON, Administrator, Attending Clinician, Medical Director, resident and family representative.
3. The Infection Preventionist or designee will contact the local health department and initiate a line listing.
    a. *Hillsborough Health Department – 908-369-5652*
    b. *Bridgewater Health Department – 908-725-5720*
4. Initiate testing of residents and staff in accordance with our COVID-19 testing plan.
5. Monitor all residents at least once each shift for signs and symptoms of COVID-19. If signs or symptoms develop, follow the procedure for suspected COVID-19 listed above.
6. Conduct contact tracing to determine exposure of staff and residents who had close contact (within six feet for at least 15 minutes over a 24-hour period) with the resident within 48 hours of the date of the test. Testing will be performed on the identified close contacts.
7. Notify residents, their families/representatives, and staff per facility communication plan.
8. Include cases in the COVID -19 reporting requirements as required by the NJ Department of Health and CMS.
9. The resident will be considered recovered upon meeting the CDC criteria for discontinuation of transmission-based isolation precautions.
10. Upon discharge, terminally clean and disinfect the room using EPA-approved products.

Residents Returning from Outings

Residents who go on medical or non-medical outings may be at increased risk for exposure. Residents who leave the facility will be educated about the potential risk associated with the public setting, and infection prevention measures they can take, including avoiding crowded and poorly ventilated spaces, wearing a mask in these areas, practicing social distancing and hand hygiene.

When a resident leaves the facility, he/she will be assessed and monitored for signs and symptoms of viral infections.

- In most circumstances, quarantine is not recommended for patients/residents who leave the facility for <24 hours and do not have close contact with a suspected or known COVID-19 positive person. Residents who attend outings will be routinely monitored for the development of any signs or symptoms.

- Residents who are out of the facility for more than 24 hours will be treated as a re-admission. When a resident leaves the facility for more than 24 hours, an exposure risk assessment using the NJDOH Risk Assessment Decision Tree will be completed upon their return to determine the need for testing and/or isolation.

Transfer to an Acute Care Facility

The following procedure should be used when a resident who is confirmed to be positive for an infectious disease or is under investigation for COVID-19 requires transfer to an acute care facility:

1. Notify the transferring EMS/ambulance agency of the resident's isolation status when placing the call to arrange transport.
2. Apply a face well-fitting face mask on resident.
3. Ensure that the isolation status is documented on the Universal Transfer Form.
4. When the responding transport personnel arrive:
    a. Ensure they are wearing proper PPE.
    b. Notify them of the isolation status of the resident.
5. Contact the receiving facility and inform them of the resident's isolation status.
6. Following discharge, perform terminal room cleaning disinfection using an EPA-approved product.

Death

The following procedure should be used when a resident who is confirmed to be COVID-19 positive or is under investigation for COVID-19 or other diseases expires:

1. Wear full PPE, including gown, glove, face shield and N95 mask when performing post-mortem care.
2. Inform the funeral home of the resident's infection precaution status.
3. Complete a Communicable Disease Form (see attachment) and provide it with a copy of the death certificate.
4. Perform terminal room cleaning and disinfection using EPA-approved products.

If the funeral homes in the area are unable to handle receipt of the body, contact the Central New Jersey Temporary Morgue at (609) 433-0641 to assist with arrangements.

STAFF PROTOCOL

Mitigation of Risk

As long as COVID-19 and/or other viral infections are present in the surrounding community, there exists a risk of it entering the facility. To mitigate the risk of this occurrence by staff, the following staff-specific interventions are in place:

- Staff receives education specific to COVID-19, Flu, pneumonia, and other infections including signs and symptoms, cough and respiratory etiquette, and infection control practices such as hand hygiene, universal source control, transmission-based precautions, and proper use of personal protective equipment (PPE).
- Staff are provided with PPE. Each staff member is issued a well-fitting face mask daily for universal source control. Staff who enter the room of a resident who is on transmission-based isolation precautions are provided a gown, gloves, well-fitting face mask or N95 mask and face shield.
- Universal eye protection should be instituted for staff who are resident-facing or who cannot maintain physical distancing when the CDC Community Transmission Level for Healthcare Settings is either substantial or high.
- Staff are primarily assigned to a designated unit or department. Staff are rotated only when necessary to meet the needs of the residents.
- Staff are directed not to report work if they feel ill.

Screening

Staff who develop signs and symptoms during their shift must inform their supervisor or manager on duty and be tested for COVID-19 prior to leaving the facility. They will be restricted from work while test results are pending. The Employee Health Nurse or designee must be informed as well.

