



## POLICY AND PROCEDURE COVID-19 Pandemic Reopening Guidance

**Department:** Nursing

**Subject:** COVID-19 Pandemic Reopening Guidance

**Policy Initiated:** 08/2020

**Revised:**

### **Mission Statement**

Seacrest Village, a quality adult health care community, is committed to providing comprehensive health care to its residents and members.

The owners, staff and volunteers are guided by our moral and ethical responsibility to our fellow man.

Seacrest Village will provide the services necessary to enhance the physical, emotional, recreational, social and spiritual needs of our residents, members, and family members.

### **Vision Statement**

Seacrest Village will plan and develop a continuum of health care services for older adults in a community setting. We will affiliate, network and associate with other health service organizations to meet our goal of a seamless health care community.

### **BACKGROUND:**

The Centers for Medicare and Medicaid Services (CMS) together with the New Jersey Department of Health (DOH) under E.O. No. 20-026 issued Nursing Home Reopening Guidance that outlines criteria for reopening to visitation and group activities. This guidance is composed of tiered recommendations to address nursing homes in different phases of COVID-19 response.

### **OBJECTIVES:**

To provide guidance, strategies and maintain a strong infection prevention and control program (IPC) critical to protect both residents and healthcare personnel (HCP).

In order for Seacrest to meet the requirements of the directives from CMS and NJ DOH E.O. No. 20-026, before advancing from Phase 0 or another phase to another phase, no later than 2 months from the enactment of this directive (August 10, 2020). Seacrest will submit to NJ DOH via email Phased Reopening attestation to [LTC.PhasedReopening@doh.nj.gov](mailto:LTC.PhasedReopening@doh.nj.gov) on facility letterhead from the Administrator with the facility name and license number.

## **DEFINITIONS:**

### **PHASES PER THIS DIRECTIVE:**

**Phase 0:** Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS), per the COVID-19 Communicable Disease Manual Chapter, any facility that cannot attest to criteria to advance phases, and all facilities if New Jersey is in maximum restrictions per the *Road Back to Recovery*.

**Phase 1:** Facilities that never had an outbreak or that concluded an outbreak per section (II)(5) below, and 14 days have passed since New Jersey moved to Stage 1 (May 2, 2020) of the *Road Back to Recovery* and the facility has submitted all the attestations required in this Directive.

**Phase 2:** Facilities that never had an outbreak or that concluded an outbreak per section (II)(5) below, and 14 days have passed since New Jersey moved to Stage 2 (June 15, 2020) of the *Road Back to Recovery* and the facility has submitted all the attestations required in this Directive.

**Phase 3:** Facilities that never had an outbreak or that concluded an outbreak per section (II)(5) below, and 14 days have passed since New Jersey moved to Stage 3 (Date TBD) of the *Road Back to Recovery*, and the facility has submitted all the attestations required in this Directive.

## **I. REQUIREMENTS FOR INITIATING REOPENING PHASE:**

In order to meet the requirements of the Directive, before advancing from Phase 0 or to any other phase, and no later than 2 months from the enactment of the Directive (Aug.10, 2020) Seacrest will submit to the NJDOH a Phased Reopening attestation via email to [LTC.PhasedReopening@doh.nj.gov](mailto:LTC.PhasedReopening@doh.nj.gov) .

### **A. Outbreak Plan**

1. Outbreak Plan must include methods to communicate information on mitigating actions implemented by Seacrest Village to prevent or reduce the risk of transmission. This will include information if normal operations will be altered. Notifications shall not include personally identifiable information.
2. Outbreak Plan is posted on the facility website for public view.
3. Methods to provide cumulative updates for residents, their representatives, and families at least once weekly, in particular during a curtailed visitation period.
4. Written standards, policies and procedures that provide for virtual communication (e.g. phone, video-communication, Facetime, etc.) with residents, families, and resident representatives, in the event of visitation restrictions due to an outbreak of infectious disease or in the event of an emergency.
5. A documented strategy for securing more staff in the event of a new outbreak of COVID-19 or any other infectious disease or emergency among staff.

