Greetings from the New Jersey Department of Health
Infection Prevention and Control Strategies for Long-Term Care (LTC)

Barbara Montana, MD, MPH, FACP
Medical Director
Communicable Disease Service/VPDP
New Jersey Department of Health
COVID-19

- **COVID-19 caused by betacoronavirus (RNA virus)**
  - Most similar to Severe Acute Respiratory Syndrome (SARS)
  - More distantly related to Middle East Respiratory Syndrome (MERS)
  - Virus is designated SARS-CoV-2
  - Bats thought to be primary source

- **COVID-19 incubation period**
  - 2 – 14 days
  - Most cases occur within 4 – 5 days after exposure

- **COVID-19 period of infectivity**
  - Uncertain
  - Persons may be infectious while asymptomatic

Transmission of SARS-CoV-2

- **Route of person-to-person transmission**
  - Mainly via respiratory droplets, resembling spread of influenza
  - Droplets typically do not travel more than six feet and do not linger in the air
  - Given the current uncertainty regarding transmission, airborne precautions are recommended in certain situations
  - Virus present on contaminated surfaces may be another source of infection
    - SARS-CoV-2 can live in the air and on surfaces between several hours and several days. Virus is viable up to:
      - 72 hours on plastics
      - 48 hours on stainless steel
      - 24 hours on cardboard
      - 4 hours on copper
      - Detectable in the air for three hours

People who are at higher risk for severe illness

- People who are 65 years of age and older
- **People who live in a nursing home or LTC facility**
- People of all ages with underlying medical conditions, particularly if not well controlled including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised
  - People with severe obesity (BMI of 40 or higher)
  - People with diabetes
  - People with chronic kidney disease undergoing dialysis
  - People with liver disease

Impact on LTC

167 confirmed cases among
- 101 residents
- 50 healthcare personnel
- 16 visitors
- 7 residents had no symptoms

Hospitalization rates
- 54.5% for residents
- 50.0% for visitors
- 6.0% for staff

Case fatality for residents 33.7% (34 of 101)

Key Strategies

- Prevent COVID-19 from entering and spreading within your facility
- Identify infections early
- Respond to suspected and confirmed cases of COVID-19
Prevent COVID-19 from entering and spreading within your facility

• Restrict all visitors except for compassionate care situations (e.g., end-of-life)

• Restrict all volunteers and non-essential healthcare personnel, including consultant services (e.g., barber, hairdresser)

• Implement universal use of source control for everyone in the facility

• Actively screen anyone entering the building for fever and symptoms before starting each shift

Prevent COVID-19 from entering and spreading within your facility (continued)

- Cancel all non-essential trips outside the facility
- Cancel group activities and communal dining
- Enforce social distancing
- Reinforce hand hygiene and cough etiquette/respiratory hygiene
- Reinforce environmental control measures
  - Use EPA-registered disinfectant with claims for healthcare use
  - Use in accordance with label instructions
Identify infections early

• Actively screen all residents daily for fever and symptoms
  • Older adults with COVID-19 might not show typical symptoms

• Notify appropriate authorities if COVID-19 is suspected
Respond to suspected and confirmed cases of COVID-19

• **Standard and Transmission-based Precautions are recommended including**
  - N-95 respirator (or face mask, if unavailable), gown, gloves, and eye protection
  - Place residents in private room with their own bathroom with door closed

• **Cohort patients and dedicate staff and medical equipment to each cohort when numbers increase**
  - Ill persons, Exposed persons, Not ill/not exposed

• **Initiate measures to optimize PPE when necessary**
Donning and Doffing PPE

**SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)**
The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. **GOWN**
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. **MASK OR RESPIRATOR**
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. **GOGGLES OR FACE SHIELD**
   - Place over face and eyes and adjust to fit

4. **GLOVES**
   - Extend to cover wrist of isolation gown

**USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION**
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

**SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)**
**PEOPLE**

1. **GOWN**
   - Gloves are contaminated: first glove, second glove, and gown
   - Remove PPE without contaminating your clothing, skin or mucous membranes with infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator. If you the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

   **GLOVES**
   - Take out second glove
   - Spread glove in gloved hand
   - Remove protective equipment from your body

   **FACE SHIELD**
   - Remove face shield
   - Remove safety glasses
   - Remove mask

   **GOWN**
   - Remove gown
   - Remove protective equipment from your body

   **HANDS**
   - Use hand sanitizer

   **MOUTH**
   - Remove respirator

   **NOSE**
   - Remove nose clip

   **THROAT**
   - Remove neck tie

   **OR**
   - Use hand sanitizer

2. **MASK OR RESPIRATOR**
   - First mask
   - Second mask
   - Third mask
   - Fourth mask
   - Fifth mask
   - Sixth mask
   - Seventh mask
   - Eighth mask
   - Ninth mask

   **FACE SHIELD**
   - Remove face shield
   - Remove safety glasses
   - Remove mask

   **GOWN**
   - Remove gown
   - Remove protective equipment from your body

   **HANDS**
   - Use hand sanitizer

   **MOUTH**
   - Remove respirator

   **NOSE**
   - Remove nose clip

   **THROAT**
   - Remove neck tie

   **OR**
   - Use hand sanitizer

**REMOVING ALL PPE**

**HANDBE HYGIENE BETWEEN STEPS IF HANDS BE COMMINATED AND IMMEDIATELY AFTER USING PPE**

**REFERENCES**
https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
**Understand face coverings and who you are trying to protect**