Staff Testing

As a condition of continued employment, all staff will undergo testing in accordance with current CDC and/or NJ DOH guidelines (see Testing Plan).

Management of Symptomatic or Exposed Staff

If staff test negative for COVID-19 they may still be restricted from work based upon self-reporting of either exposure to a confirmed COVID-19 case or symptoms that *could* be associated with COVID-19 or another illness. The Employee Health Nurse or designee must be informed of the exposure and/or complaint of symptoms. The risk of exposure and need for work restrictions will be guided by CDC and NJDOH recommendations.

Management of COVID-19 Positive Staff

Staff who test positive for COVID-19 will be restricted from work until they meet the CDC and NJDOH criteria to return. While out of work, they are instructed to self-isolate, practice distancing, and to contact their clinician if their signs or symptoms worsen.

The Infection Prevention, Employee Health Nurses or their designee will:

1. Initiate contact tracing to determine which residents, staff, vendors, and visitors may have been exposed to the staff member within 48 hours prior to the collection of the test.
2. Initiate COVID-19 testing for staff and residents who may have been exposed.

3. Start a line listing.
4. Notify the local Health Department:
    a. Hillsborough Health Department: 908-369-5652
    b. Bridgewater Health Department: 908-725-5720
5. Notify staff, residents, resident representatives, and others per the facility's communication plan.
6. Report the case in the mandated NJDOH and CMS reporting systems.

TESTING

Bridgeway follows NJ DOH and CDC guidance for testing of staff, residents, and visitors (see detailed Testing Plan).

COMMUNICATION PLAN

Bridgeway Care and Rehabilitation has developed a communication plan to assure that, in an emergency or infectious disease outbreak, the necessary resources are in place to ensure:

1. Facility staff have updated phone lists to contact other staff, physicians, residents, families/responsible parties, and other necessary people and/or agencies in a timely manner
2. Residents and their families/responsible parties have a means to stay in touch with residents and facility staff
3. Facility staff have resources to guide thought processes in the event of a primary telephone system failure.

When the Incident Command Center is operating, the Communications Coordinator is responsible for implementing the Communication Plan. When the Incident Command Center is not operating, any individual with access to our electronic medical record may be designated to implement this plan.

Personnel Contacts

The following table lists the various phone lists that may be needed in the event of an emergency, the process owner responsible for updating each list, and the updating frequency. All these lists are part of this Communication Plan.

Phone List	Process Owner	Updated
Emergency Phone List	Receptionist	Quarterly
Employee Phone List	Human Resources/ Payroll	Quarterly
Physician Phone List	Medical Records	Quarterly
Internal Phone Extensions	Receptionist	Quarterly
Resident Emergency Contact List	Point Click Care User	Run as needed

Emergency Notification

Bridgeway shall notify the residents and their families/responsible parties of situations which effect routine operations; for example, infectious disease outbreaks and emergency preparedness measures such as utility failure, evacuation, etc.

The primary means of communication may include contact by phone, email, and or cell phone text blasts. Resident contact information is available in our electronic medical record.
Specific to COVID-19:

- General communication will be at least weekly and by way of memo to residents and by way of email/text blast to resident families and staff. These general communications may include up to date statistics, mitigation efforts, changes to normal operations, and a point of contact (e.g., Administrator) for any questions or concerns. Each update will contain a boilerplate passage reminding recipients that they can stay in touch via Facebook, Bridgeway's webpage, and by scheduling virtual visits and will also include links to these sources.
- If the facility receives a positive test result for a resident or staff, or if three or more residents or staff with new-onset respiratory symptoms occur within 72 hours of each other, the facility shall notify the residents, the resident's representative (one), and all staff by 1700 hours on the calendar day after the date the result is received by the facility.
- During an outbreak, positive test results for individual residents shall be reported directly (in person or by phone) to the resident, the resident's representative, the Infection Prevention Nurse, the Director of Nursing, the Administrator, and the Medical Director.
- During an outbreak, positive test results for staff shall be reported directly (in person or by phone) to the individual staff member, his/her manager, the Infection Prevention Nurse, the Director of Nursing, the Employee Health Nurse, the Director of Human Resources, the Administrator, and the Medical Director.
- The facility shall use a line list to document test results and will submit the line list to the local and State Departments of Health as required and/or instructed.

Alternate Means of Communication

In the event of a telephone system failure, the Communications Coordinator or designee is responsible for assuring, among other things, that alternate communication equipment is available, distributed, and tracked. The priority action items are:

1. Gather portable radios.
2. Confirm presence of facility-owned cell phones.
3. Complete a Radio/Phone Distribution Log.
4. Distribute copies of the Radio/Phone Distribution Log to key areas.
5. Run a Resident Emergency Contact List.
6. Notify residents and their families/responsible parties of alternate ways to contact the facility which may include any of the following:
    - Facility owned cell phones
    - Copy/Fax Machines
    - By email to askbridgewayhb@bshcare.com.