### **B. Communication Plan**

1. As a CMS-certified facility, Seacrest has a documented plan and is informing residents, their representatives, and families of the residents by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a single confirmed infection of COVID-19 is identified, or whenever 3 or more residents

or staff with new-onset of respiratory symptoms occur within 72 hours of each other, in accordance with CMS rule 42CFR 483.80(g)

2. Display on Seacrest website and/or social media platform and include in communications to families, guardians and the public, a phone number or method of communication for urgent calls or complaints.
3. When this facility cannot permit in-person visits:
  - a. We will offer alternative means of communication for people who would otherwise visit, such as virtual communications (Facetime, phone, video-communication, etc.);
  - b. We will create or increase email listserv communications to update families;
  - c. Assign staff (nursing, social services or activities) as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date, offer a phone line with a voice recording updated at set times with the facility's general operating status, such as when it is safe to resume visits;
  - d. Host conference calls, webinars, or virtual "office hours" at set times, but at minimum on a weekly basis, when families can call in, or log on to a conference line, and facility staff can share the status of activities or happenings in the facility and family members can ask questions or make suggestions; and
  - e. Update website, at a minimum on a weekly basis, to share the status of the facility and include information that helps families know what is happening in the loved one's environment, such as food menus and any scheduled activities.

### **C. Staffing**

In order to advance from one phase to another, Seacrest must not be experiencing a staffing shortage or currently operating under a contingency or crisis staffing plan as defined by CDC in *Strategies to Mitigate Healthcare Personnel Staffing Shortages*. Seacrest has a documented plan for securing additional staff in case of COVID-19 outbreak among staff as part of the Outbreak Plan.

### **D. Testing Plan**

Must be initiated within 2 weeks from the effective date of the directive. Seacrest has an agreement with a laboratory or vendor for prioritization of test results and to ensure capacity for repeat facility-wide testing. Seacrest will test residents and staff as follows:

1. **Continued testing of residents:**
  - a. Repeat weekly testing of all residents until no new facility-onset cases\* of COVID-19 are identified among residents and positive cases in staff and at least 14 days have elapsed since the most recent positive result and during this 14-day period at least 2 weekly tests have been conducted with all individuals having tested negative.
  - b. Retesting of residents who have been confirmed positive whenever required according to CDS and CDC guidance.
2. **Continued testing of staff:**
  - a. Ongoing weekly testing of all staff until guidance from the NJDOH changes based on epidemiology and data about the circulation of virus in the community.
  - b. Retesting staff who have previously tested positive according to CDC and NJDOH guidance.

\*Facility onset SARS CoV-2 infections refer to SARS CoV-2 infections that originated in the facility. It does NOT refer to the following:

- i. Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in facility.
  - ii. Residents who were placed into Transmission-Based Precautions on admission and developed SARS-CoV-2 infection within 14 days after admission.
- c. Facility will continue to report testing data through the New Jersey Hospital Association (NJHA) portal: [www.ppe.njha.com](http://www.ppe.njha.com).
  - d. Any resident or staff who is newly symptomatic consistent with COVID-19 must be retested at the onset of symptoms, regardless of the interval between the most recent negative test and symptom onset.

## **II. REQUIRED CORE PRACTICES FOR INFECTION PREVENTION AND CONTROL**

In order for the facility to meet the requirements of the Directive and no later than 1 year from the enactment of this Directive, facility must submit to the NJDOH via email to [LTC.DiseaseOutbreakPlan@doh.nj.gov](mailto:LTC.DiseaseOutbreakPlan@doh.nj.gov) an Infection Control Employee (Infection Control Preventionist) attestation.

### **A. Infection Prevention and Control Practices**

#### **1. Education**

Seacrest will educate residents, staff, and visitors about COVID-19, current precautions being taken in the facility, and protective actions. Seacrest must encourage social distancing with physical separation.

#### **2. Infection Control Preventionist:**

- a. Full-time individual trained in Infection Control who will provide on-site management of the IPC Program. This individual shall assess the IPC program by conducting internal quality improvement audits.
- b. This individual may be:
  - Certified by the Certification Board of Infection Control and Epidemiology or meets the requirements under N.J.A.C. 8:39-20.2; or
  - A physician who has completed an infectious disease fellowship; or
  - A healthcare professional licensed and in good standing by the State of New Jersey, with 5 or more years of infection control experience.