### Understanding the Difference

<table>
<thead>
<tr>
<th>Surgical Mask</th>
<th>N95 Respirator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing and Approval</strong></td>
<td>Cleared by the U.S. Food and Drug Administration (FDA)</td>
</tr>
<tr>
<td><strong>Intended Use and Purpose</strong></td>
<td>Fluid resistant and provides the wearer protection against large droplets, splashes, or aerosol of bodily or other hazardous fluids. Protects the patient from the wearer’s respiratory emissions.</td>
</tr>
<tr>
<td><strong>Face Seal Fit</strong></td>
<td>Tight-fitting</td>
</tr>
<tr>
<td><strong>Fit Testing Requirement</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>User Seal Check Requirement</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Filtration</strong></td>
<td>Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection</td>
</tr>
<tr>
<td><strong>Leakage</strong></td>
<td>Leakage occurs around the edge of the mask when user inhales</td>
</tr>
<tr>
<td><strong>Use Limitations</strong></td>
<td>Disposable. Discard after each patient encounter.</td>
</tr>
</tbody>
</table>


**Use of Cloth Face Coverings to Help Slow the Spread of COVID-19**

- Reusable elastomeric respirator
- Reusable Powered Air Purifying Respirator
- N95 with exhalation valve
- N95 and surgical mask

• Coronavirus Disease 2019 Website
  https://www.cdc.gov/COVID19
• Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 in Healthcare Settings
• Healthcare Infection Prevention and Control FAQs for COVID-19
• Healthcare Supply of Personal Protective Equipment
• What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection
• Healthcare Professionals: Frequently Asked Questions and Answers
• Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19
• Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation for Coronavirus Disease 2019 — aka Guidelines for Clinical Specimens
• Evaluating and Reporting Persons Under Investigation
COVID-19 Regulatory Waivers for Long-Term Care Facilities

Michael J. Kennedy
Legal Specialist
Division of Certificate of Need and Licensing
New Jersey Department of Health

Eugene L. Brenycz
Regulatory Officer
Division of Certificate of Need and Licensing
New Jersey Department of Health
New Jersey Department of Health (Department) Waivers, Guidance, and Executive Directives are posted at the following link:

https://www.nj.gov/health/legal/covid19/
COVID-19 LTC Waivers

Temporary Operational Waivers during a State of Emergency

Mandatory Guidelines for Visitors and Facility Staff

Waiver of Routine Third Party Inspections

Extension of Certified Nurse Aide’s Certification

Extension of License Renewals During Coronavirus Disease 2019 (COVID-19) State of Emergency
COVID-19 LTC Waivers

EXECUTIVE DIRECTIVE NO: 20-004 Authorization for Long-Term Care Facilities to Hire Out-of-State Certified Nurse Aides

Temporary Waivers during Coronavirus Disease 2019 (COVID-19) State of Emergency

Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel

Waiver of Renewal Deadlines at N.J.A.C. 8:34-6.2(b) Waiver of Credentialing Standards at N.J.A.C. 8:34-7.2(d)
COVID-19 LTC Waivers

Notification of Residents, Residents’ Families, Visitors and Staff in the Event of a Contagious Disease Outbreak in a Facility

Emergency Conditional Curtailment of Admissions Orders

EXECUTIVE DIRECTIVE NO: 20-008 Authorization for Health Care Facilities to Add Ventilator Beds

WAIVER OF N.J.A.C. 8:39-43.2 - REQUIREMENTS FOR NURSE AIDE CERTIFICATION
COVID-19 LTC Waivers

WAIVER OF N.J.A.C. 8:39-43.1 - NURSE AIDE COMPETENCY

Telemedicine Permitted to Replace On-Site Visit by Health Care Practitioner
COVID-19: Long Term Care Facilities and Local Public Health Coordination

- The Local Health Department (LHD) is the lead agency for investigating outbreaks of COVID-19 (and other communicable diseases) in its jurisdiction.
- The LHD serves as the primary point of contact with the facility for matters pertaining to outbreak investigation.
- The LHD is required to report suspected and confirmed outbreaks immediately to the NJ Department of Health (NJDOH) Communicable Disease Service (CDS).
- The NJDOH/CDS provides support and guidance in managing surveillance and infection control to the LHD as needed.
COVID-19: Long-Term Care Facilities and Local Public Health Coordination

- The LHD is required to provide updates on COVID-19 outbreaks to the NJDOH/CDS on a daily basis
- The LHD may directly report your facility’s line list to NJDOH/CDS or you may be asked to send the line list to the LHD and NJDOH/CDS simultaneously
- LHD works with NJDOH to elevate concerns
  - Please contact your LHD for assistance in accessing support of the NJDOH/CDS
  - Ensures continuity of process and coordination of information among all stakeholders (NJDOH CDS, LHD, facility)
Long-Term Care Facilities and Local Health Coordination

- Identifying the jurisdictional LHD/Health Officer:
  
  https://nj.gov/health/lh/community/index.shtml to utilize the interactive map function

  OR

  https://nj.gov/health/lh/documents/LocalHealthDirectory.pdf for a PDF directory of LHDs/Health Officers