- During circumstances where in-person visitation is restricted, virtual visitation through Skype may be scheduled at www.bshcare.com/skype.

Urgent Communications

Bridgeway has established a mechanism for residents and their families to contact the facility with urgent questions or concerns that are not being responded to via normal communication methods. These mechanisms are posted on our website and are monitored by the Administrator and other key personnel. Contact may be made:

- By calling the Urgent Communications Hotline at (908) 315-5933. When prompted, press "2" for Bridgeway at Hillsborough.
- By email to askbridgewayhb@bshcare.com.

Crisis Staffing

Crisis staffing will be implemented during times of potential or actual staffing shortages to ensure continuity of operations and the ability to meet the needs of the residents. All departments will work collaboratively to implement the initiatives.

1. Each department director will document the minimum staffing requirements for their area, based on census and resident acuity where appropriate.
2. All current full-time, part-time, and per diem employees will be notified when a staffing emergency is in effect and requested to provide additional availability to work.
3. Department directors may implement any/all the following initiatives with currently working staff: change shift length (from 8- to 10- or 12-hour shifts), adjust the start and/or end times for existing staff, implement mandatory overtime in accordance with state regulation and facility policy.
4. Consider allowing staff who have been restricted from work to return to work according to the CDC Strategies to Mitigate Healthcare Personnel Shortages.
5. Volunteers who are up to date with COVID-19 vaccination may be used to supplement staffing when necessary.
6. Additional initiatives may include:
    a. Use of staff from other Bridgeway or Avalon locations.
    b. Use temporary staff through contracted agencies;
    c. Recruit temporary employees who could assist with tasks that can be performed by unlicensed and non-certified staff;
    d. Use physical therapists, occupational therapists, and speech therapists for resident care tasks as appropriate to their discipline;
    e. When approved through CMS and NJ DOH waivers, recruit Certified Homemaker Home Health Aides and other health care workers to assist with resident care;
    f. When approved through CMS and NJ DOH waivers, implement a dining assistant training program consistent with regulatory requirements;
    g. Implement the most current Return to Work Criteria developed and approved by CDC and CMS;

h. Communicate the need among staff to postpone elective time off from work;

i. Reassign health care personnel (e.g., nursing administrative and MDS staff) to support essential patient care activities in the facility;

j. Address social factors that might prevent health care personnel for reporting to work such as transportation and housing.

k. Provide and communicate resources available to health care personnel to assist with anxiety and stress.

l. Determine the priority of nursing care and services during staffing shortages and consider initiative to modify the workload of staff; for example, change medication administration times, hold non-essential medications, bathing schedules, etc.

7. Consider use of exposed/asymptomatic positive staff in accordance with current CDC and NJ DOH guidelines
8. Communicate with local healthcare coalitions, federal, state and local health partners to identify additional healthcare personnel.
9. As a last resort, and in collaboration with the Administrator, transfer residents to healthcare facilities or alternate care sites with adequate staffing to provide safe patient care.

VISITOR PROTOCOL

Screening

Visitation must be allowed for all residents, at all times. Visitation may be restricted by the Department of Health. Visitors include all individuals who are not residents and who do not meet the definition of facility staff, which includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility. Visitors will be asked to refrain from visiting if they are not feeling well, have recently tested positive for COVID-19 or other respiratory viruses. Visitors that opt to visit will be provided facility approved masks if they wish to wear one.

The facility will follow all CDC and NJDOH recommendations relating to masking and screening of visitors.

Types of Visits/Minimizing Risk

Outdoor visits generally pose a lower risk of transmission due to increased space and airflow and are preferred when possible.

Indoor visits are allowed at all times and for all residents, subject to the following:

- Visitors who are visiting a resident who is under transmission-based isolation precautions must see the nursing staff for assistance donning PPE prior to entering the resident's room.

COVID-19 INFECTION PREVENTION MEASURES

Following are lists of general and department-specific measures to guide thought. Implementation of any/all these measures should be based upon need and the current circumstances.