#### **3. Respiratory Protection Program (RPP)**

Seacrest will develop and implement a Respiratory Protection Program (RPP) that complies with the Occupational Safety and Health Administration (OSHA) respiratory protection standards for employees. The program includes medical evaluations, training and fit testing. Facility will have 9 months from the date of enactment of this Directive (Aug. 10, 2020) to create and implement the plan.

In order for Seacrest to meet the requirements of this Directive and no later than 9 months from the enactment of this Directive, the facility will create and

implement a RPP and must submit to the NJDOH via email a Respiratory Protection Program Implementation attestation to [LTC.DiseaseOutbreakPlan@doh.nj.gov](mailto:LTC.DiseaseOutbreakPlan@doh.nj.gov).

**4. Personal Protective Equipment (PPE)**

Seacrest must have an adequate emergency stockpile of PPE, essential cleaning and disinfection supplies so that staff, residents and visitors can adhere to recommended infection prevention and control practices. As a facility that does not belong to a system with 8 or more facilities, Seacrest is required to have 2 months of PPE in stock from the enactment of this Directive. In order to meet the Directive of this requirement, before advancing from Phase 0 or to any other phase, and no later than 2 months from the enactment of this Directive if the facility does not attempt to advance to another phase during that time, facility must submit to the NJDOH via email a PPE Stockpile attestation to [LTC.PPEStockpile@doh.nj.gov](mailto:LTC.PPEStockpile@doh.nj.gov).

- a. CDC's PPE Burn Rate Calculator can be used in order to estimate the amount of PPE needed for the required supply under this Directive.
- b. The quantity of PPE burn rate will be based on the highest use of PPE during a COVID-19 surge.
- c. Seacrest is permitted to submit the required attestation immediately after determining that it already has the stock needed.
- d. The PPE in stock is only to be used in the event of an emergency and not for daily use.
- e. Seacrest must have essential cleaning and disinfection supplies on hand in the event of a supply chain disruption.
- f. If at any time, Seacrest is forced to use its own PPE stockpile due to an emergency, the facility is required to re-stock and resubmit the attestation indicating the restocking.

**B. NHSN Reporting**

Seacrest will report at a minimum twice per week, COVID-19 cases, facility staffing, and supply information to the NHSN Long-Term Care Facility COVID-19 Module. The Module requires the following information to be submitted:

1. Counts of residents and facility personnel with suspected and laboratory positive COVID-19;
2. Counts of suspected and laboratory positive COVID-19 related deaths among residents and facility personnel;
3. Resident beds and census;
4. Staffing shortages;
5. Status of personal protective equipment (PPE) and hand hygiene supplies; and
6. Ventilator capacity and supplies for facilities with ventilator dependent units.

In order for Seacrest to meet the requirements of this Directive, before advancing from Phase 0 or to any other phase, and no later than 2 months from the enactment of this Directive if the facility does not attempt to advance to another phase, facility must submit to the NJDOH a Data Reporting attestation via email to [LTC.DataReporting@doh.nj.gov](mailto:LTC.DataReporting@doh.nj.gov).

Seacrest has registered and authorized NJDOH to access data and is entering Information in the NHSN COVID-19 Module twice weekly.

### **C. Detection of New Outbreak**

Facility with a COVID-19 outbreak will remain in Phase 0 (maximum restrictions) until the outbreak has concluded. Detection of a new COVID-19 outbreak returns the facility to Phase 0 regardless of the facility's current Phase. In order to leave Phase 0, facility must re-submit an attestation upon conclusion as directed within this Directive.

1. An outbreak of COVID-19 is defined by the Communicable Disease Service, COVID-19 Communicable Disease Manual Chapter.
2. Outbreaks are considered concluded when there are no symptomatic/asymptomatic probable or confirmed COVID-19 cases among employees or residents after 28 days (2 incubation periods) have passed since the last case's onset date or specimen collection date (whichever is later), as defined and updated per the *COVID-19 Communicable Disease Manual Chapter*. CMS-certified facility must receive a survey by the NJDOH. The determination of an outbreak's conclusion will be made by either NJDOH or local health officers, pursuant to N.J.A.C. 8:57-1.10.
3. Upon conclusion of an outbreak, the facility may directly advance to the applicable Phase based on the criteria in this Directive.
4. Management of a COVID-19 outbreak, infection prevention and control recommendations, or laboratory testing guidance issued by the local health department (OCHD) or NJDOH should be followed in addition the the requirements set herein.
5. In order to meet the requirements of this Directive and before advancing from Phase 0 or to any other Phase, Seacrest must submit to the NJDOH an End of Outbreak attestation via email to [LTC.OutbreakEnd@doh.nj.gov](mailto:LTC.OutbreakEnd@doh.nj.gov) or if Seacrest never experienced a COVID-19 outbreak, a No Outbreak Experienced attestation.

