TO: Administrators
Assisted Living Residences Licensed Pursuant to N.J.A.C. 8:36

FROM: Judith M. Persichilli, R.N., B.S.N., M.A.
Commissioner

SUBJECT: Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19)

Effective April 4, 2020 and until lifted by the Department of Health (Department), the following infection prevention and control of Coronavirus Disease 2019 (COVID-19) practices shall be implemented by your Facility.

Infection Prevention and Control Measures for Residents

1. The Facility shall discontinue communal dining for its residents.
   i. All meals and snacks must be served in the residents’ rooms.

2. The Facility shall cancel all resident group activities.
   i. The Facility should consider alternative forms of entertainment and activities that allow for appropriate social distancing of its residents.

3. The Facility shall actively screen its residents, minimally, at each shift change for COVID-19 symptoms, which includes a cough or shortness of breath, fever (evidenced by a temperature check of the resident taken by the Facility), sore throat, or GI symptoms, and take each resident’s vital signs, including heart rate, blood pressure, pain and pulse oximetry.
   i. Please note that COVID-19 symptoms may be mild and could be atypical for older adults.
   ii. The results of the screening and resident’s vital signs must be recorded in the resident’s chart.
4. The Facility shall remind its residents daily to practice social distancing, to perform frequent hand hygiene, and to practice respiratory hygiene and cough etiquette.
   
i. The Facility shall explain to its residents the meaning of social distancing and how to practice it in their Facility.
   
ii. The Facility shall instruct its residents on proper hand hygiene techniques, e.g., washing their hands for at least 20 seconds with soap and warm water, and ensure adequate supplies for hand washing are made available for residents.
   
iii. The Facility shall instruct its residents on proper respiratory hygiene and cough etiquette.

Infection Prevention and Control Measures for Staff

1. The Facility shall identify staff who work at multiple facilities or multiple locations of the Facility and shall assess these staff members regarding their potential exposure to COVID-19 at these other locations/facilities prior to commencing their shifts.
   
i. If a staff member is identified as having a potential exposure to COVID-19 and is asymptomatic, then that staff member shall wear a facemask throughout his or her shift for at least 14 days from their last known exposure to a COVID-19 case.
   
ii. The decision to allow an exposed staff member to work should be made based on an assessment of exposure risk and the staffing needs of the Facility. Refer to the NJDOH COVID-19: Information for Healthcare Professionals at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.
   
iii. Symptomatic staff shall not be permitted to work.

2. The Facility shall reinforce strong infection prevention and control practices with its staff including hand hygiene, respiratory hygiene and cough etiquettes, which includes increasing signage for vigilant infection prevention and ensure available supplies for appropriate and frequent hand hygiene.

Infection Prevention and Control Measures for the Facility

1. The Facility shall implement a cohorting plan with the help of their Local Health Department that allows for separation of patients/residents, dedicating staff and medical equipment to each of these cohorts, as spacing and supplies permits:
   
i. Identify three cohort groups:
   
a. “Ill”;  
b. “Exposed” (not ill, but potentially incubating); and
c. "Not ill/not exposed."

   i. The facility shall adhere to internal environmental cleaning protocols to ensure appropriate measures are taken to clean and disinfect throughout the Facility.

3. The Facility shall provide its staff with enough work supplies to avoid sharing (e.g., pens, pads) and clean and disinfect workplace areas regularly (nurse’s stations, phones, internal radios, etc.).

4. The Facility shall utilize telemedicine as much as possible as well as alternative means of communication to maintain social distancing (e.g., telephones, video chat, call bell system, intercoms).

5. The Facility shall implement universal masking of all persons entering the Facility (e.g., staff members, visitors, clergy) with a surgical or isolation mask (not a respirator) while in the Facility.
   i. Symptomatic residents should be masked during direct care. If a mask is not tolerated, use of a tissue to cover the nose and mouth is appropriate.

6. To optimize personal protective equipment (PPE) and limit exposures, the Facility shall have its staff members bundle tasks that are performed for each resident so that they are performed by one staff member with only one resident interaction, rather than several interactions by different staff members.
   i. It is recommended that the Facility cross-train its staff to conserve resources.
   ii. It is recommended that the Facility review CDC’s Strategies to Optimize the Supply of PPE and Equipment at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.

7. The Facility shall take an inventory of its PPE and develop a strategy to obtain emergency supplies with its County OEM.

8. The Facility shall review its staff contingency plans and revise them as necessary to mitigate anticipated staff shortages.

9. The Facility shall notify residents, residents’ families, visitors, and staff in the event of an outbreak of a contagious disease at the facility pursuant to the requirements at N.J.S.A. 26:2H-12.87.

   Facilities should contact their local health department for questions and frequently review the CDC website dedicated to COVID-19 for health care professionals.

If you have any questions concerning this matter, please contact Ms. Jean DeVitto, Executive Director, Certificate of Need and Healthcare Facility Licensure Program at jean.devitto@doh.nj.gov.

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