General

- Universal source control:
  - All staff will apply a well-fitting facemask upon arrival for work and will wear a facemask for the duration of their shift while in the building if appropriate.
  - All visitors will apply a well-fitting facemask upon entry to the facility and will wear a facemask as described above if warranted.
- When the CDC Community Transmission Level for Healthcare Settings is either substantial or high (this is NOT the COVID-19 Community Level), universal eye protection should be worn in addition to universal source control:
  - By staff in patient care areas.
  - By staff and individuals who are unable to maintain social distancing.
- Hand hygiene will be performed by all staff.
  - The CDC recommends the use of alcohol-based (60-95% alcohol) hand rub (ABHR) for increased compliance among healthcare staff.
  - In the event there is a shortage of ABHR available, perform hand hygiene using the hand washing with soap and water method.
  - Post signage to inform staff of hand hygiene locations throughout the facility.
- Decrease movement of staff throughout the facility where practicable.
  - Support departments should limit visits to the nursing units.
  - Staff should be assigned to a specific location and remain in the assigned area.
  - Nursing department staff should not float between different units and patient assignments unless necessary.
- Designate break areas in each location so that staff are not dining together and/or moving throughout the building:

Designated work location	Break Area
1st Floor Administrative Offices	Administrative Suite Neshanic Conference Room
One South	One South Dining Room
Two South	Two South Dining Room
Two North	Two North Bistro Area
Third Floor	Third Floor Dining Area
Rehab Department	OT Gym

Basement Level Offices	Skillman Learning Center
Laundry Services	Break Room
Food Service Department	Break Room
Maintenance Department	Break Room

- Use appropriate PPE when caring for a resident who is COVID-19, Flu, pneumonia, or other viral infection positive:
  - Don PPE prior to entering the room
    - Gown
    - N95
    - Face shield/goggles
    - Gloves
  - Doff PPE prior to exiting the room
  - Perform hand hygiene prior to exiting the room

If the facility observes a decrease in the availability of personal protective equipment supplies, Bridgeway utilizes CDC's strategies to optimize personal protective equipment supplies using the framework of surge capacity when PPE supplies are stressed, running low, or absent. The facility routinely monitors PPE inventory and utilizes a burn rate calculator to help plan and optimize the use of PPE. As supply availability returns to normal the facility will resume conventional practices. (Refer to Optimizing PPE Policy).

Nursing

1. Perform an Infection-Related Assessment.
2. When performing direct care, apply a face mask to the resident to further reduce the risk of transmission.
3. Encourage residents in semi-private rooms to draw the curtain between residents.
4. Medication changes:
   - Review the resident's current medications and treatments with the attending physician to determine if timing of medications/treatments can be rearranged and/or discontinued to decrease the number of interactions and duration of time spent in close proximity to the resident.
   - Procedures that could generate infectious aerosols should be performed cautiously and avoided if appropriate alternatives exist:
     i. Change nebulized medications to the inhaler form equivalent.
     ii. Discontinue the use of BiPAP/CPAP machines.
   - If aerosol-generating procedures must be performed, close the resident's door.
   - When providing direct care bundle activities to limit entering/exiting the resident's room.

5. Source additional clinical supplies. Review current par levels of clinical supplies, including IV hydration bags; IV pumps; oxygen concentrators; alternating pressure mattresses and determine the need to increase supply.
    - High-flow oxygen concentrators are available in the oxygen room on the first floor.
    - Alternating pressure mattresses are available in the clean laundry room located in the basement.
    - Additional IV pumps and hydration bags are available in the CUBEX in the 2-South med room. Additional IV poles are available in the housekeeping storage room located in the basement.
    - In the event further supplies are necessary please contact the following:

Supply	Point of Contact	Contact Number
IV Supplies, hydration bags, pumps and poles	PharmScript	(888) 319-1818
Alternating Pressure Mattresses	Central Supply Office – Dawn Petercsak	BW: (908) 722-7022 HB: (908) 281-4400
Oxygen Concentrators	NJ Respiratory Associates	(973) 244-2190

6. Disinfect shared medical equipment used in isolation rooms with an EPA-approved product. Shared medical equipment includes but is not limited to:
    - Vital Signs Machine
    - Thermometer
    - Hoyer lift
    - EZ Lift

    If possible, dedicate these items and a medication/treatment cart to the COVID positive area.
7. Conduct interdisciplinary care plan conferences with the resident and his/her family virtually (Skype, Microsoft Teams, Zoom) or via conference call.

Environmental Services

1. Reusable gowns will be laundered separately from other linen/laundry.
2. Use only EPA-approved products for COVID-19 (List N).
3. Increase cleaning of high-touch surface areas; adjust staffing as needed.
4. Perform terminal cleaning following discharge of a COVID-19 positive resident.

Food and Nutrition Services

1. Residents who are under transmission-based precautions because they are either COVID-19 positive or have been exposed to someone who is COVID-19 positive or are positive for another infectious disease, should not participate in communal dining.