## **III. REQUIRED STANDARDS FOR VISITATION AND SERVICE DURING EACH REOPENING PHASE**

### **A. Exceptions to Visitation Restrictions in Any Phase:**

1. In emergency situations EMS personnel shall be permitted to go directly to the resident.
2. Provide representatives of the State LTCO (LTC Ombudsman) immediate access to any resident which may be restricted during this Public Health Emergency (PHE). If in-person access is not advisable due to infection control concerns and transmission of COVID-19, facility must facilitate resident communication (e.g. by phone or through use of other technology) with the Ombudsman. The CARES Act states the State LTCO shall have continued access to residents of long-term care facilities during any portion of the public health emergency relating to coronavirus until September 30, 2020.
3. Seacrest shall coordinate with Medicaid Managed Care Organizations (MCOs) including supporting communication by representatives of the MCO with their enrollees, either in-person or using alternative means (e.g. by phone or through use of other technology) as necessary for infection control. When a resident is unable to communicate independently, facility will provide timely updates to the MCO regarding the health status of the resident.

**B. Requirements for Visitation and/or Entry in Any Phase:**

1. Seacrest shall screen and log all persons entering the facility and all staff at the beginning of each shift.
2. Seacrest must actively screen all persons entering the building (except EMS personnel) for signs and symptoms of COVID-19. Screening includes:
  - a. Temperature checks equal to or greater than 100.4 F or as further restricted by facility.
  - b. Questionnaire completion about symptoms and potential exposure which shall include at minimum:
    - i. Whether in the last 14 days, the visitor has had an identified exposure to someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19, or someone suffering from a respiratory illness.
    - ii. Whether the visitor has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC.
    - iii. Whether in the last 14 days, the visitor has returned from a state on the designated list of states under the 14-day quarantine travel advisory.
  - c. Seacrest must observe anyone entering the facility for any sign or symptom of COVID-19, including but not limited to:
    - i. Chills;
    - ii. Cough;
    - iii. Shortness of breath or difficulty breathing
    - iv. Sore throat;
    - v. Fatigue;
    - vi. Muscle or body aches;
    - vii. Headache;
    - viii. New loss of taste or smell;
    - ix. Congestion or runny nose;
    - x. Nausea or vomiting; or
    - xi. Diarrhea
  - d. Upon screening, Seacrest must prohibit entry into the building for those who meet one or more of the following criteria:
    - i. Exhibit signs and symptoms of an infectious communicable disease, including COVID-19 such as the ones mentioned above;
    - ii. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or someone under investigation for COVID-19;
    - iii. In the last 14 days, has returned from a designated state under the 14-day quarantine travel advisory;
    - iv. Has been diagnosed with COVID-19 and has not yet met the criteria for the discontinuation of isolation per guidance issued by NJDOH.
  - e. Seacrest must establish a designated area for visitors to be screened that accommodates social distancing and infection control standards. Visitors will be provided with the visitation guidelines upon check in. Facility should provide graphics to assist residents and visitors in maintaining social distancing and infection control standards.
  - f. No more than 2 visitors are permitted at one time per resident. Seacrest must use appointments in order to limit the number of visitors inside the building at one time.

- g. After screening, if the visitor is permitted to enter the building, the facility shall:
  - i. Require the person to wear a face covering or face mask.
  - ii. Provide instruction on hand hygiene, limiting surfaces touched, use of PPE, location of hand hygiene stations, before the visitor enters the facility or resident's room (for end-of-life situation).
  - iii. Advise the visitor to limit physical contact with anyone in the facility. Practice social distancing with no handshaking, kissing or hugging and remaining 6 feet apart.
  - iv. Visitation in rooms only (end-of-life situation) if resident is in a single room. If in a shared room, facility will identify a visitation location that allows social distancing and deep cleaning. Limit visitor's movement within the facility to the resident's room or designated space (reduce walking the halls, avoid going to common rooms like the dining room, etc.).
  - v. Restrict a person from entering the facility if unable to demonstrate the proper use of infection prevention and control techniques.
- h. Seacrest must advise anyone entering the facility to monitor for signs and symptoms of COVID-19 for at least 14 days after exiting the facility. If symptoms occur, advise to self-isolate at home, contact their healthcare provider and immediately notify the facility of the date they were in the facility, the individuals they were in contact with and the locations within the facility they visited. Facility will immediately screen the individuals of a reported contact, and take all necessary actions based on any findings.
- i. Seacrest must receive informed consent from the visitor(s) and the resident in writing that they are aware of the possible dangers of exposure to COVID-19 for both the resident and the visitor and that they will follow the rules set by the facility in regard to visitation. Facility must receive a signed statement from each visitor and resident (if the resident is unable to consent then the consent needs to be signed by the authorized representative) with a copy provided to the visitor and resident, that they are aware of the risk of exposure to COVID-19 during the visit, that they will strictly comply with the facility policies during visitation, and that the visitor will notify the facility if they test positive for COVID-19 or exhibit symptoms of COVID-19 within 14 days of the visit.

**C. Cohorting, PPE and Training Requirements in Every Phase:**

1. Seacrest shall train and provide staff with all recommended COVID-19 PPE, to the extent PPE is available and consistent with CDC guidance on optimization of PPE ( <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> ), if applicable. All staff must wear appropriate PPE when indicated.
2. Seacrest shall implement universal source control for everyone in the facility. All residents, whether they have COVID-19 symptoms or not, must practice source control when around others in accordance with CDC guidance at: <https://www/cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>.
3. Seacrest shall separate COVID-19 positive and negative residents in accordance with NJDOH guidance at: [https://www.nj.gov/health/cd/topics/covid2019\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml).
4. Seacrest must continue to follow current NJDOH orders, guidance and directives on admissions and readmissions.

Facility may receive residents who were tested prior to admission transfer or shortly thereafter, in accordance with NJDOH Guidance and Directives:

[https://www.nj.gov/health/cd/documents/topics/NCOV/COVID\\_Cohorting\\_PAC.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf)

f. Facilities (including hospitals) will take this guidance:

- i. **Sending Facility:** COVID-19 diagnostic test results must be provided (in addition to other pertinent clinical information) to the receiving facilities for any transferred residents upon receipt of lab results.
- ii. **Receiving facility:** Upon identification of a case of COVID-19 in a resident who was recently admitted (within 14 days), the receiving facility must provide these results back to the sending facility to allow for the appropriate response and investigation.

#### **D. Indoor End-of-Life, Compassionate Care, and Essential Caregiver**

Visitation is allowed for all residents in all phases pursuant to the following requirements, NJDOH directives and section III of this Directive:

1. All residents can be visited in limited situations as follows:
  - a. **End-of-life** situations pursuant to the requirements of this Directive and NJDOH ED #20-017 at [https://nj.gov/health/legal/covid19/6-19-20\\_ExecutiveDirectiveNo20-017\\_StandardsProtocolsVisitorsFacilityStaff.pdf](https://nj.gov/health/legal/covid19/6-19-20_ExecutiveDirectiveNo20-017_StandardsProtocolsVisitorsFacilityStaff.pdf)
  - b. **Compassionate Care** situations pursuant to the requirements of this Directive and NJDOH ED #20-017 at [https://nj.gov/health/legal/covid19/6-19-20\\_ExecutiveDirectiveNo20-017\\_StandardsProtocolsVisitorsFacilityStaff.pdf](https://nj.gov/health/legal/covid19/6-19-20_ExecutiveDirectiveNo20-017_StandardsProtocolsVisitorsFacilityStaff.pdf).
    - While compassionate care visits are allowed in all phases, compassionate care visits when facilities are in Phase 0, should not be routine and allowed only on a limited basis as an exception to restricting visitation.
  - c. **Essential Caregiver Visitation Pursuant to the Requirements of This Directive**
    - i. All residents may receive essential caregiver visitation EXCEPT for those who are in a 14-day quarantine period, positive for COVID-19 and have not yet met the criteria for the discontinuation of isolation or symptomatic.
    - ii. Administrator, Director of Nursing, Social Services Director or other designated facility staff will be consulted to help determine who meets the criteria of an Essential Caregiver.
    - iii. An essential caregiver could be an individual who was previously actively engaged with the resident or is committed to providing assistance with activities of daily living.
    - iv. Facility will establish policies and procedures for how to designate and utilize an Essential Caregiver.
    - v. The resident must be consulted about their wishes to determine whom to designate as the Essential Caregiver. Consider persons such as a family member, outside caregiver, or friend who provided regular care to the resident prior to the pandemic.
    - vi. Residents may express a desire to designate more than one Essential Caregiver based on their past involvement and needs (e.g., more than one family member previously split time to provide care for the resident). In these unique situations, facility staff should work cooperatively with the resident and family to work out a schedule to accommodate the Essential Caregivers