2. Residents on transmission-based precautions will receive only paper products for meals to avoid any utensils/plates returning to the kitchen.
3. Staff members will not deliver meals to the rooms of residents who are under transmission-based precautions. They will only deliver meals to the unit and nursing staff will deliver meals to the individual residents.
4. For residents who are unable to complete menu selection, the food service department designated member will contact family to review menus.
5. Communal dining may be offered to residents who are not under transmission-based precautions:
    a. Residents may participate in communal dining without the use of source control or physical distancing if **ALL** residents are fully vaccinated.
    b. **ALL** residents should be encouraged to use source control when not eating.
    c. When feasible, seat the same small group of residents together each day, so that each resident is in contact with the same small group.
    d. When feasible, staff should be assigned to specific tables to minimize the number of residents they interact with and remain with that group each day.
    e. Condiments should be provided to each resident to avoid sharing.
    f. Sanitize/clean high touch surfaces (e.g., chairs, tables) between seating/meals.
    g. Refrain from removing used plates and tableware from the table until all residents have finished eating.

Activities

1. Residents who are under transmission-based precautions because they are either COVID-19 positive or have been exposed to someone who is COVID-19 positive or other infectious diseases, should not participate in group activities.
2. Provide individual activities for residents in their rooms.
3. Wipe down supplies with EPA-approved (List N) products.
4. Group activities may be offered to residents who are not under transmission-based precautions:
    a. All residents should be encouraged to wear source control during the activity.
        i. A resident who is unable to wear a mask due to a disability or medical condition may attend communal activities, however they should physically distance from others.
        ii. A resident who is unable to wear a mask and whom staff cannot prevent having close contact with others should not attend communal activities. To help residents prevent having close contact, such as in the case of a memory care unit:
            1. Limit the size of group activities.
            2. Encourage frequent hand hygiene.
            3. Assist with maintaining physical distancing as much as possible.

iii. If a resident refuses to wear a mask and physically distance from others, educate the resident on the importance of masking and physical distancing, document the education in the resident's medical record, and the resident should not participate in communal activities.

b. As much as possible, keep the same residents in the same group each day so that each resident is in contact with the same group, including the same staff, to minimize multiple interactions and remain with that group daily.

c. Activity items that cannot be appropriately cleaned and disinfected should not be shared between residents. For example, residents should be given their own personal bingo cards and tiles.

Therapy

1. Close the rehabilitation gym and distribute equipment throughout the nursing units. Six feet of distance must be maintained between pieces of equipment to provide social distancing of residents.
2. Assign dedicated therapists to each nursing units.
3. Residents who are on transmission-based precautions will have in-room sessions until transmission-based precautions are discontinued.

MANDATORY REPORTING

During the COVID-19 pandemic there is specific mandatory reporting that the facility will complete.

The local and/or state health department will be notified about resident or staff with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, whenever a single confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new-onset respiratory symptoms occur within 72 hours of each other.

Reporting Agency	Report To	Frequency	Responsible Party
CDC- NHSN Portal	nhsn2.cdc.gov/nhsn/	Twice weekly	IP Nurse or Designee
NJDOH	Healthsurveys.nj.gov/NoviSurvey/TakeSurveyPage	Twice weekly	IP Nurse or Designee
Local and State Health Department	Email line Listing[1] and daily survey confirmation results	Twice Weekly	IP Nurse or Designee

[1]*The conclusion of an outbreak is when no new symptomatic/asymptomatic probable or confirmed COVID-19 case after 28 days (two incubation periods) have passed since the last cases' onset date or specimen collection date (whichever is later), and as determined by the local and State Departments of Health.*

REFERENCES

The following references were used in the development of this plan and are incorporated herein:

CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (February 2, 2022).

CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (February 2, 2022).

CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (January 21, 2022).

CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages (January 21, 2022).

CMS Memo QSO-20-39-NH, Nursing Home Visitation – COVID-19 Revised (March 10, 2022).

NJDOH/ICAR Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel (February 17, 2022).

NJDOH/ICAR Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities (February 25, 2022).

NJDOH/ICAR COVID-19 Exposure Risk Assessment Template for Patients in Post-acute Care Settings (March 16, 2022).

NJDOH/ICAR Quick Reference: Discontinuation of Transmission-Based Precautions for Persons with COVID-19 in Healthcare Settings (March 16, 2022).

NJDOH Executive Directive # 21-012 Revised (April 18, 2022).

CMS Nursing Home Visitation Frequently Asked Questions (March 10, 2022).