- vii. Work with the resident and Essential Caregiver to identify a schedule of up to two (2) hours per visit, one (1) time per week, for the Essential Caregiver to be in the facility, if the facility is in phase 0. If Seacrest is in Phases one (1) or two (2) may allow for two visits per week not to exceed a total of four (4) hours per week. Facilities in phase three (3) may allow caregiving visitation under their regular procedures and per this directive.
- viii. Ensure that scheduling of Essential Caregiver visits takes into account the number of Essential Caregivers in the building at the same time. Seacrest may establish time limits as needed to keep residents safe.
- ix. Utilize the Essential Caregiver to provide care in the same manner as prior to the pandemic.
- x. Seacrest must ensure that Essential Caregiving visits are conducted as safely as possible and must require infection control practices, handwashing and PPE.

#### **E. Limited Indoor Visitation For Residents With Intellectual and/or Developmental Disabilities**

-Covered under the Americans with Disabilities Act (ADA) or state Law Against Discrimination (LAD) is allowed in phases 1, 2 and 3 pursuant to the requirements in this Directive and NJDOH ED #20-025:

<https://www.state.nj.us/health/legal/covid19/ED20-025VisitationDD.pdf>.

#### **F. Outdoor Visitation**

-allowed for negative and asymptomatic, or COVID-19 recovered residents in all Phases, as per NJDOH ED #20-017

[https://nj.gov/health/legal/covid19/6-19-20\\_ExecutiveDirectiveNo20-017\\_StandardsProtocolsVisitorsFacilityStaff.pdf](https://nj.gov/health/legal/covid19/6-19-20_ExecutiveDirectiveNo20-017_StandardsProtocolsVisitorsFacilityStaff.pdf)

### **IV. REQUIRED STANDARDS FOR SERVICES DURING EACH PHASE**

#### **A. Phase 0**

1. Screen and log all persons entering the facility and all staff at the beginning of each shift in accordance with section (III) of this Directive.
2. Entry of non-essential personnel is prohibited. Those providing elective consultations, personnel providing non-essential services (e.g., barber, hair stylist), and volunteers, are prohibited from entering the building.
3. Seacrest shall screen all residents, at minimum during every shift, with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs recorded shall include heart rate, blood pressure, temperature, and pulse oximetry.
4. In case of an outbreak, communal dining and all group activities should be limited. Residents shall stay in their rooms as much as possible and cohort in accordance with CDS:

[https://www.nj.gov/health/cd/documents/topics/NCOV/COVID\\_Cohorting\\_PA\\_C.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PA_C.pdf) and CDC guidance: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)

5. Avoid non-medically necessary trips outside the building. For medically necessary trips away from the facility the resident must wear a facemask (surgical mask if supply is available) in accordance with CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-coverguidance.html>.
6. A face covering must NOT be worn by anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
7. Perform ongoing weekly testing of all staff until guidance from the NJDOH changes based on epidemiology and data about the circulation of virus in the community. Staff who have previously tested positive must be re-tested according to CDC and CDS guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testinghealthcare-personnel.html>

#### **B. Phase 1**

1. Screen and log all persons entering Seacrest and all staff at the beginning of each shift in accordance with section (III) of this Directive.
2. Entry of non-essential personnel is prohibited. Those providing elective consultations, personnel providing non-essential services (e.g., barber, hair stylist), and volunteers, are prohibited from entering the building.
3. Restrict communal dining to COVID-19 negative and asymptomatic or COVID-19 recovered residents only.
  - a. Residents may eat in the same room while practicing infection prevention and control precautions including social distancing measures. This includes limiting the number of people at tables and using barriers and/or maintaining separation of space by at least 6 feet, as deemed appropriate based on facility risk assessment.
  - b. When feasible, seat the same small group of residents together each day, so that each resident is in contact with the same small group. There should be no mixing of residents across these groups.
  - c. When feasible, staff should be assigned to specific tables in order to minimize the number of residents they interact with and remain with that group each day, whenever possible.
  - d. The sharing of condiments and serving utensils is prohibited. Sanitize/clean hightouch surfaces (e.g. chairs, tables) between seating/meals. The facility should use disposable utensils and cups when possible.
  - e. Seacrest must ensure that processes are in place to maintain infection control protocols such as preventing staff from cleaning used tableware (e.g. plates and cups) and immediately serving food without proper handwashing. When feasible disposable cups and utensils are preferred.
    - Consider the following steps: refrain from removing used plates and tableware from the table until all residents have finished eating or utilize specific staff to serve residents and refill drinks during the meal and a separate group of staff to clear plates and tableware of those who are finished.
4. Restrict group activities in general. Limited activities may be conducted for COVID-19 negative and asymptomatic or COVID-19 recovered residents only in their small groups. Seacrest shall do the following:

- a. Maintain infection prevention and control precautions including social distancing and source control measures, and limit the numbers of residents who participate, as deemed appropriate based on facility risk assessment and as permissible pursuant to statewide indoor and outdoor gatherings limitations.
  - 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, in order to minimize multiple interactions and remain with that group daily. Group size should not exceed more than 10 individuals.
  - 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.
5. Avoid non-medically necessary trips outside the building. For medically necessary trips away from the facility, the resident must wear a facemask (surgical mask if supply is available) in accordance with CDC guidance at: A face covering must NOT be worn by anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
  6. Screen all residents, at a minimum daily, with temperature checks, questions and observations for other signs or symptoms of COVID-19.
  7. Continue to perform ongoing weekly testing of all staff until guidance from the NJDOH changes based on epidemiology and data about the circulation of virus in the community. Staff who have previously tested positive should be re-tested according to CDC and CDS guidance at:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>

### **C. Phase 2**

1. Screen and log all persons entering the facility and all staff at the beginning of each shift in accordance with section (III) of this Directive.
2. Indoor visitation by appointment is allowed. Visitation in this section is based on CMS guidance at: <https://www.cms.gov/files/document/covid-visitation-nursing-homeresidents.pdf>.  
Visitors must be screened and logged in accordance with section (III) of this Directive.
3. For medically necessary trips away from the facility the resident must wear a cloth facemask (surgical mask if supply is available) in accordance with CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>  
A face covering must NOT be worn by anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
4. In order for the facility to meet the requirements of this Directive and at least 48 hours before commencing indoor visitation, the facility must submit to the Department via email to [LTC.Phase2IndoorVisits@doh.nj.gov](mailto:LTC.Phase2IndoorVisits@doh.nj.gov) a Phase 2 Indoor Visitation attestation.

5. Entry of non-essential personnel/contractors into the building is permitted. Personnel /contractors must be logged and screened in accordance with section (III) of this Directive. This includes personnel providing elective consultations and nonessential services (e.g., barber, hair stylist) as determined necessary by Seacrest Village. Such personnel are permitted access only to COVID-19 negative and asymptomatic or COVID-19 recovered residents. Entry of Volunteers is not permitted in Phase 2.
6. Requirements for infection prevention and control precautions, including social distancing, cloth face coverings or facemasks continue to apply for indoor visitation/entry of non-essential personnel/contractors in Phase 2. When possible, facilities should restrict movement of person entering the facility to a designated area (e.g., medical consults provided in designated treatment room).
7. Limit communal dining to COVID-19 negative and asymptomatic or COVID-19 recovered residents only.
  - a. Residents may eat in the same room while practicing infection prevention and control precautions including social distancing measures whenever possible. This includes limiting the number of people at tables and using barriers and/or maintaining separation of space by at least 6 feet, as deemed appropriate based on facility risk assessment.
  - b. When feasible, a small group of residents should be seated together each day, so that each resident is in contact with the same small group. There should be no mixing of residents across these groups.
  - c. When feasible, staff should be assigned to specific tables in order to minimize the number of residents they interact with and remain with that group each day, whenever possible.
  - d. The sharing of condiments and serving utensils is prohibited. Sanitize/clean hightouch surfaces (e.g. chairs, tables) between seating/meals.
  - e. The facility must ensure that processes are in place to maintain infection control protocols such as preventing staff from cleaning used tableware (e.g. plates and cups) and immediately serving food without proper handwashing. When feasible disposable cups and utensils are preferred.
    - Consider the following steps: refrain from removing used plates and tableware from the table until all residents have finished eating or utilize specific staff to serve residents and refill drinks during the meal and a separate group of staff to clear plates and tableware of those who are finished.
8. Limit group activities to no more than 10 people, including outings, for COVID-19 negative and asymptomatic or COVID-19 recovered residents only, as deemed appropriate based on facility risk assessment.
9. Maintain infection prevention and control measures including social distancing and source control measures.
10. Continue to perform ongoing weekly testing of all staff until guidance from the NJDOH changes based on epidemiology and data about the circulation of virus in the community. Staff who have previously tested positive should be re-tested according to CDC and CDS guidance at:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>

11. Screen all residents, at minimum daily, with temperature checks, questions and observations for other signs or symptoms of COVID-19.

**D. Phase 3**

1. Resume indoor visitation. Screen and log all persons entering the facility and all staff at the beginning of each shift in accordance with section (III) of this Directive.
2. Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, based on screening and including infection prevention and control precautions, social distancing, hand hygiene, and cloth face coverings or facemasks.
3. Allow entry of volunteers, based on screening and including infection prevention and control precautions, social distancing, hand hygiene, and cloth face coverings or facemasks.
4. Screen all residents, at minimum daily, with temperature checks, questions and observations for other signs or symptoms of COVID-19 and test if symptomatic.
5. Limit communal dining to COVID-19 negative and asymptomatic or COVID-19 recovered residents only.
  - a. Residents may eat in the same room while practicing infection prevention and control precautions including social distancing measures whenever possible. This includes limiting the number of people at tables and using barriers and/or maintaining separation of space by at least six (6) feet, as deemed appropriate based on facility risk assessment.
  - b. When feasible, a small group of residents should be seated together each day, so that each resident is in contact with the same small group. There should be no mixing of residents across these groups.
  - c. When feasible, staff should be assigned to specific tables in order to minimize the number of residents they interact with and remain with that group each day, whenever possible.
  - d. The sharing of condiments and serving utensils is prohibited. Sanitize/clean hightouch surfaces (e.g. chairs, tables) between seating/meals.
  - e. The facility must ensure that processes are in place to maintain infection control protocols such as preventing staff from cleaning used tableware (e.g. plates and cups) and immediately serving food without proper handwashing. When feasible disposable cups and utensils are preferred. 1) Consider the following steps: refrain from removing used plates and tableware from the table until all residents have finished eating or utilize specific staff to serve residents and refill drinks during the meal and a separate group of staff to clear plates and tableware of those who are finished.
6. Resume Group activities, including outings, for COVID-19 negative and asymptomatic or COVID-19 recovered residents only, as deemed appropriate based on facility risk assessment.
7. Maintain infection prevention and control measures including social distancing and source control measures.
8. For medically necessary trips away from the facility the resident must wear a cloth face covering or facemask (surgical mask if supply is available) in accordance with CDC guidance, available at <https://www.cdc.gov/coronavirus/2019-ncov/preventgetting-sick/cloth-face-cover-guidance.html>. A face covering must NOT be worn by anyone who has

trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance

9. Continue to perform ongoing weekly testing of all staff until guidance from the NJDOH changes based on epidemiology and data about the circulation of virus in the community. Staff who have previously tested positive must be re-tested according to CDC and CDS guidance at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>